



# **RESOLUTION No. 26-099**

## **OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA**

**RESOLUTION APPROVING EXECUTION OF AMENDMENT NO. 1 TO THE PARTICIPATION AGREEMENT, AUTHORIZING NEVADA COUNTY TO PARTICIPATE IN THE CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY, CREDENTIALING AND RE-CREDENTIALING FOR CALIFORNIA COUNTY BEHAVIORAL HEALTH PLANS PROGRAM FOR THE PROVISION OF CREDENTIALING, RE-CREDENTIALING, AND MONTHLY MONITORING, INCREASING THE CONTRACT PRICE FROM \$65,800 TO \$90,308 (AN INCREASE OF \$24,508), EXTENDING THE CONTRACT TERMINATION DATE FROM JULY 31, 2026, TO JUNE 30, 2028, AMENDING EXHIBIT A, SCHEDULE OF SERVICES, TO INCLUDE UPDATED LANGUAGE, AND AMENDING EXHIBIT B, SCHEDULE OF CHARGES AND PAYMENTS, TO REFLECT THE INCREASE IN THE MAXIMUM CONTRACT PRICE (RES. 25-065)**

WHEREAS, on February 25, 2025, through Resolution 25-065, the Nevada County Board of Supervisors authorized the execution of the Participation Agreement between the County of Nevada and the California Mental Health Services Authority Credentialing and Recredentialing for California County Behavioral Health Plans Program, for the provision of credentialing, re-credentialing, and monthly monitoring; and

WHEREAS, the State and Centers for Medicare and Medicaid Services (CMS) have published various uniform provider credentialing and recredentialing requirements that County Mental Health Plans and Drug Medi-Cal Organized Delivery Systems (DMC-ODS) must follow; and

WHEREAS, the Nevada County Behavioral Health Department has entered into a contract with the California Mental Health Services Authority (CalMHSA) Semi-Statewide Electronic Health Record Program for the services related to a California-centric Electronic Health Record (EHR); and

WHEREAS, CalMHSA is a Joint Power Authority representing County Behavioral Health Departments under the authority of the Government Code; and

WHEREAS, CalMHSA has developed a process for services related to the credentialing process, which may include registration, certification, licensure, and/or professional association membership, along with ongoing monthly monitoring of provider databases and exclusion lists. Credentialing ensures that providers are licensed, registered, waived, and/or certified as required by state and federal law; and

WHEREAS, the Nevada County Behavioral Health Department entered into a participation agreement with CalMHSA for Credentialing and Recredentialing to meet state and federal credentialing and re-credentialing requirements; and

WHEREAS, the parties desire to amend their Agreement, to increase the contract price from \$65,800 to \$90,308 (an increase of \$24,508), amend Exhibit A, Schedule of Services, to include updated language, extend the contract termination date from July 31, 2026, to June 30, 2028, and amend Exhibit B, Schedule of Charges and Payments, to reflect the increase in the maximum contract price.

NOW, THEREFORE, BE IT HEREBY RESOLVED by the Board of Supervisors of the County of Nevada, State of California, that the Amendment No. 1 to the Participation Agreement by and between CalMHSA, pertaining to the provision of the CalMHSA credentialing and recredentialing services for the contract term of March 1, 2025, through June 30, 2028, in the maximum amount of \$90,308, be and hereby is approved, and that the Director of Behavioral Health be and is hereby authorized to execute the Amendment, and any necessary documents in connection with this agreement thereto, on behalf of the County of Nevada.

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 7th day of April 2026, by the following vote of said Board:

Ayes: Supervisors Heidi Hall, Robb Tucker, Lisa Swarthout, and Susan Hoek.

Noes: None.

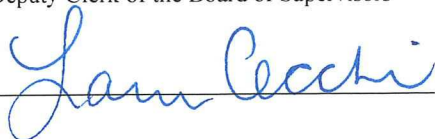
Absent: Hardy Bullock.

Abstain: None.

Recuse: None.

ATTEST:

TINE MATHIASSEN  
Chief Deputy Clerk of the Board of Supervisors

By: 

  
Lisa Swarthout, Chair

**CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY  
PARTICIPATION AGREEMENT AMENDMENT #1**

**CREDENTIALING AND RE-CREDENTIALING FOR CALIFORNIA COUNTY BEHAVIORAL HEALTH PLANS (“Program”)**

This Agreement Amendment (“Amendment”) amends Agreement No. 11957-NC-CRED-25\_26 (“Agreement”) and a contract by and between the California Mental Health Services Authority (“CalMHSA”) and Nevada County (“Participant”) for CalMHSA to provide Credentialing and Recredentialing on behalf of California County Behavioral Health Plans. This Amendment shall be effective upon execution.

The Agreement hereby 1) extends the Agreement term’s end date from July 31, 2026, to June 30, 2028, 2) updates the current maximum amount payable under this Agreement (\$65,800.00) to a new maximum amount payable (\$24,508) to begin August 1, 2026, 3) modify terms under Exhibit A –Detailed Program Description, Obligations, Restrictions, II. Obligations: CalMHSA Shall, and modify Attachment B- Credentialing and Recredentialing Cost by Provider Type, at no additional cost.

**Modifications:**

Exhibit A- II. Obligations: CalMHSA Shall (Previous Terms):

**CalMHSA shall:**

To support Participants to comply with the above-mentioned regulations, CalMHSA shall:

- Verify that CertifyOS conducts provider credentialing that meets DHCS requirements and NCQA standards and guidelines to ensure that providers have valid credentials.
- Periodically check, via file audits, to confirm that CertifyOS is verifying the required items through a primary source and documenting these in a primary source verification (PSV) file, as applicable by the provider type.
- Verify that CertifyOS tracks and conducts provider recredentialing that meets DHCS requirements and NCQA standards and guidelines, at a minimum every three years.
- Confirm that CertifyOS integrates the respective Participant’s Credentialing Platform with each participating County’s NPDB account within two (2) weeks after such Participant adds CertifyOS as an Authorized Agent to its respective NPDB county account and provides CertifyOS with the County’s NPDB Data Bank ID, allowing for primary source verification and validation of providers credentialing data.
- Track and verify that CertifyOS maintains its certification as an NCQA Credentials Verification Organization (CVO), in all 11 certification options, throughout the term of the Agreement.
- Verify that CertifyOS provider credentialing and recredentialing policies and procedures are compliant with DHCS credentialing regulations and NCQA credentialing standards and guidelines.
- Oversee CertifyOS performance on behalf of the Participant by reviewing and ensuring that specific service level agreements and/or key performance indicators are reported monthly to CalMHSA to

ensure compliance with previously agreed metrics during the term of the Agreement. Furthermore, CalMHSA and CertifyOS will meet periodically, at a mutually agreeable date/time, to discuss matters related to credentialing functions.

- Assist the Participant during the CertifyOS Credentialing Platform implementation and confirm that the Participant implements a separate, secure instance of the credentialing platform and receives platform and process user training.
- Verify that customer support for Participant and providers by CertifyOS is available Monday through Friday from 8:00 AM to 6:00PM, Pacific Standard Time. Customer support must be provided via email, or other designated channels.
- Confirm that Participant has the credentialing platform dashboard functionality available with real-time data to ensure transparency of credentialing activities performed by CertifyOS.
- Confirm that Participant has access to and can download CertifyOS credentialing platform built-in reports, including individual provider PSV files.
- Confirm that CertifyOS makes available to Participant its Virtual Credentialing Committee management module, within the credentialing platform, which allows for adjudication of files presented to the committee.
- Verify that CertifyOS assist Participant with federal and/or state audit preparation, including reporting, that involves provider credentialing and recredentialing activities.
- Verify that all provider information obtained through the credentialing and recredentialing activities is secured and protected from unauthorized access in accordance NCQA and industry standards, including multi-factor authentication (MFA) for remote user access, in addition to standard data security and management protocols.

II. Obligations: CalMHSA Shall (Updated Terms):

**CalMHSA shall:**

To support Participants to comply with the above-mentioned regulations, CalMHSA shall:

- Verify that CertifyOS conducts provider credentialing that meets DHCS requirements and NCQA standards and guidelines to ensure that providers have valid credentials.
- Periodically check, via file audits, to confirm that CertifyOS is verifying the required items through a primary source and documenting these in a primary source verification (PSV) file, as applicable by the provider type.
- Verify that CertifyOS tracks and conducts provider recredentialing that meets DHCS requirements and NCQA standards and guidelines, at a minimum every three years.
- Confirm that CertifyOS integrates the respective Participant's Credentialing Platform with each participating County's NPDB account within two (2) weeks after such Participant adds CertifyOS as an Authorized Agent to its respective NPDB county account and provides CertifyOS with the County's NPDB

Data Bank ID, allowing for primary source verification and validation of providers credentialing data.

- Track and verify that CertifyOS maintains its certification as an NCQA Credentials Verification Organization (CVO), in all 11 certification options, throughout the term of the Agreement.
- Verify that CertifyOS provider credentialing and recredentialing policies and procedures are compliant with DHCS credentialing regulations and NCQA credentialing standards and guidelines.
- Oversee CertifyOS performance on behalf of the Participant by reviewing and ensuring that specific service level agreements and/or key performance indicators are reported monthly to CalMHSA to ensure compliance with previously agreed metrics during the term of the Agreement. Furthermore, CalMHSA and CertifyOS will meet periodically, at a mutually agreeable date/time, to discuss matters related to credentialing functions.
- Assist the Participant during the CertifyOS Credentialing Platform implementation and confirm that the Participant implements a separate, secure instance of the credentialing platform and receives platform and process user training.
- Verify that customer support for Participant and providers by CertifyOS is available Monday through Friday from 8:00 AM to 6:00PM, Pacific Standard Time. Customer support must be provided via email, or other designated channels.
- Confirm that Participant has the credentialing platform dashboard functionality available with real-time data to ensure transparency of credentialing activities performed by CertifyOS.
- Confirm that Participant has access to and can download CertifyOS credentialing platform built-in reports, including individual provider PSV files.
- Confirm that CertifyOS makes available to Participant, **upon request**, the option to use its Virtual Credentialing Committee management module within the credentialing platform, which allows for adjudication of files presented to the committee.
- Verify that CertifyOS assist Participant with federal and/or state audit preparation, including reporting, that involves provider credentialing and recredentialing activities.
- Verify that all provider information obtained through the credentialing and recredentialing activities is secured and protected from unauthorized access in accordance NCQA and industry standards, including multi-factor authentication (MFA) for remote user access, in addition to standard data security and management protocols.

Attachment B- Credentialing and Recredentialing Cost by Provider Type (Previous terms):

**Participation Agreement**  
 Attachment B– Credentialing and Recredentialing Cost by Provider Type

PROVIDER TYPE	APPLICABLE PLAN	CREDENTIALING COST**
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11957-NC-CRED-25\_26-AM1  
 Credentialing and Recredentialing for California County Behavioral Health Plans  
 Participation Agreement Amendment  
 February 19, 2026

Certified/Registered Alcohol and Other Drug Counselors (AOD Counselors)	DMC-ODS/State Plan	\$33.00
Licensed Practitioner of the Healing Arts (LPHA)*	MHP/DMC-ODS/State Plan	\$33.00
Licensed/Waivered Psychologist	MHP/DMC-ODS/State Plan	\$33.00
Nurse Practitioner (NP)	MHP/DMC-ODS/State Plan	\$141.00
Physician Assistant (PA)	MHP/DMC-ODS/State Plan	\$61.80
Licensed/Registered Pharmacist	MHP/DMC-ODS/State Plan	\$33.00
Registered Nurse (RN)	MHP/DMC-ODS/State Plan	\$69.00
Clinical Nurse Specialist (CNS)	MHP	\$93.00
Licensed Vocational Nurse (LVN)	MHP/DMC-ODS/State Plan	\$69.00
Occupational Therapist (OT)	MHP/DMC-ODS/State Plan	\$33.00
Licensed Psychiatric Technician (PT)	MHP/DMC-ODS/State Plan	\$33.00
Certified Medical Assistant (CMA)	MHP/DMC-ODS/State Plan	\$33.00
Certified Medi-Cal Peer Support Specialist	MHP	\$33.00
<b>United States Medical Graduate Physician</b>		
Physician (Medical Doctor - MD)	MHP/DMC-ODS/State Plan	\$102.20
Physician (Doctor of Osteopathy - DO)	MHP/DMC-ODS/State Plan	\$132.20
Licensed Psychiatrist	MHP/DMC-ODS/State Plan	\$132.20
<b>International Medical Graduate Physician</b>		
Physician (Medical Doctor - MD)	MHP/DMC-ODS/State Plan	\$202.20
Physician (Doctor of Osteopathy - DO)	MHP/DMC-ODS/State Plan	\$232.20
Licensed Psychiatrist	MHP/DMC-ODS/State Plan	\$232.20

\*LPHA in this context includes licensed or registered clinical social workers, marriage and family therapists or professional clinical counselors.

\*\*Note that any relevant pass-through fees not already included in the cost above may be added to the total credentialing fee as applicable. While the total credentialing fees listed in Attachment B may vary, these should not exceed the amounts currently listed in the table above.

Attachment B- Credentialing and Recredentialing Cost by Provider Type (Updated terms):

**Attachment B– Credentialing and Recredentialing Cost by Provider Type**

PROVIDER TYPE	APPLICABLE PLAN	CREDENTIALING COST**
Certified/Registered Alcohol and Other Drug Counselors (AOD Counselors)	DMC-ODS/State Plan	\$33.00
Licensed Practitioner of the Healing Arts (LPHA)*	MHP/DMC-ODS/State Plan	\$33.00
Licensed/Waivered Psychologist	MHP/DMC-ODS/State Plan	\$33.00
Nurse Practitioner (NP)	MHP/DMC-ODS/State Plan	\$141.00
Physician Assistant (PA)	MHP/DMC-ODS/State Plan	\$61.80
Licensed/Registered Pharmacist	MHP/DMC-ODS/State Plan	\$33.00
Registered Nurse (RN)	MHP/DMC-ODS/State Plan	\$69.00
Clinical Nurse Specialist (CNS)	MHP	\$93.00
Licensed Vocational Nurse (LVN)	MHP/DMC-ODS/State Plan	\$69.00
Occupational Therapist (OT)	MHP/DMC-ODS/State Plan	\$33.00
Licensed Psychiatric Technician (PT)	MHP/DMC-ODS/State Plan	\$33.00
Certified Medical Assistant (CMA)	MHP/DMC-ODS/State Plan	\$33.00
Certified Medi-Cal Peer Support Specialist	MHP	\$33.00
<b>United States Medical Graduate Physician</b>		
Physician (Medical Doctor - MD)	MHP/DMC-ODS/State Plan	\$102.20
Physician (Doctor of Osteopathy - DO)	MHP/DMC-ODS/State Plan	\$132.20
Licensed Psychiatrist	MHP/DMC-ODS/State Plan	\$132.20
<b>International Medical Graduate Physician</b>		
Physician (Medical Doctor - MD)	MHP/DMC-ODS/State Plan	\$202.20
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11957-NC-CRED-25\_26-AM1  
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\*\*Note that any relevant pass-through fees not already included in the cost above may be added to the total credentialing fee as applicable. While the total credentialing fees listed in Attachment B may vary, these should not exceed the amounts currently listed in the table above.

\*\*\* All NPDB pass-through fees will be billed on an annual basis.

All other terms or provisions in the initial Agreement No. 11957-NC-CRED-25\_26 ("Agreement"), not amended by this Amendment shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereby confirm acceptance of the terms of this Amendment by causing their duly authorized officers or representatives to execute this Amendment as set out below.

**PARTICIPANT: NEVADA COUNTY**

Signed: \_\_\_\_\_  
Title: Acting Director of Behavioral Health

Name (printed): Cari Yardley  
Date: \_\_\_\_\_

**CalMHSA**

Signed: \_\_\_\_\_  
Title: Executive Director

Name (printed): Dr. Amie Miller, Psy.D., LMFT  
Date: \_\_\_\_\_