

# Contra Costa County Behavioral Health - Credentialing Documentation Help Sheet

<b>New Provider</b> New to Contra Costa Mental Health Plan?	<ul style="list-style-type: none"><li>• Complete a <a href="#">Credentialing/Privileging Form</a>, <a href="#">ShareCare ID Request Form</a> &amp; <a href="#">SSN Consent Form</a></li></ul>
<b>Three Year Recredentialing</b> Due for 3 year recredentialing?	<ul style="list-style-type: none"><li>• Complete a <a href="#">Recredentialing Application</a></li></ul>
<b>Existing Provider Requesting a New Credentialing Classification</b> Obtained a new professional license, additional education, or additional work experience?	<ul style="list-style-type: none"><li>• Complete a <a href="#">Recredentialing Application</a></li></ul>
<b>Existing Provider With Name Change</b> Changed legal name since last credentialing?	<ul style="list-style-type: none"><li>• Complete the <a href="#">Legal Name Change Form</a></li></ul>
<b>Existing Provider With a Facility Add or Change</b> Need to add and/or remove facilities?	<ul style="list-style-type: none"><li>• Complete the <a href="#">Facility Change Form</a></li></ul>
<b>Returning Provider</b> Returning to Contra Costa Mental Health Plan after a period of inactivity in the plan?	<ul style="list-style-type: none"><li>• If the time away from the plan has been less than 30 days, complete a <a href="#">Facility Change Form</a>.</li><li>• If the time away from the plan has been more than 30 days and the provider is still within their 3 year credentialing period, complete a <a href="#">Recredentialing Application</a>.</li><li>• If the time away from the plan has been more than 30 days and the provider is no longer within their 3 year credentialing period, complete a <a href="#">Credentialing Application</a>, <a href="#">ShareCare ID Request Form</a> &amp; <a href="#">SSN Consent Form</a>.</li></ul>
<b>Terminated Provider</b> Need to terminate a provider in ShareCare because they are no longer employed with your agency/program?	<ul style="list-style-type: none"><li>• Complete the <a href="#">Staff Termination Form</a></li></ul>

All forms can be downloaded from our website at

<https://www.cchealth.org/get-care/for-healthcare-providers/mental-health-provider-services>