

POLICY AND PROCEDURE MANUAL	BCCMHA	PAGE 1 OF 10
CATEGORY - ADMINISTRATIVE PERSONNEL	CHAPTER 5	SUBJECT N
CREDENTIAL AND PRIVILEGE POLICY	REVISED 06/24/99 08/19/10 05/24/00 08/03/11 07/14/03 07/17/12 07/11/05 07/12/13 09/12/06 07/08/14 01/14/08 07/23/15 09/29/08 03/06/17 05/12/09 03/30/17 08/28/17 10/31/17 07/10/18 00/00/19	EFFECTIVE 07/15/98

I PURPOSE

To ensure that professional staff members and other clinical staff are currently competent to perform their clinical duties. Clinical and staff privileges for professional staff will be based upon uniform standards.

II GOAL

Staff will be appropriately credentialed for services conducted by individual professional staff.

III APPLICATION

The provisions of this policy apply to clinical, direct-care, contracted and supervisory staff of Barry County Community Mental Health Authority (BCCMHA) operated programs.

IV POLICY

The provisions of this policy will apply to clinical, direct-care, contracted and clinical supervisory staff that possesses academic credentials, licensure/certification and/or professional experience as deemed appropriate for their classification and responsibilities within the organization.

Applicants for professional staff will submit a written application for credentialing. This application, along with all supporting documentation, will be reviewed and approval granted based upon satisfaction of the following minimum standards.

CREDENTIAL & PRIVILEGE

V STANDARDS

A. Credentialing will be completed for all practitioners as required by this policy and all applicable Michigan and Federal laws. Specifically, the following types of practitioners will be credentialed:

- a. Physicians (M.D.s or D.O.s)
- b. Physicians Assistants
- c. Psychologists (Licensed, Limited License, and Temporary License)
- d. Master’s Social Workers (Licensed, Limited License), Licensed Bachelors Social Workers, and Registered Social Service Technicians.
- e. Licensed Professional Counselors (Licensed, Limited License)
- f. Board Certified Behavior Analysts
- g. Nurse Practitioners, Registered Nurses, and Licensed Practical Nurses
- h. Occupational Therapists and Occupational Therapist Assistants
- i. Physical Therapists and Physical Therapist Assistants
- j. Speech Pathologists

B. Credentialing Criteria and Applications Process

1. Practitioners will complete the current formal Professional Credentialing Applications.
2. BCCMHA will require completed credentialing applications, with signed and dated attestations regarding accuracy and completeness of information, ability to perform duties, lack of present illegal drug use, history of loss of license and any felony convictions, and consent allowing verification of license, education, competence and any other related information.
3. Credentialing staff will verify information obtained in the credentialing application. Copies of verification sources will be maintained in the Provider credentialing file. When source documentation is not electronically dated, staff will sign and date with the current date. The verification timeframe will not exceed one-hundred-eight (180) days.
4. Credentialing criteria for Provider and verification methods are as follows:

Criteria	Verification Method(s)
Current valid and unrestricted license to practice in the state in which the practitioner practices	Verification of the license will be made directly with state licensing agency internet web site
A valid and unrestricted Drug Enforcement Agency (DEA) or Controlled Dangerous Substance (CDS) for those practitioners who prescribe medications.	A DEA may be verified by a copy of the DEA certificate provided by the Provider, with the state licensing agency via internet website or the National Information Service

CREDENTIALIAL & PRIVILEGE

	(NTIS) database.
Work history for the past five years, with each gap in work history exceeding six (6) months clarified in writing from the Provider.	Work history is verified through practitioners credentialing application. Verbal explanation from the applicant may be accepted for gaps in work history between 6 and 12 months. Gaps in work history greater than 12 months must be explained in writing.
Board Certification, or education appropriate to license and area of practice	Verification of education shall be completed through primary source verification to the educational institution or certification board. If practitioner is not board certified, verification of the medical education at the highest level is verified. <ul style="list-style-type: none"> • The AMA or AOA Master files may be used as the source for education verification for physicians. • The Education commission for foreign medical graduates (ECFMG) may be used to verify education of foreign physicians educated after 1986.
Current Professional liability insurance meeting the standards defined by contract.	Copy of current certificate of insurance
No malpractice lawsuits and/or judgements from within the last ten (10) years	A query of the National Practitioner Data Bank (NPDB) will be completed via web-based access to the NPDB site for each Practitioner.
The Provider must not be excluded from participation in Medicare, Medicaid, or other federal contracts and must not have opted out of Medicare if he/she will be providing Medicare services.	Queries will be made to the System for Award Management and Office of Inspector General (OIG) to ensure practitioners have not been suspended or debarred from participation with Medicare, Medicaid or other Federal Contracts. Queries will be made to Centers for Medicare and Medicaid Services (CMS) to verify a practitioner has not opted out of Medicare.
No state sanctions or restrictions on	Verification of license will be made

CREDENTIAL & PRIVILEGE

licensure in the past ten (10) years.	directly with the state internet licensing site.
---------------------------------------	--

C. Re-credentialing criteria and applications process

1. Re-credentialing will be completed for all participating providers at least every two (2) years for those providing Medicaid services.
2. Every Provider will complete the current formal Credentialing application and related materials. Additionally, the Provider will provide the relative information supporting any changes in their credentials. The application will be processed by the Medical director and/or the credentialing committee.
3. Re-credentialing criteria and application processing includes review of the re-credentialing application for completeness and accuracy. Primary source verification and re-credentialing criteria for practitioners is as previously outlined with the exception of the following:
 - a. Re-verification of education and training is not needed. Work history may change and therefore will be re-verified.
 - b. Board Certification will be re-verified.
 - c. The Provider is required to sign and date the attestation statement attesting to the correctness and completeness of the application. The Provider is required to sign any relevant addenda concerning the following: reasons for inability to perform essential functions, lack of present illegal drug use, history of loss of license, history of loss or limitation of privileges.
 - d. To ensure quality and safety of care between credentialing cycles, BCCMHA will perform on-going monitoring of member complaints, adverse events, incidences of Medicaid and Medicare sanctions, and restrictions and/or sanctions on licensure and certification.
4. Credentialing Decisions shall be made in conjunction with the credentialing committee. The committee shall be comprised of the medical director and/or designee, human resources, and representatives from the types of Provider it reviews.
 - a. Credentialing committee will be scheduled to meet regularly with a sufficient frequency to review files before credentialing expiration. The committee will make all credentialing status determinations with the exception of those clean files, which have been approved by the Medical Director prior to the meeting. To qualify as a “clean file” the Provider must meet all of the following: current active license without restrictions or sanctions, current active DEA (as applicable), no gaps in work history greater than 12 months, lack of current illegal drug use, no adverse findings on NPDB or OIG, minimum credentialing guidelines met for education, training and board certification.
 - b. The credentialing committee reviews the credentials of all practitioners being credentialed/re-credentialed and will review all (re) credentialing applications

CREDENTIAL & PRIVILEGE

that do not meet clean file criteria within sixty (60) days of submission. Recommendations will be based on data verified no more than 180 days prior to the time of the Credentials Committee decision.

Described below are the minimum licensure/educational requirements necessary in order to perform the following activities.

Psychological Assessment (through clinical interview) - Must be a board-certified or board-eligible psychiatrist; a doctorate level psychologist; or must possess at least a masters degree in psychology or closely related field and licensed to practice; or must possess a masters degree in social work and State of Michigan certification.

Psychopharmacology - Must be a licensed, board-certified or board-eligible psychiatrist, Doctor of Medicine with a specialty in psychiatry, licensed to practice medicine in the State of Michigan.

Individual Psychotherapy - Adults - Must be a board-certified or board-eligible psychiatrist; a doctorate level psychologist; or must possess at least a masters degree in psychology or closely related field and a limited license to practice; or must possess a masters degree in social work and State of Michigan certification; and must have completed at least six months of clinical internship which included supervised experience providing individual psychotherapy to adults totaling one year experience.

Individual Psychotherapy - Children - Must be a board-certified or board-eligible psychiatrist; a doctorate level psychologist; or must possess at least a masters degree in psychology or closely related field and a limited license to practice; or must possess a masters degree in social work and State of Michigan certification; and must have completed at least six months of clinical internship which included supervised experience providing individual psychotherapy to children; one year of experience in the examination, evaluation and treatment of minors and their families; and must have 24 hours annually of child/family specific training and must be CAFAS trained and a CMHP.

Group Psychotherapy - Must be a board-certified or board-eligible psychiatrist; a doctorate level psychologist; or must possess at least a masters degree in psychology or closely related field and a limited license to practice; or must possess a masters degree in social work and State of Michigan certification; and must have completed at least a six-month clinical internship which included supervised experience providing group psychotherapy; or a certified addictions counselor through the Michigan Certification Board of Professionals and completed clinical internship which included supervised experience providing group therapy.

CREDENTIAL & PRIVILEGE

Family Therapy - Must be a board-certified or board-eligible psychiatrist; a doctorate level psychologist; or must possess at least a masters degree in psychology or closely related field and a limited license to practice; or must possess a masters degree in social work and State of Michigan certification; and must have completed at least a six-month clinical internship which included supervised experience providing family therapy.

SARF (Screen, Assess, Refer and Follow Up) - Must be a board-certified or board-eligible psychiatrist; a doctorate level psychologist; or must possess at least a masters degree in psychology or closely related field and a limited license to practice psychology; or must possess a masters degree in social work and State of Michigan certification; or if a Bachelor level with an Addictions Counselor Certification through the Michigan Certification Board of Professionals.

Substance Use Disorder Outpatient Therapy – Must be a board-certified or board-eligible psychiatrist; a doctorate level psychologist; or must possess at least a masters degree in psychology or closely related field and a limited license to practice psychology; or must possess a masters degree in social work and State of Michigan certification; or if a Bachelor level with an Addictions Counselor Certification through the Michigan Certification Board of Professionals and completed clinical internship which included supervised experience providing outpatient substance abuse therapy.

VI DEFINITIONS

Staff Psychiatrist - Doctor of Medicine with a specialty in psychiatry, licensed to practice medicine in the State of Michigan; eligible for certification by the American Board of Psychiatry.

Clinical Services Coordinator - Doctorate level psychologist or master level, limited licensed psychologist and demonstrated experience in the delivery of clinical services.

Substance Use Disorder Clinical Supervisor – Doctorate or masters level psychologist or master’s level social worker, or masters in counseling. Must also possess a Certified Clinical Supervisor (CCS) credential or file a development plan (RCS) and work towards a full CCS credential within the required three year period, through the Michigan Certification Board for Addiction Professionals (MCBAP); a Certified Advanced Alcohol and Drug Counselor (CAADC) credential is also required.

Clinical Director – Doctorate level psychologist or master level, limited licensed Psychologist and demonstrated experience in the delivery of clinical services.

CREDENTIAL & PRIVILEGE

Clinician - Doctorate or masters level psychologist, or master's level social worker, or masters level professional counselor certified by the State of Michigan, with demonstrated experience in the delivery of clinical services.

Clinical Case Manager – Masters level psychologist or master's level social worker, or masters level professional counselor certified by the State of Michigan, with demonstrated experience in the delivery of clinical services and ability to provide coordination and monitoring of services, assessments, linking, and advocacy for the developmentally disabled and the mentally ill.

Case Management Supervisor - Possess a Masters Degree in Human Services or Bachelors Degree in the Human Service Field and demonstrated experience in program management and the delivery of services to the developmentally disabled and the mentally ill.

Positive Directions Manager - Demonstrated experience in program and staff development, and 3-5 years experience in the human services field and the delivery of services to the developmentally disabled and the mentally ill.

Case Manager - Bachelors Degree in Human Services or Bachelors Degree in Social Work (BSW). Ability to provide coordination and monitoring of services, assessments, linking, and advocacy for the developmentally disabled and the mentally ill.

Nurse - Registered nurse with demonstrated experience in the delivery of clinical services. State of Michigan board-certified.

Occupational Therapist - Bachelors Degree in Occupational Therapy, a member of the National Occupational Therapy Certification Board, currently registered by the State of Michigan, and demonstrates experience in the delivery of clinical services. Must hold a State of Michigan license to practice.

Speech and Language Pathologist - Masters Degree in Speech and Language Pathology and must be certified by the National American Speech-Language and Hearing Association.

Substance Use Disorders Outpatient Therapist – Must be a board-certified or board-eligible psychiatrist, a doctorate level psychologist, or must possess at least a master's degree in psychology or a closely related field and a limited licensure to practice psychology, or must possess a master's degree in social work. Must also possess a Certified Advanced Alcohol and Drug Counselor (CAADC) credential or file a development plan (RAC) and work towards a full CAADC credential within the required three-year period, through the Michigan Certification Board for Addiction Professionals (MCBAP).

CREDENTIAL & PRIVILEGE

Substance Use Disorders Prevention Professional – A bachelor’s degree and a Certified Prevention Specialist or Consultant through the Michigan Certification Board of Professionals. Responsible for implementing a range of prevention plans, programs, and services.

Nursing Home Monitor - Michigan Certificate of Registration as a social worker (LBW), or registered nurse, or limited licensed psychologist.

Peer Support Specialist – Training and certification through the State of Michigan.

Board Certified Behavioral Analyst – Doctorate or master level psychologist or masters level professional counselor certified by the State of Michigan, with demonstrated experience in the delivery of clinical and behavioral services and with required coursework in Applied Behavioral Analysis. Licensure of BCBA is required on or after April 3, 2018.

Applied Behavioral Analysis Aide – High school diploma and completed the BCBA Registered Behavior Technician training program. The behavioral technician is required to be registered on or after April 3, 2020.

All professional staff are responsible for their licensure/certification and will obtain renewal when necessary.

The Executive Director, Medical Director, along with the management team, will be responsible for establishing and monitoring uniform standards as the basis for granting those privileges to perform clinical procedures by members of the professional staff.

VII PROCEDURES

Upon the hire of professional staff or staff requiring agency certification, an application for credentialing will be completed and returned to their direct supervisor. See Attachment A, Credentialing Application. The application gathers information and includes:

- Personal Data (Name, Date of Birth, Social Security Number, etc)
- Education
- Licensure/Certification
- Primary Source Verification
- Proof of Malpractice/Liability Insurance
- Criminal Background Check
- Federal/State Program Exclusions
- National Practitioner Database and Identification Number

CREDENTIAL & PRIVILEGE

The Executive Director, in collaboration with the Medical Director, will make the final decision as to the scope of services provided by each professional staff. Clinical and other professional staff members have the right to appeal any decisions made in the credentialing or recredentialing process. If an individual disagrees with a credentialing/privileging determination, he/she may submit a written request to the Executive Director within 30 days of the disposition. The request must include the following:

- Area of dispute
- Justification for the appeal; and
- Documentation to support the appeal, including the results/descriptions for each service

The management team, along with direct supervisor to each professional staff, will be aware of services that may be provided by each professional staff. The Staff Development Committee will assist with monitoring activities of staff licensures/certifications as an element of the committee's assigned functions.

The application for credentialing or re-credentialing will be kept on file and completed once every two years. This does not preclude the ongoing monitoring of state/federal sanctions, state sanctions or limitation of licensure or certification, and client grievances and appeals. The above mentioned ongoing sanction and licensure/certification monitoring is conducted monthly at a minimum.

Also, see Attachment B, Credential Committee Charter, Attachment C, Credentialing Committee Confidentiality Statement and Attachment D, Staff Confidentiality Statement.

REFERENCES

BCCMHA
BBA
CARF
Department of Health and Human Services
Office of Drug Control Policy
CMS
SWMBH
Michigan Medicaid Manual, Section 1.7
Michigan Certification Board of Professionals
Part 182A of the Public Health Code (PA 403 of 2016)

CREDENTIAL & PRIVILEGE

ATTACHMENTS

- Attachment A – Credentialing Application
- Attachment B – Credential Committee Charter
- Attachment C – Credentialing Committee Confidentiality Statement
- Attachment D – Staff Confidentiality Statement

QUALITY ASSURANCE

GOAL

Staff will be appropriately credentialed.

OBJECTIVE

All appropriate staff will have valid licensure/certifications for their position 100 percent of the time.

QUALITY ASSURANCE

The Staff Development Committee Chair will review the credential file on a regular basis to detect lapses in licensing/certification. Appropriate steps will be taken to obtain and file the necessary documents.

QUALITY IMPROVEMENT

This policy/procedure will be evaluated by the Quality Improvement Committee on an annual basis to enhance and improve the quality.

At any time, employees can request in writing, on the form provided, that this policy or items in this policy be reviewed by the Quality Improvement Committee. Employee's written requests can be given to any Quality Improvement Committee member.

When an area for improvement is indicated, the process for improvement as identified in the Quality Improvement Plan will be followed.

APPROVED BY:

Richard Thiemkey
Executive Director

Date

CREDENTIAL & PRIVILEGE

Emily Whisner, MA, LLP, QMHP Chief Clinical Officer	Date
--	------

Jill Bishop, MA, LLP, CMHP, QMHP, QIDP Clinical Director	Date
---	------

Brenna Ellison, LLMSW, RAC, QMHP, CMHP, QIDP Corporate Compliance Officer/Contract Manager	Date
---	------

CREDENTIAL & PRIVILEGE

DATE REVIEWED

06/02/99
03/22/00
03/14/01
02/11/02 - Hold Revisions
06/11/03
06/08/05
07/12/06
7/11/07
7/23/08
5/04/09 – SA Merger
07/28/10
07/13/11
06/20/12
06/19/13
06/18/14
07/01/15
06/15/16
03/15/17
08/16/17
10/04/17
06/20/18
06/12/19