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Approved By: Mohamad Khraizat	Title: Health Operations Manager
Signature: 	Date: 11-4-19

I. POLICY:

It is the policy of ACCESS Mental Health and Family Counseling Division (ACCESS) that employees, interns, contractors and volunteers shall meet all applicable licensing scopes of practice and contractual and Medicaid Provider General Fund Block Grant Manual requirements for appropriate credentialing and re-credentialing.

Credentialing and re-credentialing as described in this policy, shall occur for ACCESS' employees, volunteers, interns and independent contractors at the time of hire and at least every two years thereafter.

II. PURPOSE:

The purpose of this policy is to delineate, describe, and prescribe the procedures for the credentialing/re-credentialing functions and oversight of ACCESS as an organization and the ACCESS' Staff Development and Training Committee to implement credentialing/re-credentialing functions.

III. APPLICATION:

This policy applies to ACCESS staff, its Staff Development and Training Committee, its affiliates, and contractors, who provide mental health or substance abuse services, supports, treatment, and utilization review activities on behalf of ACCESS.

IV. DEFINITIONS:

- A. **Accredited:** MCPN's, CA, and/or their subcontractors, Direct Contractors that have been certified by accrediting agencies including, but, not limited to) COA (Council on Accreditation), JCAHO (Joint Commission on Accreditation of Healthcare Organizations), CARF (Commission on Accreditation of Rehabilitation Facilities) or NCQA (National Committee for Quality Assurance).
- B. **Adverse Action:** Notification by letter to an applicant that his or her application has not been approved.
- C. **Adverse Event:** An injury that occurs while a member is receiving health care services from a practitioner.
- D. **Applicant:** The physician or practitioner who is applying for initial or renewal of membership with ACCESS and/or its contractor through initial or reappointment application.
- E. **Authorized/Certified (or authorization/certification):** The process, conducted by a designated entity, of approving Child Mental Health Professionals (CMHP) or practitioners to perform Pre-Admission Reviews or to determine the level of care or services.
- F. **Child Mental Health Professional (CMHP):** An individual who is trained and has one year of experience in the examination, evaluation, and treatment of minors and their families and who is one of the following:
 - 1. A physician
 - 2. A psychologist
 - 3. A licensed master's social worker or licensed professional counselor
 - 4. A registered nurse
 - 5. A person with at least a bachelor's degree in a mental health related field from an accredited school that is trained, and has three years of supervised experience in the examination, evaluation, and treatment of minors and their families.

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6. A person with at least a master's degree in a mental health related field from an accredited school that is trained, and has one year of experience, in the examination, evaluation and treatment of minors and their families.
- G. Contractor(s): A legal entity or entities, or division of a legal entity, contracted with the ACCESS to provide community mental health services/supports as defined by the ACCESS.
- H. Credential: A certificate, license, registration or letter given to an individual to show that he or she has met the minimum requirements to exercise a certain position or authority.
- I. Credentialing: The process of assessing and validating the qualifications of a practitioner to provide mental health or substance abuse services. The determination is based on an evaluation of the individual's current license/certification/registration, education, training, experience, competence, and ability to perform designated clinical activities.
- J. Credentialing Committee: A group of behavioral healthcare providers and other staff assigned specific responsibilities for the oversight and management of the credentialing and re-credentialing processes. These responsibilities include the development and review of credentialing criteria, making recommendations for approval of clinical responsibilities, oversight of the implementation of appeal processes for adverse decisions specific to credentialing/re-credentialing.
- K. Credentialing Verification Organization (CVO): An organization contracted with the Agency to obtain information, including from primary sources, for verifying an individual's credentials. This organization has systems in place to protect the confidentiality and integrity of the information.
- L. Criminal History Checks: The method used by the state police to determine the criminal history of individuals in the State of Michigan.
- M. Deemed Status: The Authority recognizes and accepts the credentialing activities conducted by other PIHPs providers in lieu of the Authority completing necessary credentialing activities. The Authority shall further accept the credentialing activities of all MCPNs; provided that they comply with the requirements elaborated in this policy. Such PIHPs or MCPN entities are considered to have "Deemed Status" with regard to their credentialing determinations.
- N. Department Licensing and Regulatory Affairs (LARA): The State agency responsible for licensing, certification, and registration of professional practitioners.
- O. Qualified Mental Health Professional (QMHP): An individual who is trained and experienced in the area of mental illness or developmental disabilities and who is one of the following:
1. A physician who is licensed to practice medicine or osteopathic medicine and surgery in this state under Article 15 of the Public Health Code, Act No. 368 of the Public Acts of 1978, being Sections 333.16101 to 333.18838 of the Michigan Compiled Laws.
 2. A psychologist licensed to practice in this state under Article 15 of the Public Health Code, Act No. 368 of the Public Acts of 1978.
 3. A registered professional nurse licensed to practice in this state under Article 15 of the Public Health Code, Act No. 368 of the Public Acts of 1978.
 4. An individual who possesses Michigan licensure as a master's social worker, or Michigan licensure as a bachelor's social worker, or has a limited license as a bachelor's social worker or master's social worker. Limited licensed social workers must be supervised by a licensed MSW (MCL 333.18501-507). The current licensing law, Public Act 61, allows the Board to grant a limited license to recent BSW and MSW graduates to engage in the required two-year (4,000 hrs.) post degree supervised experience.
 - a. MSWs who did not complete requirements necessary for full licensure should apply for a limited license in order to continue to practice at the master's level. The rules require applicants for

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license renewal who have been licensed for the three-year period immediately prior to expiration date of their license, to accumulate at least 45 continuing education contact hours (CECH's) approved by the Continuing Education Collaborative.

- b. The Collaborative has been designated by the Michigan Board of Social Work to oversee continuing education guidelines and credit and provider approval. At least five of the 45 hours in each renewal cycle must be in ethics and one hour must be in pain and pain symptom management. Submission of an application for renewal constitutes the applicant's certification of compliance. LMSW's and LBSW's must retain documentation showing their compliance with the rule for four years from the date of application for renewal.
5. A licensed professional counselor licensed under Article 15 of the Occupational Code, Act No. 368 of the Public Acts of 1978.
 6. A marriage and family therapist licensed under Article 15 of the Occupational Code, Act No. 229 of the Public Acts of 1989, being Sections 339.1501 to 339.1511 of the Michigan Compiled Laws.
- P. Qualified Intellectual Disabilities Professional (QIDP): A psychologist, physician or educator with a degree in education from an accredited program, licensed master's or bachelor's social worker, physical therapist, occupational therapist, speech pathologist or audiologist, registered nurse, therapeutic recreation specialist or rehabilitation counselor and has specialized training or one year of experience in treating or working with a person who has intellectual disabilities, and is an individual who meets the qualification under 42 CFR 483.430. (Refer to staff provider qualifications in the Program Requirements Section for specific requirements of the professionals.)
- Q. Michigan Department of Consumer and Industry Services (MDCIS): The State agency responsible for licensing, certification, and registration of professional practitioners
- R. Non-approval: Notification by letter of adverse action received by an applicant that her/his application is not approved. (See attachment)
- S. National Practitioner Databank (NPDB) and the Healthcare Integrity and Protection Databank (HIPDB): The U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Office of Workforce Evaluation and Quality Assurance, Practitioner Databanks Branch is responsible for the management of the National Practitioner Databank and the Healthcare Integrity and protection Databank, HRSA. They can be located on the Internet at www.npdb-hipdb.hrsa.gov/.
- T. Practitioner: A professional who has been licensed and/or authorized by the State of Michigan to provide mental health/substance abuse services in accordance with applicable laws and regulations. (For the purposes of this policy, this definition includes ACCESS employees, interns, contractors and volunteers.)
- U. Prepaid Inpatient Health Plan (PIHP): An organization under contract with the Michigan Department of Community Health to provide managed behavioral health care services to Medicaid-eligible individuals. ACCESS is a provider to the PIHP, the Detroit-Wayne County Community Mental Health Agency (referred to as the Agency).
- V. Pre-Admission Reviewer (PAR): Qualified clinicians (i.e., MD, DO, PhD, PsyD, LMSW, LLP, LPC, MSN, Nurse Practitioner and BSN) who have demonstrated experience in the specialty areas in which they are making decisions and may initiate and carry out the pre-admission and utilization review duties.
- W. Primary Source Verification: The confirmation of specific credentials for a network provider applicant such as licensure, education, experience, training, etc., obtained directly from the original source from or by which the applicant received the credential.
- X. Re-credentialing: The process of re-verification of licensure, certification, registration, or evidence of competence and ability to perform designated clinical activities.

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Y. Staff Development and Training Committee: A group of ACCESS Clinical Staff members assigned specific responsibilities for the oversight and management of the credentialing and re-credentialing of ACCESS Staff. These responsibilities include the development and review of credentialing criteria, making recommendations for approval of clinical responsibilities, oversight of the implementation of appeal processes for adverse decisions specific to credentialing/re-credentialing.

Z. Substance Use Disorder Staff Credentials

Substance Abuse Treatment Specialist (SATS): An individual who has "active" status (no open formal complaints or disciplinary actions) licensure in one of the following areas, and is working within their licensure-specified scope of practice:

- Physician (MD/DO)
- Physician Assistant (PA)
- Nurse Practitioner (NP)
- Registered Nurse (RN)
- Licensed Practical Nurse (LPN)
- Licensed Psychologist (LP)
- Limited Licensed Psychologist (LLP)
- Temporary Limited Licensed Psychologist (TLLP)
- Licensed Professional Counselor (LPC)
- Limited Licensed Professional Counselor (LLPC)
- Licensed Masters Social Worker (LMSW)
- Limited Licensed Masters Social Worker (LLMSW)
- Licensed Bachelor's Social Worker (LBSW)
- Limited Licensed Bachelor's Social Worker (LLBSW)

AND, who has a registered development plan with MCBAP and is timely in its implementation.

OR has one of the following Michigan specific or International Certification & Reciprocity Consortium (IC&RC) credentials:

- Certified Alcohol and Drug Counselor (CADC)
- Certified Alcohol and Drug Counselor – Michigan (CADC-M)
- Certified Advanced Alcohol and Drug Counselor (CAADC)
- Certified Co-Occurring Disorders Professional (CCDP)
- Certified Co-Occurring Disorders Professional – Diplomat (CCDP-D)
- Certified Clinical Supervisor (CCS)
- Certified Criminal Justice Professional – IC&RC (CCJP-R)
- State approved alternative credential (ASAM, CHES, APA Specialty in Addition, UMICAD)
 1. Substance Abuse Treatment Practitioner (SATP): An individual who has a registered Development Plan, is timely in its implementation and working under the supervision of a SATS.
 2. Clinical Supervisor: An individual that directly supervises clinical staff and has one of the following credentials:
 3. Michigan Certified Clinical Supervisor (CCS-M)
 4. Certified Clinical Supervisor (CCS) credential,
 5. A registered clinical supervisor development plan with MCBAP and is timely in its implementation.

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Clinical Supervisor: An individual that directly supervises clinical staff and has one of the following credentials:
 Michigan Certified Clinical Supervisor (CCS-M)
 Certified Clinical Supervisor (CCS) credential,
 A registered clinical supervisor development plan with MCBAP and is timely in its implementation

Prevention Program Supervisor: An individual responsible for general prevention program oversight and staff supervision and has one of the following credentials:
 CPC-R
 CPC-M
 Or has a registered development plan with MCBAP and is timely in its implementation.

Prevention Specialist: An individual with responsibilities for development and implementation of plans and prevention services in service area at regional or local level and has the following credentials
 CPS-R
 CPS-M
 Or has a registered development plan with MCBAP and is timely in its implementation.

- AA. **Utilization Review (UR)/ Utilization Management (UM):** The process of using predetermined criteria to evaluate the appropriateness of clinical services as evidenced by documentation of the delivery of those services. Using established criteria to recommend or evaluate services provided in terms of medical necessity, effective use of resources and cost-effectiveness.

V. PROCEDURES:

- A. ACCESS staff shall adhere to the Standards and Procedures below.
1. Ensures adherence to the provisions and standards set forth in the MDCH Credentialing policy.
 2. Ensures the credentialing process does not discriminate against a health care professional solely based on license, registration; or certification, to the extent the provider is acting within the scope of the provider's license or certification under applicable state law, or against a health care professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.
 3. Ensures the development and implementation of a Credentialing Committee charged with oversight of the credentialing, re-credentialing process. The committee will have representation of all disciplines involved in the service provision at ACCESS. A prescriber's application will be reviewed by the committee with the final signature of the Medical Director or a delegate representative to the committee. Monitoring of the credentialing files and complaints of discrimination will be reviewed at least annually.
 4. Maintain a Credentialing Committee that reviews all applications submitted and provides oversight of the following activities:
 - a. The credentialing and re-credentialing process for the care providers and entities under contract with the Authority or with the MCPNs, and which collectively form the Authority's provider network.

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- b. Rendering decisions regarding quality reviews of provider files for completeness of applications consistent with established credentialing and re-credentialing criteria including confirmation of adherence to organization policies and procedures or contract requirements.
 - c. Development and update of credentialing criteria consistent with federal or other state requirements and other relevant professional standards.
 - d. Developing and monitoring adherence to established time lines for the credentialing process.
 - e. Any mental health professional that fails to meet the credentialing requirements of the provider organization, the MCPN managing the provider organization, or of the Authority as detailed in this policy, shall be immediately prohibited from providing mental health services on behalf of those entities. In addition, the provider organization and MCPN shall not be reimbursed for any services performed or billed for by that non-credentialed mental health professional during the period of his or her non-compliance, and any funds received by the provider organization or MCPN prior to the discovery of the mental health professional's noncompliance shall be returned to the Authority. (see Attachments C and D)
 - f. Providing oversight, as applicable, specific to "Deemed Status" entities. In instances where the Authority chooses to accept the credentialing decisions of another PIHP or an MCPN entity it determines to have "Deemed Status," copies of the credentialing entity's decision shall be maintained in the administrative records to delineate how documentation (re-credentialing, member grievances or appeals, etc.) regarding "Deemed Status" providers is to be handled within the system.
 - g. Review and final decision making for appeals of adverse credentialing decisions made by contracted providers within the agency. (see Attachment A)
 - h. Professionals are informed of their right to correct any erroneous information discovered through the credentialing process at the time when the decision and appeal information is distributed to the professional.
 - i. Utilization of participating providers shall be determined on an as needed basis by the committee when it is deemed necessary to incorporate any relevant additional information in the credentialing decision.
 - j. Oversight of the agency's implementation of the credentialing and re-credentialing process, which includes the right to approve, suspend or terminate providers selected by the funders, their subcontractors, direct contractors or CAs.
 - k. Shall contact MCPN or contracted providers that do not respond to the CVO's request for verification of credentialing providers. Contract sanctions may be imposed.
 - l. The Authority shall annually review and validate a 5% sample of CVO staff credential files.
 - m. Oversight of the implementation of a UM Plan that delineates all aspects of credentialing, including the role of the Medical Director, who has responsibility for oversight of the UM Plan, and the Authority's Credentialing Committee.
 - n. Establishing criteria, when applicable, for granting temporary or provisional credentials based upon a specific community/consumer need.
5. To ensure compliance with the Agency's Credentialing/Re-Credentialing Policy ACCESS, at the time of provider enrollment or re-enrollment in the Agency provider network, will be prepared for:
- a. Responsibilities of the Agency are delineated in the Community Mental Health Agency Credentialing/Re-Credentialing Policy (see attachment).
 - b. ACCESS must search the Office of Inspector General's (OIG) exclusions database to ensure that the provider entity and any individuals with ownership or control interests ACCESS

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- (direct or indirect ownership of five percent or more or a managing employee), has not been excluded from participating in federal health care programs.
- c. ACCESS must be prepared to disclose ownership and control information at the time of provider enrollment, re-enrollment, or whenever a change in provider entity ownership or control takes place.
 - d. ACCESS must be prepared for the Agency to search the OIG exclusions database monthly to capture exclusions and reinstatements that have occurred since the last search or at any time providers submit new disclosure information.
 - e. ACCESS must be prepared for the Agency to validate and revalidate at least every two years that ACCESS is licensed as necessary to operate within the state.
6. To ensure the development, revisions, and implementation of the Credentialing/Re-Credentialing Policy, the ACCESS Staff Development and Training Committee, acting as ACCESS Credentialing Committee is charged with the oversight of the credentialing/re-credentialing process.
- a. The ACCESS Staff Development and Training Committee will provide oversight of the following activities:
 - The credentialing and re-credentialing process for ACCESS employees, contractors, interns and volunteers including the right to approve, suspend or terminate a staff's credentials.
 - Rendering decisions regarding the completeness of Staff Applications for Credentialing consistent with established credentialing and re-credentialing criteria:
 - Name & date of birth of employee, contractor, intern or volunteer
 - Current copy of their State Professional License
 - Initial Credentialing Date
 - Copy of Credentialing Certificate(s) with Expiration Dates
 - Copy of the highest degree earned or Official Transcript
 - Current Resume/CV (must include current employer)
 - Signed and dated Notification and Release Form for Background Check
 - Documentation of trainings
 - Copy of current OIG Clearance
 - Copy of DHS Clearance for those working with children

For Psychiatrists:

 - Copy of DEA/State Certificate
 - Proof of Malpractice Insurance
 - Current NPDB Query
 - Confirmation of adherence to organization policies and procedures or contract requirements
 - Development and update of related policies, procedures and credentialing criteria consistent with ACCESS, Agency, CARF, federal or other state requirements and other relevant professional standards
 - Monitoring adherence to established time lines for the credentialing process. See the attached Staff Development and Training Activities Calendar.
- B. ACCESS may recognize and accept credentialing activities conducted by any other Agency authorized organization in lieu of completing its own credentialing activity. Where ACCESS chooses to accept the

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credentialing decision of another Agency authorized organization, copies of the credentialing organization's decision shall be maintained in the individual staff's personnel records. The deemed provider shall be responsible for providing a credentialing certificate with an expiration date, re-credentialing, staff grievances or appeals, etc.) Review and final decision making for appeals of adverse credentialing decisions made by contracted providers and/or the Staff Development and Training Committee rests with the ACCESS Staff Development and Training Committee.

- C. Utilization of ACCESS staff shall be determined on an as needed basis by the ACCESS Director and Clinical Manager.
- D. ACCESS' Staff Development and Training Committee will document the credentialing activities and provide a list if currently credentialed staff and any adverse decisions to Utilization Review Committee, the Behavioral Health Director and Clinical Manager by report.
1. Ensure the completeness of credentialing files prior to submission to the meeting of the ACCESS Staff Development and Training Committee, incomplete files shall be returned to the staff and submitted to the Staff Development and Training Committee and/or the Agency Credentialing Committee when the file is complete. All findings will be documented through the Staff Development and Training Committee Minutes
 2. Ensure that written notification of ACCESS' Staff Development and Training Committee decision shall be made within 30 calendar days of receipt of the Application and the required documents used to render a decision.
 3. ACCESS' Staff Development and Training Committee will obtain and review the findings from the ACCESS Peer Review and incorporate into all re-credentialing decisions.
 4. ACCESS' Staff Development and Training Committee shall grant temporary or provisional credentials based upon a specific community/consumer need. The Committee will establish an expiration date and criteria for granting the full credentials in a letter to the provisionally credentialed staff.
 5. Missing documents will need to be returned to the committee by the expiration date of the temporary credentials.
 6. The practitioners will have an opportunity to review the credentialing packet and correct erroneous information including the source of the information and provide supplemental information or correct the information provided.
 7. Ensures that the Credentialing procedures are followed including:
 - a. Credentialing and Re-Credentialing processes shall include at least the following health care professionals:
 - Psychiatrists/Physicians (MD's or DOs)
 - Psychologists (licensed, limited license, temporary license)
 - Licensed Master's Social Workers, Licensed Bachelor's Social Workers, limited license social workers
 - Licensed Professional Counselors
 - Nurse practitioners, registered nurses, or licensed practical nurses.
- E. The ACCESS Human Resources Department verifies that the qualifications of staff are consistent with national credentialing standards and applicable laws. The ACCESS Human Resources Department conveys this verification to the Staff Development and Training Committee in writing at the date of hire. This information will be added to the Personnel File Required Documentation & Credentialing Application for the employee or contractor which will be kept in the portion of the Personnel file kept at the Mental

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Health site by the Quality Assurance Manager. The information obtained prior to employment will allow for the Temporary Credentialing of the practitioner.

1. Primary source verification of licensure or certification
2. Primary source verification of board certification or highest level of credentials attained, if applicable, or completion of any required internships/residency programs or other postgraduate training
3. Documentation of graduation from an accredited school
4. For Psychiatrists/Physicians, a National Practitioner Databank (NPDB)/Health Integrity and Protection Databank (HIPDB) query, verification of all of the following:
 - a. A minimum five-year history of professional liability claims resulting in a judgment or settlement
 - b. Disciplinary status with a regulatory board or agency
 - c. A Medicare/Medicaid sanctions query
5. ACCESS' Human Resource Department will perform criminal background checks on potential employees, direct contractors, and subcontractors who provide professional or direct care services to persons receiving mental health services to ensure all required staff is in good standing with the law:
 - All employees, contractors, interns and volunteers hired or engaged to provide professional or direct care services to consumers receiving mental health services must be in good standing with the law (i.e., not a fugitive from justice, a convicted felon, or an illegal alien).
 - ACCESS Human Resources will determine the methodology for performing criminal background checks on potential employees in order to avoid employment of those who do not pass such a check, in accordance with federal, State of Michigan or contractual requirements.
 - ACCESS' Human Resources Department will ensure that a signed, dated application includes the following additional items:
 - Reasons for inability to perform the essential functions of the position, with or without accommodations
 - Lack of present illegal drug use
 - History of loss of license, registration, or certification and/felony convictions
 - History of loss or limitation of privileges or disciplinary actions
 - An evaluation of the provider's work history for the prior five years
 - Attestation by the applicant of the correctness and completeness of the application.
 - a. When conferring the credential(s), the ACCESS Staff Development and Training Committee verifies:
 - i. that the qualifications of staff are consistent with national credentialing standards and applicable laws to ensure that staff who provide treatment, services and supports to persons are acting within the scope of practice as determined by their licensure/registration/certification, training and supervised experience
 - ii. that the staff meets the minimum standards that require ongoing population-specific (SMI, SED, DD) in-service training and/or continued education related to the provision of services, supports, treatment and UR/UM activities.

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1. Minimum standards require at least 24-hours per year of SED Child and Adolescent specific training and/or continued education.
2. Minimum standards for SMI require at least 5 hours per year specific training and/or continued education.
3. Minimum standards for DD require at least 5 hours per year specific training and/or continued education.
- iii. that decisions on credentialing and re-credentialing of staff are based on criteria directly related to the quality of care and are made for periods of no longer than two years.
- iv. that a record of all staff who are credentialed, including their licensure/registration/certification numbers, and issue expiration dates (as applicable) are recorded in MH-WIN by the designated person at ACCESS
- v. that the maintenance of all credentialing material for practitioners in files with the following documentation that supports the specific activity or population group for which practitioners are being credentialed:
 1. A dated résumé that provides evidence of supervised experience in working with the relevant population.
 2. Evidence of primary source verification of the following:
 - a. Licensure or certification.
 - b. Board Certification, or highest level of credentials attained if applicable,
 - c. Medicare/Medicaid sanctions
 - d. Degree from accredited school
 3. Current competence:
 - a. Documentation of certification to provide special assessments, services or processes (e.g., Child & Adolescent Functioning Assessment Scale (CAFAS), and neuropsychological testing). Practitioners must be qualified by training and experience to provide special services, supports, treatment and activities, as clinically indicated.
 - b. Completion of the required trainings i.e., Recipient Rights, Cultural Competence, Co-Occurring Disorders, etc.
 - c. Initial credentialing and all subsequent re-credentialing applications
 - d. Information gained through primary source verification
 - e. Any pertinent information used in determining whether the staff met ACCESS' credentialing and re-credentialing standards
 4. Implementation of the following additional requirements regarding physicians
 - a. Set and verify minimum requirements for professional and general liability insurance coverage as applicable.
 - b. Obtain reports from the National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank.
 - c. Check the Medicare/Medicaid program exclusion status.
 - d. Utilization of the physician profile information obtained from the American Medical Association to satisfy primary source verification for:
 - i. five year work history

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- ii. primary source verification of licensure or certification
 - iii. board certification/highest level of credentials attained
 - iv. completion of any required Psychiatric internships/residency programs/other postgraduate training
 - v. Psychiatrists must be available for face-to-face evaluations.
 - a. Provide a Credential Certificate or inform the staff in writing of the reasons for any adverse credentialing/re-credentialing decision to deny, suspend, or terminate the contract for any reason other than lack of need, and their right to the appeal process (consistent with state and federal regulations).
 - b. Report all staff improper conduct resulting in suspension or termination to the appropriate authorities, which include the Agency, MDCH, Attorney General, etc. These reporting procedures shall be consistent with contractual, federal and state requirements.
 - c. Ensure the provision of supervision to staff members with a bachelor's degree, or less, who have less than three years of experience or a master's degree with less than one year of paid experience in the treatment of consumers in the population group or in the specific service area for which certification is being required.
 - Maintain documentation that shows evidence that staff, including Children's Diagnostic and Treatment Services Program staff receive training and continuing education, and that the practitioner's file reflects the date of training, name of training, and the clock hours of training.
 - a. Process must be completed at least every two years including:
 - i. An update of information obtained during the initial credentialing.
 - ii. A process for ongoing monitoring, and intervention, if appropriate, complaints and quality issues pertaining to the staff, which must include, at a minimum, a review of:
 1. Staff clinical documentation, i.e., case records, progress notes, assessments, etc. by Peer Review and Clinical Manager
 2. Incident Reports involving staff
 3. Performance records
 4. Utilization Review records.
- F. Change of credentialing authorization may happen if justified but not limited to the findings of the credentialing committee, funding sources, Office of Recipient Rights, Bureau of Health Services or other licensing bodies. Practitioners must be given written notice of adverse reactions within five days. Practitioners are given notice of their rights to appeal the decision through the Adverse Action Appeal process
1. Summary suspension of a practitioner is appropriate when immediate action is necessary to protect a service recipient or when a summary is requested by another mental health entity.
 2. An investigation shall commence immediately and the findings shall provide for wither reinstatement of the credentials or notice of adverse reaction.
 3. Negative outcomes of the investigation may require reporting to authorities and/or licensing entities.
 4. Appeals of Adverse Actions are available for all practitioners. The committee will notify the practitioner of the adverse action within five days of the decision. This written notification will

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include the proposed action, reason for the decision and right to review the information request a meeting with the committee and request to correct erroneous information within 10 days of the notice.

- a. Adverse action includes denial, suspensions, restriction, limitation or termination of credentials based upon professional competence or conduct, failure to obtain necessary trainings.
 - b. Practitioner can request a hearing to address the Adverse Action.
5. Informal meeting would be requested by the practitioner with the committee and none of the parties would be represented by counsel. This meeting will be documented in minutes.
 6. Formal meeting can be requested in writing by the practitioner within 30 days from the date of the written notice of Proposed Adverse Action. The formal meeting will be scheduled within 30 days of the receipt of the request and parties may be represented by counsel. Notice of the formal meeting with date time and place, names of the committee members, reason for the action and relevant documents and a list of individuals expected to speak will be included. This meeting will include the Human Resource office and will follow additional HR protocols.
 7. After the list of evidence is reviewed by the HR director and Committee representatives and all individuals have been interviewed, written a decision will be provided within 15 days from the meeting date.
- G. All Staff involved in the credentialing committee as well as the Human Resource Department and Quality Assurance Manager handling and maintaining records will ensure the complete confidentiality of all information obtained in this process, except as otherwise provided by law.
- H. The credentialed practitioners will be listed in professional directories and printed materials consistent with credentialing data, including education, training, board certifications and other specialties.

VI. QUALITY ASSURANCE/ IMPROVEMENT:

- A. ACCESS Staff Development and Training Committee shall review and monitor adherence to this policy.
- B. Continuous practitioner monitoring will be provided by the QA Manager
 - a. OIG and LARA checks are completed on a monthly basis
 - b. Grievances and appeals information, training requirements allegations of wrongdoings, improper conduct that may result in adverse actions and reports to the licensing boards
- C. General complaints for services are addressed immediately after the complaint is made
 - a. If complaint requires reporting to authorities, the QA Manager or designee will file the report and inform the practitioner of the formal appeal process
- D. Corrective Action Plans will be developed and monitored by the QA Manager

E. COMPLIANCE WITH ALL APPLICABLE LAWS:

- a. ACCESS, its affiliates, service providers, and other contracted and subcontracted employees are bound by all applicable local, state and federal laws, rules, regulations, all Federal waiver requirements, and state and county contractual requirements, policies and administrative directives in effect, or as amended.

F. RESPONSIBILITIES OF THE INDIVIDUAL PROFESSIONAL:

Policy Name: Policy Section/ Number:	Created By:	Initial Date:	Current Date:	Pages:
Credentialing/Re-credentialing Section ___/# ____	Ana Dutcher Quality Assurance Manager	1/1/2011	11/4/19	Page 13 of 13

- a. The State of Michigan Licensing and Regulatory Affairs and Michigan Department of Community Health (MDCH) publishes qualifications and definitions for staff performing specialty services and supports in the Community Mental Health system and qualifications and definitions for staff performing services in Substance Abuse programs. These qualifications are modified from time to time. Therefore, all individuals seeking privileges/credentialing shall be responsible to review and comply with the latest version of the Medicaid Provider Manual, any interim Medicaid bulletins, and all directives and guidance from MDCH and the D-WCCMHA.

G. LEGAL AUTHORITY AND REFERENCES:

- a. Health Insurance Portability and Accountability Act of 1996, P.L. 104-191.
- b. Balanced Budget Act of 1997, P.L. 105-83.
- c. HHS-OIG List of Excluded Individuals/Entities, <http://exclusions.oig.hhs.gov>
- d. Michigan Department of Community Health, Administrative Rule 330.2105(b)
- e. Public Act 368 of 1978 as revised – MCL 333.20173.
- f. Michigan Department of Consumer and Industry Services, Requirements for Criminal Background Checks, September 3, 2002, www.michigan.gov
- g. Department of Community Health Mental Health and Substance Abuse Administration, Credentialing and Re-Credentialing Policy, January 2007
- h. Agency Policy: Complaint Resolution, September 1, 2005
- i. Agency Policy: Certification of Children’s Diagnostic and Treatment Services, February 1, 2009

H. ATTACHMENTS:

- a. ACCESS Employment Application
- b. ACCESS Annual Credentialing Application/Staff Documentation & Training Record
- c. DWMHA Credentialing and Re-credentialing policy with Exhibits A-F 4-2017
- d. MCOSA Staff Credentialing Policy 2-28-14