

## **NORTH COUNTRY COMMUNITY MENTAL HEALTH ADMINISTRATIVE MANUAL**

**CHAPTER:** Three – Human Resources  
**PROCEDURE NAME:** CREDENTIALING PROCEDURE  
**EFFECTIVE DATE:** March 1, 2015

### **PURPOSE**

To ensure that individuals possess the required training, education, licensure, certification, registration or other required documentation appropriate to the position as defined by state professional standards and maintain clinical competency as defined by agency standards. Further, to ensure an appropriate level of providers is maintained to meet client needs for all populations served.

### **APPLICATION**

North Country Community Mental Health clinical staff employed or under contract, and organizational providers under contract.

Disciplines to be credentialed include, but are not limited to: psychology, social work, nursing, medicine/psychiatry, medicine/general, occupational therapy, speech therapy, physical therapy, dietary services, pharmacy and licensed professional counselor. Licensed Independent Practitioners, whether employed or contracted, shall be privileged. Staff's level of competence and professional ethics must be of the highest order and they must continuously meet or exceed the qualifications, standards and requirements set forth by the Board.

The credentialing process will not discriminate against a health care professional solely on the basis of license, registration, or certification; or a health care professional who serves high-risk populations or specializes in the treatment of conditions that require costly treatment.

### **PROCEDURE**

The Human Resource department shall maintain primary source verification of credentials and education along with written references defining clinical competencies. Credentials will be verified prior to date of hire and at time of renewal. Copies of all licenses, registrations and certifications will be kept in the employee's personnel file. Verification will include a monthly check against federal and state excluded provider lists (i.e., O.I.G. List of Excluded Individuals, G.S.A. Excluded Party List, and M.S.A. Sanctioned Provider List). Additionally, physicians will be checked against the National Practitioner Data Bank.

Staff new to the agency will be given initial approval of credentials based on transcripts, references, verification of licensure and other documents gathered at hire. Initial credentialing will not exceed 365 days. Staff will participate in peer review during the initial period. Prior to the staff's one year anniversary from date of hire, staff will submit an Application for Credentialing along with a Competency Assessment from the Supervisor. Re-credentialing will be completed every two years thereafter.

Temporary/provisional credentialing of individual practitioners is intended to increase the available network of providers in underserved areas. Providers need to be available to provide care prior to formal completion of the entire credentialing process. Temporary or provisional credentialing shall not exceed 150 days.

1. An Application for Credentialing is completed, signed and dated by the applicant and submitted to the Human Resource department along with continuing education

report and a copy of clinical license. Continuing education and peer review requirements are designated by the Credentialing and Privileging Committee and listed in the Credentialing and Privileging Committee Guidelines and Responsibilities.

2. The Human Resource department documents primary source verification by initialing the appropriate sections of the application.
3. The application is reviewed for completeness initially by a staff member of the same or closely related discipline, who then makes a recommendation to the Committee.
4. The Credentialing and Privileging Committee reviews completed applications and makes a recommendation to approve, not approve or requests additional documentation.
5. Any request for additional documentation is sent to the applicant.
6. Once the application is complete, the recommendation to approve is forwarded to the Director for signature.
7. A decision to not approve an application is documented along with the reason for the non-approval. A decision not to approve is provided to the applicant in writing. Any denial of application may be appealed to the Credentialing and Privileging Committee and Director.
8. The recommendations of the committee are documented in Credentialing and Privileging Committee meeting minutes. Approved applications are maintained in the Credentialing and Privileging files. The Credentialing and Privileging Committee meets at a frequency necessary to ensure timely review of applications.
9. Human Resources maintains individual files for each credentialed provider and each file contains the initial credentialing and all subsequent re-credentialing applications, information gained through the primary source verification, and any other pertinent information used in determining whether or not the provider meets credentialing standards.

To maintain credentialing, staff must continue to have valid licensure or registration as required, must meet defined competency requirements, must provide documentation of required peer review and required continuing professional education: minimum of 15 hours per calendar year specific to their clinical practice and, if applicable, 24 hours per calendar year specific to children. Home-Based and infant mental health staff providing services to infants/toddlers and their families (ages birth to 47 months) are required to be endorsed by the Michigan Association for Infant Mental Health as an Infant Family specialist, Level II, minimally. At the time of re-credentialing, a review of quality issues pertaining to the provider will include: claims verification audits, grievance and appeal data, or other quality assessment programs. Failure to provide any of these could result in suspension of staff until documentation comes into compliance.

If a clinician or provider's credentialing is revoked or suspended, NCCMH will follow all state and federal regulations regarding reporting and will notify the Northern Michigan Regional Entity. The Northern Michigan Regional Entity retains the right to approve, suspend, or terminate a provider selected by NCCMH.

Organizational providers are required to submit evidence that they are licensed, as necessary, to operate within the State of Michigan at initiation of a new contract and at

contract renewal. A copy of the organization's policy and procedure for credentialing will also be required. The Human Resource department will verify that the organization has not been excluded from Medicare and Medicaid by checking against federal and state excluded provider lists (i.e., O.I.G. List of Excluded Individuals, G.S.A. Excluded Party List, and M.S.A. Sanctioned Provider List).

CMHSPs will be granted "deemed status" provided the Board is certified by the MDCH and complies with the Credentialing and Re-Credentialing Process, Attachment P.6.4.3.1 of the MDCH Contract.

**REFERENCE:**

- MDCH Medicaid Managed Specialty Supports and Services Contract, Technical Requirements, 6.4.1.1. and P.6.4.3.1.
- CARF Behavioral Standards
- Balanced Budget Act 42CFR 438.12; 42CFR 438.214c
- Children's Diagnostic and Treatment Services Certification, Interpretive Guidelines, 6/19/92
- North Country CMH Credentialing and Privileging Committee Guidelines and Responsibilities

**REVISED:** 3/11/04; 11/29/05; 3/16/07; 3/24/08; 10/5/09; 6/26/14; February 23, 2015

**APPROVED BY SIGNATURE:**

Alexis Kaczynski

Director

3/19/15

Date

Lynn Eckerle

Human Resource Manager

3/10/15

Date