SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE POLICY

NUMBER: BA028

NAME: CREDENTIALING AND PRIVILEGING

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I. APPLICATION

Sanilac CMH staff and Contract Providers

II. POLICY

It shall be the policy of the Sanilac County Community Mental Health Authority (Sanilac CMH) to establish common guidelines for its service delivery network regarding provider credentialing. All providers, whether an organization or a professional practitioner, that desire to provide billable services, must be enrolled as a qualified provider with Sanilac CMH via its approved credentialing process. The credentialing process shall ensure the appropriate selection and evaluation of qualified providers to participate within Sanilac CMH's provider network service delivery system. All provider network credentialing processes shall adhere to the requirements of this policy guideline.

III. DEFINITIONS

- Appeal: The process by which an organization or practitioner may ask for a review of an adverse decision regarding credentialing or privileging.

- Attestation: The signed form/website form completed, stating that a provider is eligible to provide services and that there are no illegal activities or violations within the provider's scope of practice.

- Clean Application: Credentialing and re-credentialing files that meet all established criteria outlined in this policy as it relates to practitioner applications.

- Certificate of Licensure: The document issued by the State of Michigan as evidence of authorization to practice and use a designated title.

- Credentialing: The first part of a two-part process. For purposes of this policy, from a broad perspective, credentialing is the process of credentialing and privileging a provider (organization and practitioner) to perform specific services within the provider network and including the enrollment of that provider onto the Sanilac CMH provider panel. More narrowly, credentialing is the process of determining a provider's credentials, thereby ensuring that the providers (organization and practitioner) have the required federal, state and/or approved regulatory agency certifications and/or licensure to provide a billable service.

- Cultural Competency: A set of skills, behaviors, knowledge, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations.

- Demonstrated Current Competency: Indicated by the demonstration of relevant skills (ability to provide treatment interventions specific to population/disability groups), as evidenced by one's Supervisor and peer review/recommendations.

- Deemed Status: For the purposes of this policy, means either accepting the privileging and credentialing process of an organization [e.g., a hospital] that Sanilac CMH has determined as adequate in issuing privileges to perform services within Sanilac CMH based upon that organization having had their privileging and credentialing policies and processes being approved by an accrediting body [e.g., Commission on Accreditation of Rehabilitation Facilities (CARF), etc.] and being either certified by the Michigan Department of Health and Human Services (MDHHS) or approved by a state licensing body. When using Deemed Status, the provider organization is responsible to keep a current copy of all necessary credentialing information (scope of credentials, primary source verification, etc.) on site in a file. Sanilac CMH generally opts not to utilize or recognize deemed status at the practitioner level.

- Delegation: For the purpose of this policy, authority given by Sanilac CMH to provider CMHs to contract with other providers (organization and practitioners) and perform credentialing functions on behalf of Sanilac CMH.

- Due Diligence: The process and selection criteria Sanilac CMH (or agency providing network management functions via Sanilac CMH delegation) will utilize to determine the qualifications of an organization, e.g., accreditation, licensure, exclusion from sanctions.

- Enrollment: The process of formally endorsing an organizational or professional practitioner provider for inclusion on the Sanilac CMH provider panel via the approval of their submitted provider application (i.e., organization or practitioner, as applicable) as a Medicaid billable provider via Sanilac CMH's credentialing process.

- Full Privileges: The credentialing and privileging status of a provider that has satisfied all requirements of the provisional credentialing and privileging process.

- Gender Competency: Within the SUD treatment environment, gender competence is the capacity to identify where difference on basis of gender is significant, and to provide services that appropriately address gender differences and enhance positive outcomes for the population. Gender competence can be a characteristic of anything from individual knowledge and skills, to teaching, learning and practice environments, literature, and policy. Those treatment programs engaged in the practice of gender competence will be providing specialized programming focused not only on substance abuse, but also, for example, on trauma, relationships, self-esteem, and parenting. Staff serving this population should have training in women's issues relating to the previously mentioned programming areas, as well as HIV/STIs, family dynamics, and potentially child welfare.

- Gender Competency Training Requirements – Practitioner: Must have a minimum of 8 semester hours, or the equivalent, of gender specific substance use disorder training OR 1040 hours of supervised gender specific substance use disorder training (field experience). Those not meeting the requirement must be supervised by another individual working within the program and be working towards meeting the requirements. Documentation of trainings is required to be kept in employee files.

- Gender Competent Program: SUD provider organizations with gender specific SUD programs and at least one practitioner meeting state required gender competency qualifications.

- Local Provider Network Revocations: The formal removal by the Credentialing Committee of an individual or organizational provider's clinical privileges, as within the Credentialing Committee's purview, as it is consistent with Sanilac CMH policy.

- National Provider Identifier (NPI): A standard unique identifier for healthcare providers as required in the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The NPI is a ten-digit identifier that does not expire. Use of a nationally assigned NPI will be required for all electronic healthcare transactions. There are two types of NPIs, a personal identifier and an organizational identifier. Each individual provider will have one and only one NPI since they do not expire. The NPI can be found at www.npinumberlookup.org.

- Organization/Organizational (or Institutional) Provider: An independent state licensed or certified agency that hires behavioral health practitioners to provide mental health or substance abuse services.

- Paraprofessional: Non-degreed staff positions, which include, but are not limited to, support assistants, direct care workers, and aides. Sanilac CMH does not require credentialing of paraprofessionals, with the exception of substance abuse providers certified by MCBAP, Autism Aides and Certified Peer Support staff.

- Practitioner/practitioner provider: Behavioral health professionals who are licensed and recognized by the State to practice independently, including but not limited to psychiatrists and physicians; doctoral and/or master level psychologists; master level clinical social workers; master level professional counselors, and ancillary care professionals such as occupational therapists, physical therapists, speech pathologists, nurses, etc., bachelor level professional such as a social worker technician who provides services under the direct supervision of a licensed professional. For practitioners within the Sanilac CMH substance use disorder provider network, a degreed and non-degreed staff that has been certified by the Michigan Certification Board for Addiction Professionals (MCBAP) as substance abuse counselors via their attainment of specific credentials (e.g., CADC, etc.) or have a Development Plan on file with MCBAP. See Exhibit A for a detailed list of practitioner classifications credentialed by Sanilac CMH.

- Primary Source Verification: Proof of privileges or licensure/certification (as applicable) and other pertinent information pertaining to the applicant, as furnished by the privileging behavioral healthcare facility, the Department of Licensing and Regulation, the National Practitioner Data Bank (NPDB), other regulatory agencies or data sources. Verification is required to ensure:

    i. Graduation from an accredited professional school or highest training program applicable to the academic degree, discipline, licensure or registration of the healthcare practitioner.

    ii. Valid Drug Enforce Administration (DEA) or Controlled Substance (CDS) certificate, as applicable.

    iii. Board certification, if the practitioner states that he/she is board certified on the application.

    iv. Current valid license or registration from the state or other accepted certifying body to practice as a behavioral health care practitioner at the level that is applicable to the privileges requested.

v. Five (5) year history of professional liability claims that resulted in settlements or judgments paid by or on behalf of the practitioner.

vi. Work history review of at least the previous five (5) years (or review of full history for those with less than five (5) years' experience) with satisfactory outcome.

vii. Completion of a criminal background check, via in "good standing" with the law. (Note: Although criminal background checks are required, it is not intended to imply that a criminal record must result in the termination of employment or decrease or termination of privileging and credentialing status). Criminal background checks are conducted as a condition of employment for potential employees and for network provider enrollees. Checks shall be completed as a new employee, when changing credentials or when re-credentialing, but no less than every other year from the date the initial check was made. Evidence of this shall be documented.)

viii. National Practitioner Databank (NPDB) query verified at www.npdb.hrsa.gov.

ix. Or the following four items:
1. Minimum of five (5) year history of professional liability claims resulting in a judgment or settlement.
2. Disciplinary status with regulatory board or agency – verified at https://aca-prod.accela.com/MILARA/GeneralProperty/PropertyLookUp.aspx?isLicensee=Y&TabName=APO
3. OIG/Medicare/Medicaid sanctions – verified at http://exclusions.oig.hhs.gov.
4. If Substance Use Disorder Services are also being provided, MCBAP certification shall be verified at www.MCBAP.com.

- Privileging: The process of determining whether an individual (employee or contractor) has sufficient competencies to perform the specific services or procedures requested as an employee or contractor with the Sanilac CMH provider network. The result of privileging is that an individual is granted clinical privileges to deliver specific services within a defined scope of practice. Privileging types:
  i. Provisional/Temporary (up to first 180 days)
  ii. Full (after provisional)
  iii. Additional
  iv. Probationary

- Probationary Privileges: When a provider with full credentials is found to have performance and/or compliance issues that require corrective action but do not rise to a threshold that would necessitate suspension or revocation, that provider's privileges can be amended via the provider being classified with probationary credentials. The terms of the probation may vary across situations and may include:
  i. Changes to the scope of privileges (Populations, time frames, services, etc.)
  ii. Changes to the monitoring and documentation required of the supervisor by the committee.
  iii. Changes to the training required of the practitioner.
  iv. Other specific changes as specified and documented by the applicable Credentialing Committee.

- Provider: Within the Sanilac CMH provider network, providers are either (1) an organization/organizational provider; or (2) a practitioner provider, both of which are the conduit for delivery of behavioral healthcare services.

- Provisional or Temporary Credentials: The process of credentialing and privileging a provider on an interim basis (up to 180 days) until a due-diligence and primary source verification review can be conducted by the Sanilac CMH or provider agency's designated Credentialing Committee.

- Re-credentialing: The process of resubmitting a provider "enrollment and credentialing" application form into the applicable Credentialing Committee for evaluation and verification that the provider remains qualified to perform specific services in the Sanilac CMH provider network. Providers shall be re-credentialed at least every two (2) years, or more frequently, if their licensure and/or certification changes in a manner that may impact their professional scope of practice or there are practice level issues/concerns that would indicate more frequent review is appropriate.

- Revoked Privileges: Revocation is the permanent removal of all privileges. The practitioner or organization is thereby unable to provide any services for Sanilac CMH during this period.

- Suspended Privileges: Suspension is the temporary removal of some or all privileges. The practitioner or organization is thereby unable to provide any services for Sanilac CMH during the suspension period.

- Women's Specialty Services: Women's Specialty Services is a treatment program that meets the requirements specified in 45CFR § 96.124. As such, each designated Organizational Provider must be able to provide or arrange for the following:

    i. Shall have the capacity to arrange for primary medical care for women through a Medicaid Health Plan (MHP), or primary care physician (PCP), including referral for prenatal care if pregnant, and while the women are receiving substance abuse treatment, childcare.
    ii. Shall have the capacity to arrange for primary pediatric care for their children, including immunizations.
    iii. Shall have the capacity and capability to provide gender competent specific substance use disorder treatment services and other therapeutic interventions for women, which may address issues of relationships, sexual and physical abuse, and parenting.
    iv. Shall be able to arrange childcare services for children of women who are receiving women's specialty services.
    v. Shall have the capacity to provide therapeutic interventions for children in custody of women in treatment, which may, among other things, address their developmental needs, issues of sexual and physical abuse, and neglect.
    vi. Shall have the capacity to provide case management services to arrange for and then coordinate the above services as a billable activity to Region 10.
    vii. Shall have the capacity to arrange or directly provide transportation services to ensure women and their dependent children have access to the above-mentioned services, which include treatment, childcare, therapeutic interventions, and medical appointments.
    viii. Note: Michigan law extends priority populations status to men whose children have been removed from the home or are in danger of being removed. Men who are shown to be the primary caregivers for their children are also eligible to access ancillary services as outlined above. Region 10 may fund these services via a program designated by MDHHS as a Women's Specialty Provider. At the discretion of Region 10, funding for those programs deemed Gender Competent may also be contracted to provide the above services with appropriate staff training, licensing and accreditation. Appropriate training is outlined as staff having 12 semester hours of gender specific substance abuse training or 2080 hours of supervised gender specific substance abuse working experience.

IV. STANDARDS

a. Sanilac CMH shall reserve the right to validate the primary source verification, the licensure, registration, or certification of each individual credentialed by an organizational provider and confirms that the individual has not been excluded from Medicaid or Medicare participation. Adverse results may result in repayment of reimbursement for services provided by noncompliant staff, or in termination of

the provider contract.

b. Sanilac CMH shall monitor credentialing files, medical records, and billing claims to ensure compliance with this policy. Adverse audit results may result in repayment of reimbursement for services provided by noncompliant staff, or termination of the provider contract.

c. Sanilac CMH retains the right for provider selection. Sanilac CMH is responsible for oversight regarding delegate credentialing or re-credentialing decisions.

d. Sanilac CMH shall complete an annual review of Network Providers through their funding request process to include a sample of enrollment, suspension, termination and appeals files to ensure there is no evidence of discrimination of providers who serve high risk or costly populations occurring during selection and retention process, as well as to ensure the requirements of the Quality Assessment and Performance Improvement Program (QAPIP) are being met.

e. Sanilac CMH and delegated agencies are required to report to the PIHP; Division of Program Development, Consultation and Contracts; Mental Health and Substance Abuse Administration; and MDHHS or appropriate authorities (i.e. MDHHS, the provider's regulatory agency, the Attorney General, etc.) within five (5) working days of identified or known issues via OIG database searches (such as: exclusions or criminal convictions for offenses described under Section 1128 of the Social Security Act) and take any administrative action that limits a provider's participation in the Medicaid program, including any provider entity conduct that results in suspension or termination from the PIHP or provider network. If the issue is determined to have criminal implications, a law enforcement agency will also be notified. Documentation of any such reporting will be placed in the employee file.

f. Sanilac CMH and Network Providers must not employ or contract with providers excluded from participation due to:
   i. Officer, director, partner with Sanilac CMH or managing employee who has 5% or more controlling interest in the entity (CFR 438.610). Where applicable, Sanilac CMH shall comply with federal regulations to obtain, maintain, disclose and furnish required information about ownership and interest, business transactions and criminal convictions as specified in 42 C.F.R. sections 455.104-106.
   ii. Organizations or practitioners with license revocations or suspension (disbarment).
   iii. Sanctioned or excluded by Medicare or Medicaid as verified monthly through both OIG http://exclusions.oig.hhs.gov AND through the MDHHS Sanctioned Provider List – http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5100-16459--,00.html.
   iv. Individuals with employment, consulting or other arrangements with Sanilac CMH for the provision of items or services that is significant and material to Sanilac CMH obligation under its contract with the state (CFR 438.610).
   v. Federal health care programs under Social Security Act 1128 & 1128A.

g. Credentialing and Privileging processes must be nondiscriminatory against the practitioner solely on the basis of license, registration or certification or who serves high risk populations. (45 CFR 438.12). Note: The above nondiscrimination clauses do not require Sanilac CMH to contract with providers beyond the number necessary to meet the needs of its plan beneficiaries.

h. Written notice to provider organizations and/or practitioners must be provided when credentialing/privileging is denied or restricted (e.g., probationary privileges with reasons for decisions). Written notification is required upon release of restricted privileges.

i. Practitioner providers have the right to obtain and review the information submitted in support of their credentialing application.

j. Practitioner providers have the right to correct erroneous credentialing information.

k. Organizational and practitioner providers have the right to appeal credentialing decisions (denied, suspended, terminated, revoked) not in their favor within 30 days of the adverse decision.

l. Applicable organizational and practitioner providers must undergo the credentialing and privileging process minimally biannually AND whenever there is a change in credentials.

m. Provider Organizations must maintain and have available for review a file for each credentialed provider that contains:
    i. The initial and all subsequent credentialing applications;
    ii. Information from primary source verifications;
    iii. Any other pertinent information used in determining whether or not a provider meets the credentialing standards.

n. The awarding of privileges is to be based upon scope of practice as defined in state licensing laws and rules in specified areas with other required certification standards, such as MCBAP standards for Substance Use Disorder credentialing. In addition, where applicable, Quality Assessment and Performance Improvement Program (QAPIP) information that relates to Provider Network Management i.e. contract monitoring and Utilization Management, such as case record, Program and System Level Performance Indicator information must be considered.

o. Sanilac CMH shall not remit payment to organizational providers after applicable licensures and/or certifications have expired until an updated license(s) and/or certification has been submitted and received by the applicable Credentialing Committee and enrollment into the Sanilac CMH Network. If lapsed for more than 60 days, no payment will be made for that lapsed period until an updated credentialing application has been submitted and received by the applicable Credentialing Committee and updated. The Credentialing Secretary will notify Contract Management of all organizations that have not completed their application within 60 days.

p. Sanilac CMH and Provider Organizations are to have an internal process that ensures all paraprofessional staff that meet the requirements of the MDHHS Medicaid Provider Manual; and all paraprofessional staff are appropriately trained to provide direct care. All staff must have all required MDHHS trainings within 30 days of hire or transfer to an applicable position. During this interim time, the staff must be under the direct supervision of staff members who are fully trained. Documentation of such training and supervision shall be on file by the provider.

q. All Staff and Organizations that are credentialed are required to complete an attestation form. Forms should be completed online to ensure confidentiality; however, paper copies may be used and placed in a secured file.

r. Practitioners/Organizations shall not provide care for any individual until they have received credentialing in accordance with this policy. There must be, at a minimum, approved provisional credentialing in place prior to services being provided.

s. All privileging and credentialing information for a practitioner/organization will be maintained in a designated file.

V. **PROCEDURES**

PRACTITIONER CREDENTIALING AND RE-CREDENTIALING

A. CREDENTIALING OF PRACTITIONERS AS DEFINED IN THIS POLICY

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:

1. Physician/Psychiatrist (M.D. or D.O)
2. Physician Assistant (PA-C)
3. Psychologist Licensed (LP), Limited License (LLP), and Temporary License (TLLP)
4. Licensed Master's Social Worker (LMSW), Licensed Bachelor's Social Worker (LBSW), Master's or Bachelor's Level Limited License Social Worker (LLMSW or LLBSW)
5. Registered Social Service Technician (RSST) or Limited Registered Social Service Technician (LRSST)
6. Licensed Professional Counselor (LPC) or Limited Licensed Professional Counselor (LLPC)
7. Licensed Marriage and Family Therapist
8. Board Certified Behavior Analyst (BCBA), Board Certified Aide Behavior Analyst (BCaBA)
9. Nurse Practitioner, Registered Nurse (BSN, RN), and Licensed Practical Nurse (LPN)
10. Mental Health/Psychiatric Nurse Practitioner (MA, MSN in Psych, RN)
11. Occupational Therapist (OTR) and Occupational Therapist Assistant (COTA)
12. Physical Therapist (PTR) and Physical Therapist Assistant (PTA)
13. Speech Pathologist (SLP)
14. Registered Dietician (RD)
15. SUD Recovery Coach, Case Manager and/or non-degreed SUD provider
16. Non-Credentialed and/or Specifically Focused Treatment Staff
17. Master's and Bachelor's Degree in Human Services (M.S., M.A., B.S. or B.A.)
18. Substance Abuse Treatment Practitioner/Supervisor (MCBAP)
19. Qualified Mental Health Professional (QMHP)
20. Qualified Intellectual Disability Professional (QIDP)
21. Certified Peer Support Specialist (CPSS)
22. Child Mental Health Professional (CMHP)
23. Qualified Behavioral Technician (QBHT)
24. Care Manager Assistant/DSP
25. Health Mentor
26. Registered Behavioral Technician (RBT)
27. Mental Health Professional
28. Youth Peer Support Specialist
29. Parent Support Partner

B. CREDENTIALING CRITERIA AND APPLICATION PROCESS

CLEAN FILE CRITERIA – PRACTITIONER: Process for Clean File Determination

1. Practitioners requesting inclusion in the Sanilac CMH provider network will complete the most current Credentialing Practitioner Application.

2. Sanilac CMH 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 Sanilac CMH deems applicable, within the application and in accordance with all standards.

3. Credentialing Committee and/or designated staff within Sanilac CMH shall verify information obtained in the credentialing applications as described below. Copies of verification sources will be maintained in a designated practitioner credentialing file. When source documentation is not electronically dated, staff will sign and date with the date of verification.

4. If files meet Clean File criteria in every category listed below, the Medical Director and/or Chief Operating Officer or Chief Executive Officer may sign off to approve the practitioner application, in lieu of review and approval from the Credentialing Committee.

5. If files meet Clean File criteria in every category listed below, the Credentialing Committee Chairperson and/or Agency Designee may approve the application without further review from the Credentialing Committee.

6. Clean Files, while not required, may go to the Credentialing Committee at the discretion of the credentialing organization.

7. Practitioner applications not meeting Clean File criteria will have the deficiencies/issues noted and will be reviewed by the Credentialing Committee for further discussion.

8. Notice of rationale may be provided by the applying practitioner in writing to provide explanation for any item that would place them out of the Clean File status.

9. The organization designee shall never unilaterally deny a credentialing or re-credentialing request.

10. Clean File credentialing criteria for practitioners, and verification methods as outlined in the following chart.

11. Additionally, these primary source verifications and applicable documentation must be reviewed prior to any services being provided and/or provisional or full privileges being granted.

PRACTITIONER CREDENTIALING CRITERIA AND VERIFICATION METHODS

Practitioner Credentialing Criteria	Practitioner Verification Method(s) / Clean Application Criteria Standards
• Complete application with a signed and dated statement attesting that the information submitted with the application is complete and accurate to the practitioner's knowledge. • Authorization for the CMHSP to collect any information necessary to verify the information in the credentialing application.	• All applicable signature lines signed, dated and reflect a review of the current credentialing application.
• Board certification, or education, appropriate to license in area of practice. • All applicable licenses are current and in good standing. • Certification required for sought privileges.	• Verification of education shall be completed through primary source verification with the educational institution and/or certification board. Expiration dates of any certification are identified in file. • Medical specialty boards verify education and training. Verification of board certification fully meets this requirement of verification. Review of all licenses to practice in each state the practitioner is providing services in as applicable to the privileges being sought (e.g., MCBAP Certification and verification).
• Medical professionals (e.g., M.D., D.O.) shall have no malpractice lawsuits and/or judgments from within the last ten (10) years.	• For medical professionals, a query to the National Practitioner Data Bank (NPDB) will be completed via web-based access to the NPDB site for each practitioner. The NPDB query contains malpractice history which was reported by malpractice carriers to the NPDB. • A written description of any malpractice lawsuits and/or judgments from the last ten (10) years will be provided either by the practitioner or their malpractice carrier.
• The practitioner shall have a background check prior to providing services.	• Attestation of initial background check upon hire. • Evidence includes written, dated, and current check through iChat or other standard background check service as appropriate. • Attestation of background check completed at least every 2 years from the date of initial background check.

• The practitioner 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 Office of Inspector General (OIG) upon initial application AND monthly to ensure that practitioners have not been suspended or debarred from participation with Medicare, Medicaid or other federal contracts. • Queries will be made to the MDHHS Sanctioned Provider List upon initial application AND monthly at http://www.michigan.gov/mdhhs. • A query will be made at http://www.wpsmedicare.com/j8macpartb/Departments/enrollment/b_opt_enroll.html upon initial application AND monthly to verify that the practitioner has not opted out of Medicare, if a Medicare provider.
• The practitioner shall have no license revocations or suspension (disbarment).	• Verification of the license will be made directly with state licensing agency internet website (LARA) at https://aca-prod.accela.com/MILARA/GeneralProperty/PropertyLookUp.aspx?isLicensee=Y&TabName=APO
• Clinical privileges are in good standing at hospital(s) where contracted to provide services, if applicable.	• Confirmation shall not be obtained from each applicable hospital and documented in writing.
• Work History	• Employees with and without verifiable licenses and certifications must provide relevant work history of at least five (5) years or total work history.
• Complete application with no positively answered attestation questions where additional information investigation/review would be needed.	Items not already referenced include: • Current active DEA with no restrictions or limitations (if applicable). • Lack of present illegal drug use. • Ability to perform the essential functions of the position, with or without accommodations. • No miscellaneous credentialing red flags. • No reporting complaints or potential quality concerns since the previous re-credentialing cycle. • No "yes" responses on any of the applicant's attestation, disclosure, criminal history (historical for initial or since previous re-credentialing cycle).
• Completed Disclosure of Control or Ownership/Conflict of Interest Attestation included.	• No concerns regarding information found within the Attestation regarding potential conflicts of interest.

NEW PRACTITIONER

i. New Practitioner Applicant
   1. Completes, within the first week of employment, the Sanilac CMH Network Enrollment and Credentialing Practitioner Application and Attestation on the Agency's database.
   2. Once complete, the application will be electronically sent to the employee's supervisor.

ii. Credentialing Chairperson
   1. Reviews application for accuracy.
   2. Ensures background check has been completed and that trainings have been assigned.
   3. Ensures that Billing and HR have checked at a minimum of three applicable bulleted primary source verification items below:
      - For State of Michigan professional license verification: https://aca-prod.accela.com/MILARA/GeneralProperty/PropertyLookUp.aspx?isLicensee=Y&TabName=APO
      - For Medicare/Medicaid sanctions: http://exclusions.oig.hhs.gov
      - For Healthcare Integrity query: www.npdb.hrsa.gov
      - For SUD certification: www.MCBAP.com, click on Verify Credentials.
      - Board Certifications
      - Background Checks

        Note: employees without verifiable license and certifications above must provide relevant work history of at least five (5) years or a total work history for those with less than five (5) years' experience.
   4. Ensures and maintains all primary source documentation in employee's file.
   5. Submits entire Practitioner Application to designated Credentialing Committee.
   6. If files meet Clean File criteria in every category listed above, the Credentialing Committee Chairperson and/or Agency Designee may approve application without further review from the Credentialing Committee.

iii. Credentialing Committee/Secretary
   1. Credentialing Committee reviews application and makes a decision to approve or disapprove privileges as Network Provider. Note that new providers can only be provisionally privileged for up to 180 days.
   2. Secretary sends written decision to practitioner and practitioner's supervisor after meeting. Note: denied applications are given reason for denial and appeals process.
   3. Secretary reviews practitioner application in database to ensure completeness before it is electronically sent on to the Credentialing Committee Chairperson or the Credentialing Committee.

C. PROVISIONAL CREDENTIALING PROCESS – PRACTITIONER
- Provisional status can be granted one time to practitioners until formal credentialing is completed.
- Practitioner seeking provisional status must complete a signed application.
- The decision regarding provisional credentialing of the practitioner shall be made within thirty (30) days of receipt of application either through Credentialing Committee decision or Clean File process.
- In order to render a provisional credentialing decision, a credentialing application will be completed by applicant and verification shall be conducted as listed in this policy.
- Each factor must be verified within thirty (30) days of the provisional credentialing decision.
- Provisional credentialing status shall not exceed 180 days, after which time the credentialing process shall move forward in accordance with this policy.

D. RE-CREDENTIALING CRITERIA AND APPLICATION PROCESS – PRACTITIONER

- Re-credentialing will be completed for all participating practitioners and other credentialed providers at least every two (2) years or if there are changes to the practitioner's credentials. The Credentialing Committee may recommend re-credentialing for a lesser period of time.
- Every practitioner will complete the current Sanilac CMH Network Enrollment and Credentialing Practitioner Application and related materials required for the re-credentialing process. Additionally, the practitioner will provide the relative information supporting any changes in their credentials at the time of re-credentialing and on-going.
- Re-credentialing criteria and application processing includes review of the re-credentialing application for completeness and accuracy.

RE-CREDENTIALING OF PRACTITIONER (Including Provisional and Probationary)

i. Credentialing Secretary
   1. Notifies practitioners of the need to renew applications.

ii. Practitioner Applicant
   1. Completes a Sanilac CMH Enrollment and Credentialing Practitioner Application at least 60 days PRIOR to credentialing/privileging term end date in the Agency's database.

iii. Supervisor
   1. Completes supervisor areas on the application.

iv. Credentialing Chairperson
   1. Reviews the application for accuracy.
   2. Ensures background check has been completed and that trainings have been completed.
   3. Ensures that Billing and HR have checked at a minimum of three applicable bulleted primary source verification items below:
      - For State of Michigan professional license verification: https://aca-prod.accela.com/MILARA/GeneralProperty/PropertyLookUp.aspx?isLicensee=Y&TabName=APO
      - For Medicare/Medicaid sanctions: http://exclusions.oig.hhs.gov
      - For Healthcare Integrity query: www.npdb.hrsa.gov
      - For SUD certification: www.MCBAP.com, click on Verify Credentials.
      - Board Certifications
      - Background Checks

        Note: employees without verifiable license and certifications above must provide relevant work history of at least five (5) years or a total work history for those with less than five (5) years' experience.
   4. Ensures and maintains all primary source documentation in employee's file.
   5. Submits entire Practitioner Application to designated Credentialing Committee.

v. Credentialing Committee/Secretary
   1. Credentialing Committee reviews application and makes a decision to approve or disapprove privileges as Network Provider. Note that new providers can only be provisionally privileged for up to 180 days and re-credentialed for a maximum of two (2) years.
   2. Secretary sends written decision to practitioner and practitioner's supervisor after meeting. Note: denied applications are given reason for denial and appeals process.
   3. Secretary reviews practitioner application in database to ensure completeness before it is electronically sent on to the Credentialing Committee Chairperson or the Credentialing Committee.

E. REINSTATING PREVIOUSLY CREDENTIALED EMPLOYEES

- Employees that were previously employed and credentialed do not need to complete the credentialing process so long as the separation period is less than 1 year, the current credentialing period has not expired, and they met Clean File criteria. The employee will be re-enrolled into the credentialing system upon rehire.

F. PROVIDERS EXEMPT FROM CREDENTIALING: PRACTITIONERS WHO DO NOT QUALIFY AS MENTAL HEALTH WORKERS

- Professionals (with exception of Substance Abuse Practitioners, Recovery Coaches, and Certified Peer Support staff) who provide billable services under the auspices of an enrolled organization provider (i.e., paraprofessional staff, fiscal intermediaries)
- Practitioners who practice exclusively within a hospital setting and provide direct care for a Sanilac CMH beneficiary, as part of a bundled per-diem AND practitioners of an out of network organizational provider, where the organization has its own internal credentialing process (e.g., COFR referral to a CMHSP). In both scenarios, the delegated CMHSP must ensure the out-of-network purchase of services contract addresses:
    a. All billable Medicaid services can only be provided by an appropriately credentialed practitioner(s).
    b. Clarification that all encounter services provided be directly transmitted into Sanilac CMH for MDHHS processing and cost reporting encounter/billing compliant format.

ORGANIZATIONAL CREDENTIALING AND RE-CREDENTIALING

A. CREDENTIALING OF ORGANIZATIONS

NEW ORGANIZATIONS

i. New Organizational Applicant
    1. Completes the Sanilac CMH Network Enrollment and Credentialing Organizational Application.
    2. Submits completed Organizational Application, along with required primary source verification documentation to contract manager/designee.

ii. Contract Manager/Designee
    1. Reviews Sanilac CMH Organizational Application for accuracy, verifies primary source information and completes due diligence review.
    2. Submits Sanilac CMH Organizational Application, primary source documentation and due diligence information, as applicable, to designated Credentialing Committee.

iii. Credentialing Committee/Chairperson/Committee Secretary
    1. Chairperson reviews Organizational Application and applicable documentation.
    2. Chairperson makes recommendation to the Credentialing Committee to approve or disapprove as Provider Organization.
    3. Chairperson assigns approved applications: privileging scope of practice, and privileging timeframes (no more than two (2) years). Note: Denied applications are given reasons for denials and appeals process.

B. RE-CREDENTIALING OF ORGANIZATION

i. Credentialing Secretary
   1. Notifies organizations of the need to renew applications.

ii. Organization
   1. Completes a new Sanilac CMH Network Enrollment and Credentialing Organizational Application, at least 60 days PRIOR to re-credentialing/privileging term end date.
   2. Submits fully completed organization application through Sanilac CMH's electronic database.

iii. Contract Manager
   1. Reviews application for completeness.
   2. Completes a Due Diligence Review to verify qualifications, as well as reviews:
      - Consumer Recipient Rights Complaints
      - Performance reviews report (Contract Monitoring and Utilization Management)
      - Consumer Satisfaction report
   3. Contacts provider organization to obtain any required missing information, if applicable.
   4. Submits fully completed application to applicable Credentialing Committee along with re-credentialing recommendations (i.e., re-credential, provisional, suspension, or termination of privileges).

iv. Designated Credentialing Committee
   1. Chairperson reviews Organization Application and applicable documentation.
   2. Chairperson makes recommendation to the Credentialing Committee to approve or disapprove as Provider Organization.
   3. Secretary notifies, within 15 business days, of approved organization credentialing/privileges and enters into database.
   4. Chairperson assigns privileging scope of practice and privileging timeframes to approved applications. Term of credentialing shall be no more than two (2) years). Note: denied applications are given reasons for denials and appeals process.

Sanilac CMH shall follow the same standard of practice to ensure review of their Provider Network's organizational applications by an appropriate, designated contract management/provider network staff prior to Credentialing Committee review.

If files meet Clean File criteria in every category, the standards listed in the policy shall apply.

ORGANIZATION'S DOCUMENTATION AND CLEAN FILE CRITERIA

Documentation Requirement	Clean File Criteria
• Complete application with a signed and dated statement from an authorized representative of the organization attesting that the information submitted with the application is complete and accurate to the organization's knowledge. • Authorization for the PIHP or the CMHSP to collect any information necessary to verify the information in the credentialing application.	• Complete application with no positively answered attestation questions where additional information/investigation would be needed.
• State licensure information – License status and any license violations or special investigations incurred during the past five (5) years or during the current credentialing cycle will be included in the credentialing packet for committee consideration.	• No license violations and no special state investigations in time frame (past five (5) years for initial credentialing and past two (2) years for re-credentialing timeline).
• Accreditation by a national accrediting body (as applicable). • SUD Treatment Providers are required to be accredited. • CMHSPs are required to be accredited. • If an organization is not accredited, an on-site quality review will occur by the PIHP or the CMHSP provider network/contract management staff prior to contracting.	• Full accreditation status during the last accreditation review. • No plan of correction during initial pre-delegation assessment or on-site pre-credentialing review. • Accepted accreditation bodies include CARF, JACHO, NCQA, COA, ACHC (others may apply and will be reviewed on a per-case basis).
• Primary source verification of the past ten (10) years of malpractice claims or settlements from the malpractice carrier. • Results of the National Practitioner Data Bank (NPDB) query.	• No malpractice lawsuits and or judgments from within the last ten (10) years.
• Verification that the Organizational Provider has not been excluded from Medicare/Medicaid participation.	• Organization is not on the OIG Sanctions list or the MDHHS sanctioned provider list. • Management staff may or may not be listed on the OIG Sanctions or MDHHS sanctioned provider list. Key management staff noted on application shall be checked.
• A copy of the facility's liability insurance policy declaration sheet.	• Current insurance coverage meeting contractual expectations.

• Any other information necessary to determine if the facility meets the network-based health benefits plan participation criteria based on contracted service expectations.	• Information outlined in the application and/or any additional information requested by the PIHP or CMHSP.
• Quality of care and contract compliance information will be considered at re-credentialing.	• Contract monitoring findings, grievance and appeals, and recipient rights complaints will be taken into consideration upon application for re-credentialing and shall meet a reasonable threshold based on the size of the organization. • MMBPIS and other performance indicators, if applicable shall meet standards or, have an accepted Root Cause Analysis and/or Plan of Correction approved by the Contract Management Department.

C. ORGANIZATION TEMPORARY/PROVISIONAL CREDENTIALING PROCESS

- The decision regarding provisional credentialing of the organization shall be made within thirty (30) days of receipt of application either through Credentialing Committee decision or Clean File process.
- Each factor must be verified within thirty (30) days of the provisional credentialing decision.
- Provisional credentialing status shall not exceed 180 days, after which time the credentialing process shall move forward in accordance with this policy.

D. CREDENTIALING DECISIONS

- Credentialing decisions shall be made in accordance with this policy and inclusive of all sections within.
- Sanilac CMH shall inform providers of their credentialing or re-credentialing status within thirty (30) days of Committee/Designee decision.
- The Credentialing Committee will review all applications that do not initially meet Sanilac CMH's Clean File criteria within sixty (60) days of submission of all required credentialing data/documents.
- Recommendations will be based on data verified no more than thirty (30) days prior to the time of the Credentialing Committee's decision (i.e., background checks, LARA checks, OIG checks, etc.).
- Completion of a credentialing or re-credentialing application does not constitute acceptance until formal approval is granted and the applicant is notified.
- Decision of the Credentialing Committee may be:
    1. Temporary/Provisional: A status that shall not exceed 180 days, after which time the credentialing process shall move forward in accordance with this policy. All primary source verification must be completed prior to approval of provisional status.
    2. Approved: The provider has been approved to render services to Sanilac CMH beneficiaries for up to a 2-year credentialing term beginning from the date of the Credentialing Committee's decision, or as processed within the clean-file process.
    3. Denied: The provider has not been approved to render services to Sanilac CMH individuals and may not be reimbursed for services using CMH funds. The provider will be informed in writing of their ability to appeal the decision, in accordance with this policy.

4. Probationary: The provider has been previously approved for provisional and/or full credentialing privileges but is found to have performance and/or compliance issues that require corrective action but do not rise to the threshold that would necessitate suspension or revocation.
    - Probationary timelines may vary based on the situation that resulted in probationary status and the timeline to complete corrective action items that are clearly outlined upon notification (within 30 days of decision) to the provider.

VI. APPLICATION VARIANCE/CORRECTION

- Should the information submitted by the applicant on their application vary substantially from the information obtained and/or provided to the credentialing organization, the designee shall contact the applicant within sixty (60) days from the date of the signed application in order to advise the applicant of the variance and provide the applicant with the opportunity to correct the information if it is indeed accurate.

- The applicant will submit any corrections in writing within ten (10) calendar days of their notification of variance to the designated credentialing staff. Any additional documentation will be date stamped and kept as part of the applicant's credentialing file.

VII. APPEALS/DISENROLLMENT/SUSPENSION PROCESS

During both initial and re-credentialing, Sanilac CMH will ensure that organizational providers and practitioners are notified of the credentialing decision in writing within 30 business days following a decision. In the event of an adverse credentialing decision, the organizational provider/practitioner will be notified of the reason in writing and of their right to and the process for appealing/disputing the decision in accordance with Sanilac CMH's policy. At that time, if the organization/practitioner wishes to appeal the Credentialing Committee's decision, they can submit an appeal request in writing.

The appeals process does not apply to medical necessity appeals or conditions dictated in the provider contract that result in immediate termination such as Provider/Practitioner loss of required certification or licensure, suspension from service participation in the Michigan Medicaid and/or Medicare programs, and/or listed by a department or agency in the State of Michigan in its registry for Unfair Labor Practices.

A. For Appeals Involving Providers/Organizations:
    i. Organization/Practitioner
        1. In writing, provides an Appeal to Enrollment or Credentialing Denial in writing and submits to Sanilac CMH Credentialing Committee Chairperson within 10 business days of date printed on the notification of adverse action.
    ii. Sanilac CMH Credentialing Chairperson
        1. Addresses appeal at first scheduled meeting following receipt of appeal.
        2. Renders a written response to appellant within 10 business days of the meeting.

B. For Denied Privileges:
    i. Organization/Practitioner
        1. Completes, in writing, request to appeal and submits to the Sanilac CMH Credentialing Committee within 30 days of adverse decision of denial of privileges.
    ii. Sanilac CMH Credentialing Appeal Committee
        1. Renders a written response to appellant within 14 days of receipt of appeal request.

        2.

C. Disenrollment
- Within 10 days, Human Resources and/or Contract Management will submit, in writing, to the Sanilac CMH Credentialing Committee, notification of provider organization and/or provider practitioner/agency practitioner termination or service(s) end date for disenrollment in Sanilac CMH databases: OASIS and Provider Registry.

D. Practitioner/Organization Right to Request for Review
- Applicants have the right, upon request, to be informed of the status of their application.
- Applicants may contact the credentialing organization via telephone, in writing or by email, as to the status of the application.
- Applicants have the right to review the information submitted in support of their credentialing application. This review is at the applicant's request. The following information is excluded from a request to review information:
    - Information reported to the National Practitioner Data Bank (NPDB);
    - Criminal background check data;
    - References;
    - Recommendations;
    - Peer-reviewed, protected information.

E. Practitioner/Organization Suspension Status
- It is not required that provider issues go through the normal dispute process when customer safety is of well-founded concerns. These situations must be handled in an expeditious manner whenever failure to take such action may result in the imminent danger to the health and/or safety of any individual.
- CEO may impose suspension.
- Suspension may range in scope dependent on the severity of concern or confirmation of serious quality of care issues. This may range from a precautionary suspension to an automatic, full suspension of privileges.
- All new referrals to the practitioner cease during the term of suspension.
- The provider will make all necessary attempts to transfer any current individuals in services to another practitioner within their agency. If unable to do so, the provider agency will coordinate care with Access to transfer the individual.
- Investigations of all such instances will be conducted by Sanilac CMH.
- The holder of the credentialing record will ensure that their local credentialing committee reviews and acts on the information from the investigation.

VIII. DISCLOSURE PROCESS

A Practitioner or Organization will provide disclosure information at the Agency's request or when, but not limited to, the following situations occur:
- When an application is submitted
- Upon execution of the agreement
- Credentialing
- Withing 30 days of change of ownership or disclosing entity
- Upon request from Medicaid during revalidation of enrollment

When Sanilac CMH becomes aware of the listed disclosures below, notification will be provided to Region 10 PIHP within 10 business days:

- Ownership or control by a person that has been convicted of a criminal offense described under sections 1128a and 1128b 1, 2, 3 of the Security Act or had civil money penalties imposed under section 1128a of the Act.
- Any staff member, director, or manager with beneficial ownership of 5% or more or an employee or contractor has been convicted of a criminal offense described under sections 1128 (a) and 1128 (b) (1), (2) of the Security Act.

IX. CREDENTIALING COMMITTEE

A. The Credentialing Committee serves as the body responsible to make panel inclusion decisions on individual and organizational providers. The Committee works to ensure providers are meeting reasonable standards of care and adequacy of providers. Staff involved in credentialing of Practitioners will maintain the confidentiality of the information reviewed for decision making.

B. The Credentialing Committee shall follow the policy standards as applicable to the credentialing process.

C. The Sanilac CMH Provider Credentialing Committee shall not discriminate against any provider or organization solely on the basis of race, ethnic/national identity, gender, age, sexual orientation, patient type, licensure, registration or certification.

D. The Sanilac CMH Provider Credentialing Committee shall not discriminate against health care professionals or organizations who service high-risk populations or those that specialize in the treatment of conditions that require costly treatment.

E. Composition of Credentialing Committee
   1. Appointment of a member of their agency with clinical leadership to have oversight of their credentialing process (e.g., Medical Director, CEO, Chief Clinical Officer). This designee shall provide approval of the provisional status of practitioner/other credentialed staff.
   2. The Credentialing Committee shall include representation from billing, RR, clinical practices, HR, and contract management.
   3. The Credentialing Committee will hold regularly scheduled meetings (monthly or quarterly), in a sufficient frequency to review files before credentialing expiration; however, if there are no practitioner application or practitioner issues that require review, the meeting may be canceled.

F. Credentialing Committee Decisions
   1. The Credentialing Committee reviews the credentials of all Organizational Providers being credentialed or re-credentialed through their organization and makes the recommendation regarding credentialing and re-credentialing privileges; however, Clean Files may be approved as outlined in this policy.
   2. The Credentialing Committee will review all applications that do not initially meet Sanilac CMH Provider Clean File criteria within sixty (60) days of submission of all required credentialing data/documents.
   3. Recommendations will be based on data verified no more than thirty (30) days prior to the time of the Credentialing Committee's decision.
   4. Organizational applications not meeting Clean File criteria will have the deficiencies/issues noted and will be reviewed by the Credentialing Committee for further discussion. For an organization application to qualify as a Clean File, the organization must meet all the criteria as reflected in applicable sections of this policy.
   5. The Medical Director, or designee, will never unilaterally deny a credentialing or re-credentialing request.

6. The applicant will be notified in writing within thirty (30) days of the Credentialing Committee's decision.
7. Decision of the Credentialing Committee may be:
    i. Provisional: A status that shall not exceed 180 days, after which time the credentialing process shall move forward in accordance with this policy. All primary source verification must be completed prior to approval of provisional status.
    ii. Approved: The organization has been approved to render services to PIHP consumers for up to a 2-year credentialing term beginning from the date of the Credentialing Committee's decision, or as processed within the clean-file process.
    iii. Denied: The organization has not been approved to render services to CMH consumers and may not be reimbursed for services using CMH funds. The provider will be informed in writing of their ability to appeal the decision, in accordance with this policy.

G. Confidentiality and Retention
1. All records and proceedings of the Credentialing Committee are confidential and protected from discovery according to state and federal legal regulations and CMH confidentiality policies.
2. In all process activities, the confidentiality of practitioners and member identified information is maintained through the following practices:
    i. Staff members whose job is to work with credentialing records or credentialing information, and Credentialing Committee members, shall follow all confidentiality policies of Sanilac CMH as well as state and federal mandates.
    ii. Each credentialed provider will have an individual record maintained and kept confidential. Paper credentialing records will be stored in locked cabinets with access restricted to authorized personnel. Electronic versions shall be maintained on a secure server.
    iii. Credentialing records shall be stored for a minimum of seven (7) years. Records may be scanned into electronic documents for storage purposes.
    iv. The Credentialing record shall be separate from the personnel/training file. All required sources are required to be maintained within the credentialing file regardless of any duplication of documentation between the two files.
    v. Files shall contain documentation of Credentialing Committee activity and decisions.
        a. Applications shall be signed by the Credentialing Committee.
        b. Primary source verification noting source used, date of verification, signature or initials of the person who verified and report date if applicable shall be included.
        c. If using an automated credentialing system, the organization may use an electronic signature or unique electronic identifier of staff to document verification.

H. Non-Discrimination
1. All practitioner credentialing exception files (those who were denied privileges) are presented to the Credentialing Committee as "blind files" removing the practitioner's name. An identification number shall be utilized to ensure the practitioner's identity is non-identifiable during the process of review to ensure non-discrimination of practitioners who were denied privileges or had privileges revoked.
2. Review of all denied practitioner applications shall be reviewed on a quarterly basis utilizing the blind files method.
3. The Credentialing Committee shall follow current policy and procedure for the re-review of the credentialing file.
4. If the decision differs during the blind review than that of the original decision, the Committee must identify this as potential discriminatory practices and follow standards to address findings.
5. All practitioners in which privileges were denied or terminated through the initial or re-credentialing process by Sanilac CMH, shall be presented to the Quality Improvement

Committee (QI) to track any discrimination in the credentialing and re-credentialing process quarterly or as needed (in the case there were no denied privileges).

6. Determination of discriminatory credentialing practices, as well as corrective action, shall occur via recommendation from the QI Committee to Management Team for final decision on the actions post identification of discriminatory practices by the Credentialing Committee.
7. The non-discriminatory clauses do not require Sanilac CMH to contract with providers beyond the number necessary to meet the needs of its plan beneficiaries.

I. Reporting

1. Sanilac CMH is required to report to the Division of Program Development, Consultation, and Contracts; Mental Health and Substance Abuse Administration; and MDHHS and/or other appropriate authorities (i.e., MDHHS, Attorney General, etc.) within five (5) working days of identified or known issues via OIG database searches (such as exclusion or criminal conviction for offenses described under Section 1128 of the Social Security Act).
2. Sanilac CMH is required to take any administrative action that limits a provider's participation in the Medicaid program, including any provider entity conduct that results in suspension or termination for the CMH or provider network.
3. If the issue is determined to have criminal implications, a law enforcement agency will also be notified.
4. Documentation of any such reporting will be maintained in the provider's credentialing file.
5. Sanilac CMH must notify the PIHP within six (6) days of any change in the composition of the credentialed organizations that affect adequate capacity and covered services. In turn, the PIHP must notify the MDHHS Contract Manager of any substantial changes that affect adequate provider capacity once notified.

X. REFERENCES

Form #0422 – Appeal to Enrollment and Credentialing Denial
Form #0427 – Outcome Memo – Practitioners
Form #0482 – Outcome Memo – Organizations
Form #1300h – Practitioner Credentialing Application
Form #1301h – Organization Credentialing Application
Form #0552 – Attestation as to Ownership/Controlling Interest

EXHIBIT A
SANILAC CMH PRACTITIONER CREDENTIALS, LICENSURE AND CERTIFICATION DESCRIPTIONS

The information below provides a non-inclusive list of various professional practitioners who are authorized to provide billing services within the Sanilac CMH Provider Network. The list details the specific credentials, licensure, and/or training required of each practitioner type. Lastly, the list denotes the specific services that each credentialed staff is qualified to provide.

CREDENTIALS:

1. Psychiatrist (MD, DO): An individual with a minimum possession of a medical degree from an accredited school of medicine, possession of a license to practice medicine or osteopathic medicine and surgery in Michigan, and Board eligibility or Board certification by the American Board of Psychiatry or Neurology.

2. Physician, non-psychiatrist (MD, DO): And individual who possesses a permanent license under Article 15 of the Michigan Public Health Code to engage in the practice of medicine or osteopathic medicine and surgery, a Michigan Controlled Substances license, and a Drug Enforcement Agency (DEA) registration.

3. Psychologist (LP): An individual with a minimum of a doctoral degree in psychology or a doctoral degree in a closely related field and possesses a full license under Article 15 of the Michigan Public Health Code to engage in the practice of Psychology.

4. Psychologist (LLP, TLLP): An individual with a minimum of a master's degree from an institution that meets the standards provided in R338.2511(3) and is licensed under Article 15 of the Michigan Public Health Code to engage in the practice of Psychology.

5. Physician Assistant (PA-C): An individual with a minimum of a Bachelor of Science Degree in medicine or completion of an equivalent professional physician assistant program and certification as a physician assistant by the National Commission on the Certification of Physician Assistants (NCCPA) and possession of a physician assistant license issued by the Michigan Bureau of Occupational and Professional Regulations. Practice as a physician's assistant means the practice of medicine or osteopathic medicine and surgery performed under the supervision of a physician(s) license.

6. Mental Health/Psychiatric Nurse Practitioner (APRN-BC, MHNP, Psych NP): An individual who holds a current and valid license to practice nursing in Michigan, has a Master of Science Degree or higher in nursing, has successfully completed a formal advanced program for mental health or psychiatric nurse practitioners, is certified by the American Nurses Credentialing Center, and possesses a State of Michigan Nurse Practitioner Specialty Certification.

7. Nurse Practitioner (APRN-BC, ANP, FNP, Ped NP): An individual who holds a current and valid license to practice as a registered nurse in Michigan, has a Master of Science Degree or higher in nursing, has successfully completed a formal advanced program for adult, family or pediatric nurse practitioners, is certified by the American Nurses Credentialing Center, and possesses a State of Michigan Nurse Practitioner Specialty Certification.

8. Medical Assistant/DSP (MA): An individual with certification from an accredited body in the field of Medical Assistant with specialized training, is able to perform basic first aid procedures; trained in the beneficiary's plan of service, as applicable; is at least 18 years of age; able to prevent transmission of communicable disease; able to communicate expressively and receptively in order to follow individual plan requirements and beneficiary-specific emergency procedures, and to report on activities performed; and in good standing with the law.

9. Licensed Master's Social Worker (LMSW): An individual with a master's degree or doctoral degree in the field of Social Work from a college or university social work program approved by the Board, completed at least two (2) years full-time post degree experience, or the equivalent in part-time hours, in the practice of social work under the supervision of a licensed master's social worker. Effective July 1, 2008, the two-year experience would have to be performed under the supervision of a person with a master's or doctoral degree in social work with two (2) years' experience practicing social work. During the required two-year post degree experience, the Board could grant a limited license to engage in social work practice limited to an agency, a health facility, an institution, or another entity approved by the Board. A limited license would be renewable for a maximum of six (6) years.

    OR

    Limited Licensed Master's Social Worker (LLMSW): An individual may be granted a limited license by the Board to engage in the two-year post-degree experience in the practice of social work at the master's level. These individuals may function in the same manner as a licensed master's social worker as long as they are under the supervision of a licensed master's social worker as defined in the MDHHS Social Work General Rules.

10. Licensed Bachelor's Social Worker (LBSW): An individual with a bachelor's degree in social work from a college or university social work program approved by the Board and shall have completed at least two (2) years of full-time post bachelor's degree experience, or the equivalent in part-time hours, in the practice of social work at the bachelor's level under the supervision of a licensed master's social worker. Effective July 1, 2008, the required experience in the practice of social work at the bachelor's level shall be performed under the supervision of a person who has been awarded a master's or doctoral degree in social work from a college or university school of social work. During the required two-year post degree experience, the Board could grant a limited license to engage in social work practice limited to an agency, a health facility, an institution, or another entity approved by the Board. A limited license would be renewable for a maximum of six (6) years.

    OR

    Limited Licensed Bachelor's Social Worker (LLBSW): An individual may be granted a limited license by the Board to engage in the two-year post-degree experience in the practice of social work at the bachelor's level. These individuals may function in the same manner as a licensed bachelor's social worker as long as they are under the supervision of a licensed master's social worker as defined in the MDHHS Social Work General Rules.

11. Registered Social Service Technician (RSST): An individual who has had one (1) year of social work experience acceptable to the Board or has successfully completed two (2) years of college that included some coursework relevant to human services areas, is employed in the practice of social work and applies some social work values, ethics, principles, and skills or the equivalent of 2,000 hours of service in social work with an agency recognized by the board or has received an associate degree in social work at a college approved by the board that includes supervised instructional field experience.

12. Limited Registered Social Service Technician (LRSST): The Board may grant registration as a limited social service technician to an individual who has successfully completed two (2) years of college and is employed in the practice of social work, or has been made an offer of employment in the practice of social work, with an agency recognized by the board, applies social work values, ethics, principles, and skills under the supervision of a license under this part, and is seeking to obtain experience for registration as a social service technician. A limited registration is renewable for not more than one (1) year.

13. Master's Degree in Human Services (M.S. or M.A.): An individual with a master's degree from an accredited educational institution which may include, but is not limited to, any of the following: Anthropology, Child and Family Ecology, Criminal Justice, Education, Geography, Global Studies, Health, Human Development, Psychology, Religious Studies, Social Work, Sociology, Social Science, Theology, Women's Studies.

14. Bachelor's Degree in Human Services (B.S. or B.A.): An individual with a bachelor's degree from an accredited educational institution which may include, but is not limited to, any of the following: Anthropology, Child and Family Ecology, Criminal Justice, Education, Geography, Global Studies, Health, Human Development, Psychology, Religious Studies, Social Work, Sociology, Social Science, Theology, Women's Studies.

15. Mental Health Counselor (LPC): An individual with a master's degree either licensed under Article 15 of the Michigan Public Health Code (LPC) or granted a license by the Board of Counseling to offer counseling services.

    OR

    Mental Health Counselor (LLPC): An individual with a master's degree either licensed under Article 15 of the Michigan Public Health Code (LLPC) or granted a license by the Board of Counseling to offer counseling services under the supervision of an LPC.

16. Psychiatric Nurse (MA or MSN in Psych, RN): An individual with a master's degree with a psychiatric/mental health nursing focus licensed under Article 15 of the Michigan Public Health Code to engage in the practice of nursing.

17. Registered Nurse, BSN (BSN): An individual with a Bachelor of Science in nursing degree licensed under Article 15 of the Michigan Public Health Code to engage in the practice of nursing.

18. Registered Nurse (RN): An individual who has completed a registered nurse education program acceptable to the Board of Nursing licensed under Article 15 of the Michigan Public Health Code to engage in the practice of nursing.

19. Occupational Therapist (OTR): An individual registered under Article 15 of the Michigan Public Health Code to engage in the practice of occupational therapy.

20. Occupational Therapy Assistant (COTA): An individual who has graduated from an occupational therapy assistance educational program and passed the certification exam conducted by the National Board for Certification in occupational therapy, is registered by the State of Michigan to practice as an occupational therapy assistant who is supervised by a qualified occupational therapist.

21. Physical Therapist (PTR): An individual who has completed a physical therapy educational program and is licensed under Article 15 of the Michigan Public Health Code to engage in the practice of physical therapy.

22. Physical Therapy Assistant (PTA): An individual who is a graduate of a physical therapy assistant associate's degree program accredited by an agency recognized by the Secretary of the Department of Education of the Council on Postsecondary Accreditation. The individual must be supervised by the physical therapist licensed by the State of Michigan and must comply with the policy on Education and Utilization of Physical Therapy Assistant published by the American Physical Therapy Association.

23. Speech Pathologist or Audiologist (SLP): An individual who has a Certificate of Clinical Competence (CCC) from the American Speech and Language Association; the equivalent educational requirements and work experience necessary for the certificate; or has completed the academic program and is acquiring supervised work experience to qualify for the certificate.

24. Registered Dietician (RD): An individual with a minimum of a bachelor's degree in Foods and Nutrition of Dietetic Registration (CDR), the credentialing agency of the American Dietetic Association, to engage in the practice of Dietetics.

25. Substance Abuse Treatment Specialist: Represent clinical staff of provider agencies. This does not include care managers, recovery support staff, or staff who provide only didactic or other health care services such as nurses, occupational therapists, or children's services staff in women's specialty programs. Additionally, this does include treatment adjunct staff such as resident aides or pharmacy technicians. An individual who has licensure in one of the following areas, and is working within their 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 Master's Social Worker (LMSW)
    - Limited Licensed Master's Social Worker (LLMSW)
    - Licensed Bachelor's Social Worker (LBSW)
    - Limited Licensed Bachelor's Social Worker (LLBSW)

    AND who has a registered Development Plan leading to certification and is timely in its implementation (Development Plan – Counselor [DP-C] approved Development Plan in place).

    OR who is functioning under a time-limited plan approved by the CMH.

    OR an individual who has one of the following Michigan Certification Board of Addiction Professionals (MCBAP) or International Certification & Reciprocity Consortium (IC&RC) credentials:

    - Certified Alcohol and Drug Counselor – Michigan (CADC-M)
    - Certified Alcohol and Drug Counselor (CADC)
    - Certified Advanced Alcohol and Drug Counselor (CAADC)
    - Certified Co-Occurring Disorders Professional – IC&RC (CCDP)
    - Certified Co-Occurring Disorders Professional Diplomat – IC&RC (CCDP-D)
    - Certified Criminal Justice Professional – IC&RC – Reciprocal (CCJP-R)

    OR

    - For medical doctors: American Society of Addiction Medicine (ASAM)
    - For psychologists: American Psychologist Association (APA) specialty in addiction and has certification through the Upper Midwest Indican Counsel on Addiction Disorders (UMICAD)

Substance Abuse Treatment Practitioner: An individual, who has a registered MCBAP certification Development Plan (Development Plan Counselor [DP-C] – approved Development Plan in place) is timely in its implementation and is supervised by Certified Clinical Supervisor – Michigan (CCS-M) or Certified Clinical Supervisor – IC&RC (CCS); or who has a registered Development Plan to obtain the supervisory credential (Development Plan – Supervisor [DP-S] – approved Development Plan in place) while completing the requirements of the plan.

Substance Abuse Treatment Supervisors: Supervisors, managers, and clinical supervisory staff of provider agencies. This represents individuals that directly supervise staff at all levels. Individuals in the category must have obtained any of the following listed Michigan Certification Board for Addiction Professionals (MCBAP) certifications.

- Certified Clinical Supervisor (CCS)
- Certified Clinical Supervisor – Michigan (CCS-M)

OR any of the following approved alternative clinical supervisor certifications:

- American Society of Addiction Medicine (ASAM)
- American Psychological Association (APA) specialty in addiction

OR are timely in the implementation of a registered Development Plan leading to certification.

26. Non-Credentialed Staff: An individual who does not have a degree or certification yet who provides individual services under the direction of a credentialed staff within the framework of the IPOS sometimes without direct supervision.

27. Specifically Focused Treatment Staff: This category includes care managers, recovery support staff as well as staff who provide ancillary health care services, such as nurses, occupational therapists, psychiatrists and children's services staff in women's specialty programs. Licensing requirements may apply depending on the nature of the work duties and scope of practice.

28. Qualified Mental Health Professional (QMHP): An individual who has specialized training or one (1) year experience in treating or working with a person who has a mental illness; OR one (1) year of experience in treating or working with a person who has mental illness AND is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech-language pathologist, audiologist, registered nurse, therapeutic recreation specialist, licensed or limited licensed professional counselor, licensed or limited licensed marriage and family therapist, a licensed physician assistant, OR a human services professional with at least a bachelor's degree in a human services field.

29. Qualified Intellectual Disability Professional (QIDP): An individual who has specialized training or one (1) year of experience in treating or working with a person who has an intellectual disability; AND is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech pathologist, audiologist, behavior analyst, registered nurse, registered dietician, therapeutic recreation specialist, licensed or limited licensed professional counselor OR a human services professional with at least a bachelor's degree in a human services field.

30. Certified Peer Support Specialist (CPSS): An individual in recovery from severe mental illness who is receiving or has received services from the public mental health system. Because of their life experience, they provide expertise that professional training cannot replicate. Individuals who are functioning as Peer Support Specialists serving beneficiaries with mental illness must meet MDHHS specialized training and

certification requirements. Peer Support Specialists who assist in the provision of a covered service must be trained and supervised by the qualified provider for that service. Peer Support Specialists who provide covered services without supervision must meet the specific provider qualifications.

31. Youth Peer Support Specialist (YPSS): An individual who is a young adult, ages 18-26 with lived experience who received mental health services as a youth. Is willing and able to self-identify as a person who has or is receiving behavioral health services and is prepared to use that experience in helping others. Has experience receiving services as a youth in complex, child serving systems preferred. Is employed by the PIHP/CMHSP or its contract providers. Is trained in the Michigan Department of Health and Human Services approved curriculum and ongoing training model.

32. Parent Support Partner: An individual who has lived experience as a parent/primary caregiver of a child with behavioral and mental health needs, and/or Intellectual/Development Disability, including Autism. Is employed by the PIHP/CMHSP or its contract providers. Is trained in the Michigan Department of Health and Human Services approved curriculum and ongoing training model.

33. Child Mental Health Professional (CMHP): An individual with specialized training, one (1) year of experience in the examination, evaluation, and treatment of minors and their families and who is a physician, psychologist, licensed or limited licensed master's social worker, licensed or limited licensed professional counselor, licensed or limited licensed marriage and family therapist or registered nurse; or an individual with at least a bachelor's degree in a mental-health related field from an accredited school who is trained, and has three (3) years of supervised experience in the examination, evaluation, and treatment of minors and their families; or an individual with at least a master's degree in a mental health-related field from an accredited school who is trained, and has one year experience in the examination, evaluation, and treatment of minors and their families. For the BHT/ABA services, individuals must be a BCBA or BCaBA or Psychologist working within their scope of practice with extensive knowledge and training on behavior analysis and BCBA certified by 09/30/2020. An individual with a bachelor's degree in a human services field without 3 years of experience must be supervised by a CMHP who meets these qualifications.

34. Family Psychoeducation (FPE): Successful completion of MDHHS approved FPE Certification training.

35. Certified Peer Recovery Coach (CRC): An individual who, due to their unique background and utilization of recovery services and supports to achieve their personal goals of stable recovery, can provide substance use disorder services that remove the barriers and support a recovery lifestyle in the home and social networks of the consumer. These staff focus on helping the individual develop a life of self-sustained recovery within their family and community. **Note:** This is an SUD provider credential.

36. Certified SUD Prevention (CPC-R, CPC-M, CPS-R, MCBAP Plan or CHES) Prevention Professionals: Commonly referred to as program coordinators, prevention specialists or consultants, or community organizers. This represents staff responsible for implementing a range or variety of prevention plans, programs and services. Individuals in this category must have obtained any of the following listed Michigan Certification Board for Addiction Professionals (MCBAP) certifications:

    - Certified Prevention Specialist – Michigan (CPS-M)
    - Certified Prevention Consultant – Michigan (CPC-M)
    - Certified Prevention Specialist – (CPS)
    - Certified Prevention Consultant – Reciprocal (CPC-R)

    OR the following approved alternate certification:

• Certified Health Education Specialist (CHES) through the National Commission for Health Education Credentialing (NCHEC)

OR are timely in their implementation of a registered Development Plan leading to certification.

Prevention Supervisors: Individuals responsible for overseeing prevention staff and/or prevention services. Individuals in this category must have obtained the following listed Michigan Certification Board for Addiction Professionals (MCBAP) certification:

• Certified Prevention Consultant – Reciprocal (CPC-C)

OR the following approved alternate certification:

• Certified Health Education Specialist (CHES) through the National Commission for Health Education Credentialing (NCHEC)

OR are timely in their implementation of a registered Development Plan leading to certification.

37. Gender Competent: Within the SUD treatment environment, gender competence is the capacity to identify where difference on basis of gender is significant, and to provide services that appropriately address gender differences and enhance positive outcomes for the population. Gender competence can be a characteristic of anything from individual knowledge and skills, to teaching, learning and practice environments, literature and policy. Those treatment programs engaged in the practice of gender competence will be providing specialized programming, focused not only on substance abuse, but also, for example, on trauma, relationships, self-esteem, and parenting. Staff service to this population should have training in women's issues relating to the previously mentioned programming areas, as well as HIV/STIs, family dynamics, and potentially child welfare.

38. Communicable Disease Trainer: An individual who has completed Communicable Disease Training Level I and/or Level II as applicable through the MDHHS, HAPIS, HIV specialist training certification process.

39. Parent Management Training – Oregon Model (PMTO): An individual who has completed Parent Management Training - Oregon Model State Certification.

40. Infant Mental Health Specialist (IMH): A person with a bachelor's or master's degree in psychology, child development, social work, or nursing and possessing either: certification in infant mental health from Wayne State University; or specialized instruction in parent-infant assessment and intervention. Not less than one (1) year of experience in an infant health program is also required with valid endorsement.

41. Trauma Focused Cognitive Behavior Therapy (TFCBT): Clinical staff who have successfully completed MDHHS approved TFCBT curriculum.

42. Board Certified Behavior Analyst (BCBA): LPs and LLPs with extensive knowledge and training in Applied Behavior Analysis.

43. Board Certified Assistant Behavior Analyst (BCaBA): Bachelor's level professional with BCaBA certification via specific training and working under the supervision of a BCBA.

44. Qualified Behavioral Health Professional (QBHP): Starting January 1, 2020, a QBHP must be certified within two (2) years of successfully completing their ABA coursework or by 09/30/2025.

- Must be a physician or licensed practitioner (e.g., Advance Practice RN, Psychologist, Clinical Social Worker, Physician Assistant, etc.) with a specialization training and one (1) year of experience in the examination, evaluation and treatment of children with ASD.

OR

- Hold a minimum of a master's degree in a mental health-related field or a BCBA approved degree category from an accredited institution who is trained and has one (1) year of experience in the examination, evaluation, and treatment of children with ASD, work within their scope of practice and have extensive training in behavioral analysis. Extensive knowledge is defined as having taken documented course work at the graduate level at an accredited university in at least 3 of the 6 following areas:

  1. Ethical considerations.
  2. Definition and characteristics and principles, processes, and concepts of behavior.
  3. Behavioral assessment and selecting interventions and outcome and strategies.
  4. Experimental evaluation and interventions.
  5. Measurement of behavior and developing and interpreting behavioral data.
  6. Behavioral change procedure and systems supports.

45. Behavioral Technician (QBHT): Individual must have received BACB training, or 40 hours of RBT training prior to providing services, conducted by a professional experienced in BHT services but not required to register with the BACB upon completion. Works under the supervision of a BCBA or QBHP, with minimally one (1) hour of clinical observation and direction for every 10 hours of direct treatment. Must be at least 18 years of age; able to practice universal precautions; able to communicate expressively and receptively to perform IPOS recommendations and to report on activities performed; and in good standing with the law. Must be able to perform and have been certified in the basic first aid procedure and trained in the IPOS/Behavioral plan of care utilizing the person-centered planning process.

46. Registered Behavioral Technician (RBT): Individual who has been certified after receiving BACB training and is registered with the BACB. Must be at least 18 years of age, able to practice universal precautions, able to communicate expressively and receptively to perform IPOS recommendation and to report on activities performed, in good standing with the law. Must be able to perform and have been certified in the basic first aid procedure and trained in the IPOS/Behavioral plan of care of care utilizing the person-centered planning process.

47. Health Mentor: Individual must be at least 18 years of age with a minimum of a high school diploma and be a Certified Personal Trainer.

48. Care Manager Assistant/Direct Support Professional (DSP): Individual with specialized training, is able to perform basic first aid procedures; trained in the beneficiary's plan of service, as applicable; is at least 18 years of age; able to prevent transmission of communicable disease; able to communicate expressively and receptively in order to follow individual plan requirements and beneficiary-specific emergency procedures, and to report on activities performed; and in good standing with the law. CMA/DSPs serving children on the Children's Waiver and the Waiver for Children with Serious Emotional Disturbance (SEDW) must be trained in recipient rights; able to perform basic first aid as evidenced by completion of a first aid training course, or other method determined by the PIHP to demonstrate competence.

Exhibit B

Clean File Checklist for Practitioners

Date Completed:_____

Completed By:_____

☐ Completed Disclosure of Control/Ownership/Conflict of Interest Attestation

☐ Verification that there are no "Yes" answers on the Attestation

☐ Verification of level of education and current licenses/certifications held

☐ Verification that the license has not been revoked or suspended

☐ Verification that the applicant is not excluded from participating in the Medicaid/Medicare Program (ex: OIG, Sanction Queries)

☐ Verified background checks are clean

☐ Disclosure of any malpractice issues in the last 10 years

☐ Verification of Recipient Rights or Quality of Care process

☐ Children's CPS checks

Exhibit C

Clean File Checklist for Organizations

Date Completed:_____

Completed By:_____

☐ Completed Disclosure of Control/Ownership/Conflict of Interest Attestation

☐ Verification that there are no "Yes" answers on the Attestation

☐ Verification of level of organization's licensing status. Were there any violations or investigations in the last 5 years?

☐ Verified accreditations that are held by the organization

☐ Verification that the applicant is not excluded from participating in the Medicaid/Medicare Program (ex: OIG, Sanction Queries)

☐ Disclosure of any malpractice issues in the last 10 years

☐ Verification of Recipient Rights or Quality of Care process

☐ Children's CPS checks