

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

Chapter: 7	Human Resources		
Section: 1	Administration of Personnel Management		
Topic: 1	Staff Credentials		
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Policy

It is the policy of Bay-Arenac Behavioral Health Authority to ensure the competency and qualifications of professional staff through primary source verification. This verification may be conducted through a Credential Verification Organization (CVO).

Purpose

The purpose of this policy & procedure is to ensure that clinical staff possess the credentials and qualifications required to perform in their assigned role in order to provide the highest quality of care to persons served.

Education Applies to

- All BABHA Staff
- Selected BABHA Staff, as follows:
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows:
 - Policy Only Policy and Procedure
- Other:

Definitions

N/A

Procedure

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Prior to beginning employment (and/or providing behavioral health services) with the Board, all clinical professionals will have their credentials verified by way of primary source, which may include verification through a certified Credential Verification Organization (CVO).

Credentialing and re-credentialing will be conducted on the following professionals:

- Physicians
- Physician Assistants
- Psychologists (licensed, limited licensed, temporary licensed)
- Social Workers (licensed master’s, licensed bachelor’s, limited licensed or social service technician)
- Licensed Professional Counselors
- Nurse Practitioners, Registered Nurses, Licensed Practical Nurses
- Occupational Therapists or OTA
- Physical Therapists or PTA
- Speech Pathologists
- Registered Dieticians

The clinical professional will supply the necessary information through an employment and/or provider application. The written application will be completed, signed and dated by the applicant and attests to the following:

- Lack of present illegal drug use
- Any history of loss of license and/or felony convictions
- Any history of loss or limitation of privileges (as applicable)
- Attestation by the applicant of the correctness and completeness of the application

Upon receipt of a properly completed application form, a Credentialing Process is implemented through the Human Resources Department, per the following general procedures:

- a. A credential file will be created and maintained by the Human Resources Director or designee. The credential file will contain, at minimum, the following:

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- Complete provider network application
 - Request for clinical privileges (if applicable)
 - CVO report (as applicable)
 - All primary source certification documentation
 - All correspondence between the provider and the Community Mental Health Services Program relative to the credentialing process
 - The results of the credential review
 - Recommendation from the credentialing committee (as applicable)
 - Any other pertinent information used in determining whether or not the provider met the credentialing standards
- b. The following credentials will be verified (as applicable) for all clinical professionals. Typically, static historical information is verified only at the time of initial credentialing.
- ❖ Primary source verification of graduation from an accredited school
 - ❖ Primary source verification of license to practice in the state of Michigan (if the clinical professional is licensed in another state, primary source verification will be completed in all states in which he/she licensed to practice)
 - ❖ Primary source verification of any sanctions against the license
 - ❖ Primary source verification of any prescribing licenses (as applicable)
 - ❖ Malpractice history – minimum five-year history (as applicable)
 - ❖ Internships, residencies and fellowships (as applicable)
 - ❖ National Practitioner Data Bank Query / Healthcare Integrity & Protection Data Bank (as applicable)
 - ❖ Primary source verification of any Board certification (as applicable)
 - ❖ Primary source verification of any DEA/CDS certification (as applicable)
 - ❖ Hospital privileges (as applicable)
 - ❖ Primary source verification of Excluded Provider Lists as referenced in BABH policies and procedures on prohibited affiliations (C13-S02-T11)
 - ❖ Criminal Background Check

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- ❖ Recipient Rights Check
- ❖ Peer References
- ❖ Employment history of the five (5) prior years
- ❖ Primary source verification of state and national sex offender lists
- ❖ If working with children, primary source verification of MDHHS Central Registry clearance

Compliance with Federal regulations prohibits employment or contracts with providers excluded from participation under either Medicaid or Medicare. At hire, staff will attest to any sanctions, judgments or settlements pending and/or any other litigation related to the employee's prior or current experiences with the delivery of Medicaid, Medicare or other state/federal health care services. By signing the attestation form, the employee agrees to disclose within 20 working days after becoming aware:

- Any proposed or actual suspension, exclusion, or sanction from any health care program funded in whole or in part the Federal or State government (including Medicare and Medicaid).
- Debarment from procurement activities under applicable Federal Acquisition Regulations, or non-procurement activities under the regulations issued pursuant to Executive Order No. 12549.
- A health care related or criminal conviction that may lead to such suspension, exclusion, sanction or debarment.

In addition, **individually enrolled providers** will be deemed ineligible for employment if the result of criminal background check includes:

- Conviction of a relevant crime as described in 42 USC 1320a – 7(a),
- The provider has a federal or state felony conviction within the preceding 10 years of their provider enrollment application, including but not limited to, any criminal offense related to:
 - Murder, rape abuse or neglect, assault, or other similar crimes against persons.

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- Extortion, embezzlement, income tax evasion, insurance fraud, and other similar financial crimes.
- The use of firearms or dangerous weapons; or
- Any felony that placed the Medicaid program or its beneficiaries at risk, such as a suit that results in a conviction of criminal neglect or misconduct
- The provider has a federal or state misdemeanor conviction within the preceding 5 years of their provider enrollment application, including but not limited to any criminal offense related to:
 - Any misdemeanor crime listed as a permissive exclusion in 42 USC 1320a -7(b);
 - Rape, abuse or neglect, assault, or other similar crimes against persons.
 - Extortion, embezzlement, income tax evasion, insurance fraud, or other similar financial crimes; or
 - Any misdemeanor that placed the Medicaid program or its beneficiaries at immediate risk, such as a conviction of criminal neglect or misconduct.

The results of the credential verification will be reviewed by the Human Resources Director or designee. If credentials cannot be verified for any clinical professional, that clinical professional will not be eligible for continued employment.

Where credentials are questionable or not confirmed, the applicant will not be credentialed. The non-credentialing decision and reasons for denial will be communicated in writing to the provider within 31 days of the date of application.

Credentialing and re-credentialing process will not discriminate against:

- A healthcare professional solely on the basis of license, registration, or certification.
 - A healthcare professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.
- c. Re-credentialing will take place at least every two years. This process will include:

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- An update of information obtained during the initial credentialing including criminal background check, Recipient Rights check and central registry clearance (as appropriate)
- Regular review against Medicare/Medicaid sanction lists
- Primary source verification of all licenses to practice
- Review of any State limitations or sanctions against the license, registration or certification
- Review of any issues identified through the quality assessment/performance improvement program and subsequently addressed through the regularly scheduled performance review
- Review of any beneficiary concerns or complaints during the regularly scheduled performance review

Where credentials are in order, the credential file is updated by the Human Resources Department.

Where credentials are questionable or not confirmed, the employee will not be re-credentialed. If the credentials cannot be verified for any clinical professional, that clinical professional will not be eligible for continued employment. The non-credentialing decision and reasons for denial will be communicated in writing to the employee within 31 days of the review process.

An employee who is not re-credentialed or receives adverse employment action related to the re-credentialing process may follow the grievance procedure as outlined in the Employee Handbook.

In the event that an employee is not re-credentialed due to consumer abuse/neglect, negligence, malpractice, incompetence, violations of professional or Board ethics, loss of license, exclusion from Medicaid/Medicare, or any other circumstances that interfere with the provider's capacity to render professional services, it will be reported to the appropriate regulatory body, state and/or federal authorities, etc.

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License Renewals:

All BABHA employees are individually responsible for complying with the requirements of their professional licensing board. This includes all employees that have licensing and/or other credentialing requirements (i.e., specific certification, registration, etc.) in their approved job description.

When an employee’s license is up for renewal, they will attain renewal on or before the expiration date. Failure to maintain required licensure will result in discharge from employment.

Upon receipt of a renewed license, the employee will present the original renewal license to Human Resources or designee. A primary source/verified copy will be maintained in the credential file. Failure to provide the renewed license as noted above will result in disciplinary action.

All employees with a temporary or limited license (LLBSW, LLMSW, LLPC, TLLP, etc.) are encouraged to attain their full credential as soon as possible. Employees are required to maintain mandated licensure, whether temporary, limited, or full. Failure to do so will result in discharge from employment.

Attachments

Attachment A: Best Practices in Primary Source Verification (PSV)

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Related Forms

Application for Employment (HR)

Related Materials

N/A

References and/or Legal Authority

- Accreditation Requirements
- BABHA Employee Handbook
- Michigan Medicaid Provider Manual
- Social Welfare Act
- Public Act 280 of 1939 (MCL 400.111b-111e)
- 42 CFR 455.416

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SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
Rebecca Smith	Robert Blackford	01/11/08	Revision	Revision to comply with State credentialing requirements.
Rebecca Smith	Robert Blackford	06/05/12	Revision	Revised 6-5-12 to reflect departmental changes.
Rebecca Smith	Rebecca Smith	05/31/13	No Changes	Triennial Review – No changes 5-31-13
Rebecca Smith	SLT	04/14/14	Revision	Revised to further clarify staff responsibility to maintain current licensure
Rebecca Smith	Rebecca Smith	05/29/15	Revision	Revised to more clearly identify staff responsible for oversight of the credentialing process.
Rebecca Smith	Rebecca Smith	04/11/16	Revision	Triennial Review – eliminated reference to licensed independent practitioners as this is covered in a separate policy & procedure.
Rebecca Smith	Christopher Pinter	7/6/17	Revision	Revised to further define the timeframe for licensed staff to obtain their full credential.
Rebecca Smith	Christopher Pinter	12/7/17	Revision	Revised to clarify expectations for temporary and limited license positions
Rebecca Smith	Rebecca Smith	6/15/18	Revision	Revised to include all primary source background checks currently performed
Rebecca Smith	Rebecca Smith	01/17/19	Revision	Revised to clarify requirements for recredentialing specific to frequency of criminal background checks and central registry clearance (as appropriate).
Rebecca Smith		5/30/19	Minor Change	Triennial Review
Rebecca Smith		7/17/20	Revision	Revised in response to Medicaid Provider Manual update of 10/01/19.
Jennifer Lasceski		7/27/2021	Revision	Revised to add primary source verification of licenses from other states.
Jennifer Lasceski		07/01/2022	Revision	Revised to further define the timeframe for review-Added attachment A