

SUBJECT Credentialing and Privileging		CHAPTER 01	SECTION 06	SUBJECT 05
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WRITTEN BY Kimberly Prowse	REVIEWED BY		AUTHORIZED BY PIHP Board	

I. APPLICATION:

- PIHP Board CMH Providers SUD Providers
 PIHP Staff CMH Subcontractors

II. POLICY STATEMENT:

It is the policy of the Region 10 Prepaid Inpatient Health Plan (PIHP) to have a written system in place for credentialing and re-credentialing individual and organizational providers to ensure individuals served receive care from organizations and practitioners who are properly credentialed, licensed and/or qualified. The credentialing process shall be completed in compliance with 42 CFR 422.204 and MDHHS Contract and Policy standards.

III. DEFINITIONS:

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

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

Delegation: For the purposes of this policy, authority given by the PIHP to contracted CMHSP/SUD Providers to perform credentialing functions on behalf of the PIHP (i.e. organization subcontracts) in a manner consistent with 42 CRF.

National Provider Identifier (NPI): A standard unique identifier for healthcare providers as required in the Health Insurance Portability and Accountability Act (HIPAA) of 1996. This number is required to attain practitioner or organizational privileges under the PIHP. NPI numbers may be found at the following link: www.npnumberlookup.org.

Organizational Credentialing: The process of reviewing, evaluating and verifying a provider’s legal status, accreditation status, Medicaid/Medicare compliance status and qualification of staff for membership in the PIHP Provider Network.

Organizational Providers: Entities under contract with the PIHP that directly employ and/or contract with individuals to provide specialty services and supports. Examples of organizational providers include, but are not limited to: CMHSPs, hospitals, psychiatric hospitals, partial hospitalization programs, substance use disorder

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providers, case management, autism support services and assertive community treatment and skill building programs.

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 the threshold that would necessitate suspension or revocation. Probationary terms may vary depending on specific situations and may include a change in the scope of privileges, enhanced monitoring, enhanced trainings or other changes as outlined in the credentialing file.

Practitioner Credentialing: The process of reviewing, evaluating, and verifying a professional's qualifications and background to establish the presence of the specialized professional background required for employment or contracting in the PIHP Provider Network.

Practitioner: A behavioral health professional who is licensed and recognized by the State to practice independently, including but not limited to: psychiatrists and physicians; doctoral and/or master level psychologist; master level clinical social workers; master level professional counselors; and ancillary care professionals such as occupational therapists, physical therapists, speech pathologists, nurses, etc.;

OR

A BA-Level professional such as a social worker technician who provides services under the direct supervision of a licensed professional;

OR

For practitioners within the substance use disorder provider network, degreed and non-degreed staff that have been certified by the Michigan Certification Board for Addiction Professionals (MCBAP) or have a MCBAP, approved Development Plan.

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:

- a. Graduation from an accredited professional school or highest training program applicable to the academic degree, discipline, licensure or registration of the healthcare practitioner;
- b. Valid Drug Enforcement Administration (DEA) or Controlled Dangerous Substance (CDS) Certification, as applicable;
- c. Board certificates, if the practitioner states that he/she is board certified on the application;
- d. Current, valid license or registration from the state of other accepted certifying body to practice as a behavioral health care practitioner at the level that is applicable to the privileges requested;
- e. History of professional liability claims that resulted in the settlements or judgment paid by or on behalf of the practitioner;
- f. Work history of at least previous five years (or review of full history for those with less than five years of experiences) with satisfactory outcome;
- g. Completion of criminal background check 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.

- h. National Practitioner Databank (NPDB) query verified at www.npdb.hrsa.gov **OR** the following four items:

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1. Minimum five-year history of professional liability claims resulting in a judgement or settlement;
2. Disciplinary status with regulatory board or agency, verified at <https://w2lara.state.mi.us/VAL/License/Search>
3. OIG/Medicare/Medicaid Sanctions verified at <http://exclusions.oig.hhs.gov>;
4. Certification Verification verified at www.MCBAP.com.

Provisional Credentialing: A temporary, one-time allowable status that may be granted until all primary source verification is completed. Completed applications are required and status shall not exceed one-hundred and fifty (150) days.

Full Credentialing: Successful completion of all required provisional standards within the allotted timeframe within this policy to allow for full privileges, or if a practitioner/organization does not need an initial provisional status because all standards have been attained at the point of credentialing. Full credentials are valid up to two-years (inclusive of the 150 days provisional if applicable).

Re-Credentialing: The process of resubmitting a Privileging and Credentialing application (practitioner/organization) into the applicable organization and/or Credentialing Committee to evaluate and verify that the provider remains qualified to perform specific services in the PIHP Provider Network.

Revoked/Terminated Privileges: Revocation is the formal removal of all privileges. The practitioner or organization is thereby unable to provide any services for the PIHP.

IV. STANDARDS:

- A. The PIHP and its participant Community Mental Health Service Programs (CMHSP) and Substance Use Disorder Providers (SUD) will ensure the credentialing and re-credentialing of behavioral health practitioners and organizations with whom they employ, contract with, and who fall within the scope of authority.
- B. The PIHP, CMHSPs and SUD Providers shall have a written policy and process for credentialing activities for both organizations and practitioners, i.e. provisional, full credentialing, re-credentialing (42 CFR 438.214) probationary, suspensions, terminations, sanctions and appeals. All applicable standards of this policy shall be included within.
- C. The following PIHP clinical staff shall be credentialed through the PIHP Credentialing Committee: Access staff, Utilization Management staff, Medical Director, Chief Clinical Officer as well as any other member of the administrative staff providing clinical assessment of PIHP beneficiaries or making service utilization authorization or denial.
- D. If providing services under a MCBAP Development Plan (SUD), the service provider must be able to provide proof of a completed, supervisory signed and submitted application to MCBAP prior to having any provisional/full credentials being awarded or services being provided. The beginning of the credentialing period shall not precede the date in which the supervisor has signed the application.

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- E. Practitioners shall not provide care for any PIHP member until they have received privileges in accordance with this policy. There must be, at minimum, approved provisional credentialing in place prior to services being provided.
- F. The PIHP must not employ or contract with providers excluded from participation due to:
- Officer, director, partner or managing employee who has 5% or more controlling interest in the entity (CFR 438.610). Where applicable, the PIHP/Provider shall comply with federal regulations to obtain, maintain, disclose and furnish required information about ownership and interest, business transaction and clinical convictions as specified in 42 CFR section 455.104-106;
 - Organizations or practitioners with license revocations or suspensions (disbarment);
 - Sanctions or exclusions by Medicare or Medicaid as verified monthly through both OIG and MDHHS Sanctioned Provider List;
 - Individuals with employment, consulting or other arrangement with the PIHP for the provision of items or services that is significant to PIHP obligation under its contract with the state (CFR 438.610);
 - Federal health care programs under Social Security Act 1128 & 1128A.

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:
 - Physician/Psychiatrist (M.D. or D.O);
 - Physician Assistant (PA-C);
 - Psychologist Licensed (LP), Limited License (LLP), and Temporary License (TLLP);
 - Licensed Master's Social Worker (LMSW), Licensed Bachelor Social Workers (LBSW), Bachelor or Master Level Limited License Social Worker (LLBSW or LLMSW);
 - Social Service Technician (SST) or Limited Social Service Technician (LSST);
 - Licensed Professional Counselor (LPC) or Limited Licensed Professional Counselor (LLPC);
 - Licensed Marriage and Family Therapist;
 - Board Certified Behavior Analysts;
 - Nurse Practitioner, Registered Nurse (BSN, RN), and Licensed Practical Nurse (LPN);
 - Mental Health / Psychiatric Nurse Practitioner (MA, MSN in Psych, RN);
 - Occupational Therapist (OTR) and Occupational Therapist Assistant (COTA);
 - Physical Therapist (PTR) and Physical Therapist Assistant (PTA);
 - Speech Pathologists (SLP);
 - Registered Dietician (RD);
 - SUD Recovery Coaches, Case Managers and/or non-degreed SUD providers;
 - Non-Credentialed and/or Specifically Focused Treatment Staff;
 - Bachelor's Degree in Human Services (BS or BA);
 - Substance Abuse Treatment Practitioners/Supervisors (MCBAP)
 - Qualified Mental Health Professional (QMHP)
 - Qualified Intellectual Disability Professional (QIDP)
 - Certified Peer Support Specialist (CPSS)

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- v. Child Mental Health Professional (CMHP)
 - w. Peer Support Specialist (PSS)
2. The PIHP shall reserve the right to require privileges for other practitioners within its provider network as updated through policy.
 3. Provider organizations retain the right to require additional practitioners to be credentialed within their provider network but cannot chose to exclude the above listed practitioners from their required list.

B. CREDENTIALING CRITERIA AND APPLICATION PROCESS

1. Practitioners requesting inclusion in the PIHP provider network will complete the most current PIHP Network Enrollment and Credentialing Practitioner Application. CMHSP and SUD providers may add provider specific addendums to the application to meet their unique credentialing needs. Providers may not delete any items or change the formatting of the PIHP application other than to add their agency logo if desired or additional pages.
2. The PIHP 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 the PIHP deems applicable, within the application and in accordance will all standards.
3. Credentialing committee and/or designated staff within the PIHP, CMHSP or SUD Providers shall verify information obtained in the credentialing applications as described in section V.B.5 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 assigned organizations designee(s) may sign off to approve the practitioner application, in lieu of review and approval from the Credentialing Committee.
5. Clean File credentialing criteria for practitioners, and verification methods are as follows:

PRACTITIONER CREDENTIALING CRITERIA AND VERIFICATION METHODS

Practitioner Credentialing Criteria	Practitioner Verification Method(s) / Clean Claims Criteria Standards
<ul style="list-style-type: none"> • 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 organizations' knowledge. • Authorization for the PIHP or the CMHSP to collect any information necessary to verify the information in the credentialing application. 	<ul style="list-style-type: none"> • All applicable signature lines signed, dated and reflect a review of the current credentialing application.
<ul style="list-style-type: none"> • Board certification, or education appropriate to license in area of practice. • All applicable license are current and in good standing. 	<ul style="list-style-type: none"> • Verification of education shall be completed through primary source verification with the educational institution and/or certification

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Practitioner Credentialing Criteria	Practitioner Verification Method(s) / Clean Claims Criteria Standards
	<p>board. Expiration dates of any certification are identified in file.</p> <ul style="list-style-type: none"> • Medical specialty boards verify education and training. Verification of board certification fully meets this requirement for verification. • Review of all licenses to practice in each state the practitioner is providing services in as applicable to the privileges being sought.
<ul style="list-style-type: none"> • Current professional liability insurance meeting the standards defined by contract. 	<ul style="list-style-type: none"> • Copy of current certificate of insurance. <ul style="list-style-type: none"> ○ If not covered through the agency in which privileges are being sought, practitioner must show proof of liability insurance.
<ul style="list-style-type: none"> • Medical professionals (e.g. M.D., D.O) shall have no malpractice lawsuits and/or judgement from within the last ten (10) years. 	<ul style="list-style-type: none"> • 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 judgment from the last ten (10) years will be provided either by the practitioner or their malpractice carrier.
<ul style="list-style-type: none"> • Certifications required for sought privileges. 	<ul style="list-style-type: none"> • Example: MCBAP Certification and verification.
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Queries will be made to the Office of Inspector General (OIG) upon initial application AND <u>monthly</u> 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 <u>monthly</u> 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 <u>monthly</u> to verify that the practitioner has not opted out of Medicare, if a Medicare provider.

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Practitioner Credentialing Criteria	Practitioner Verification Method(s) / Clean Claims Criteria Standards
	<i>Print outs and/or monthly attestations will be required to be maintained in credentialing files for ALL credentialed practitioners by the credentialing organization.</i>
<ul style="list-style-type: none"> The practitioner shall have no license revocations or suspension (disbarment). 	<ul style="list-style-type: none"> Verification of the license will be made directly with state licensing agency internet web site (LARA) at http://w3.lara.state.mi.us/free/
<ul style="list-style-type: none"> Clinical privileges are in good standing at hospital(s) where contracted to provide services, if applicable. 	<ul style="list-style-type: none"> Confirmation shall be obtained from each applicable hospital and documented in writing.
<ul style="list-style-type: none"> Work History 	<ul style="list-style-type: none"> Employees with and without verifiable licenses and certifications above must provide relevant work history of at least five (5) years or total work history.
<ul style="list-style-type: none"> Complete application with no positively answered attestation questions where additional information investigation/review would be needed. 	<p>Items not already referenced include:</p> <ul style="list-style-type: none"> 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 concern since the previous re-credentialing cycle; No "yes" response on any of the applicant's attestation, disclosure, criminal history (historical for initial or since previous re-credentialing cycle); No miscellaneous credentialing red flags
<ul style="list-style-type: none"> Completed Disclosure of Control or Ownership/Conflict of Interest Attestation included 	No concerns regarding information found within the Attestation regarding potential conflicts of interest.
<ul style="list-style-type: none"> All Other Required Primary Source Verification attestations/documentation 	

6. 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.

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C. CLEAN FILE CRITERIA – PRACTITIONER

1. Process for Clean File Determination:

- a. Credentialing support staff/designee shall verify that the credentialing application is completed accurately and fully for both practitioner and organization applicants.
- b. Credentialing support staff/designee will complete primary source verification set forth in this policy for all credentialing re-credentialing files for both practitioner and organization applicants.
- c. If files meet clean file criteria in every category listed above, the Credentialing Committee Chair and or agency designee may approve application without further review from the Credentialing Committee.
- d. Clean files, while not required, may go to Committee at the discretion of the credentialing organization.
- e. Practitioner applications not meeting Clean file criteria will have the deficiencies/issues noted and will be reviewed by the Credentialing Committee for further discussion.
- f. Notice of rational 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.
- g. The Medical Director or organization designee shall never unilaterally deny a credentialing or re-credentialing request.

D. PROVISIONAL CREDENTIALING PROCESS – PRACTITIONER

1. Provisional status can be granted one time to practitioners until formal credentialing is completed.
2. Practitioner seeking provisional status must complete a signed application.
3. 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.
4. In order to render a provisional credentialing decision a PIHP credentialing application will be completed by applicant and verification shall be conducted as listed in this policy.
5. Each factor must be verified within thirty (30) days of the provisional credentialing decision.
6. Provisional credentialing status shall not exceed one-hundred and fifty (150) days, after which time the credentialing process shall move forward in accordance with this policy.

E. RE-CREDENTIALING CRITERIA AND APPLICATION PROCESS – PRACTITIONER

1. Re-credentialing will be completed for all participating practitioners and other credentialed providers at least every two (2) years. The Credentialing Committee may recommend re-credentialing for a lesser period of time.
2. Every practitioner will complete the current PIHP 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.
3. Re-credentialing criteria and application processing includes review of the re-credentialing application for completeness and accuracy.

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4. Primary source verification and credentialing criteria for practitioners as previously outlined in the policy shall be completed.

F. PRACTITIONER RIGHT FOR REQUEST FOR REVIEW

1. 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 email as to the status of the application.
2. 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:
 - a. Information reported to the National Practitioner Data Bank (NPDB);
 - b. Criminal background check data;
 - c. References;
 - d. Recommendations;
 - e. Peer-reviewed, protected information.

G. APPLICATION VARIANCE/CORRECTION

1. 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 inaccurate.
2. 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.

H. PRACTITIONER DISPUTES AND APPEALS PROCESS

1. The CMH and SUD Provider network shall make available a process for a dispute and appeals process for credentialing decisions for practitioners and address appeals locally.
2. For the PIHP, all contracted practitioners shall have a process for disputes and appeals for those practitioners directly credentialed through the PIHP.
 - a. Practitioners not selected for inclusion into the PHIP/CMHSP/SUD network will be given written notice of the reason for the decision within thirty (30) days of committee decision in written form as well as process for appeals.
 - b. Practitioners have the right to appeal credentialing decisions (denied, suspended, terminated, revoked) not in their favor within thirty (30) days of the adverse decision.
 - c. Practitioners have the right to appeal actions taken by the PIHP relating to participating practitioner's status within the provider network and actions related to a practitioner's professional competency or conduct.

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

I. PRACTITIONER CREDENTIALING DECISIONS

1. Credentialing decisions shall be made in accordance with this PIHP policy and inclusive of all sections within.
2. PIHP, CMHSPs and SUD providers shall inform practitioners of their credentialing or re-credentialing status within thirty (30) days of committee / designee decision.
3. The Credentialing Committee will review all applications that do not initially meet PIHP, CMHSP or SUD Provider clean file criteria within sixty (60) days of submission of all required credentialing data/documents.
4. Recommendations will be based on data verified no more than thirty (30) days prior to the time of the credentialing Committee's decision.
5. Completion of a credentialing or re-credentialing application does not constitute acceptance until formal approval is granted and the applicant is notified.
6. Decision of the Credentialing Committee may be:
 - a. Temporary/Provisional: A status that shall not exceed one-hundred fifty (150) 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.
 1. The CMHSPs/SUD providers shall have a provisional period of up to one-hundred and fifty (150) days for the credentialing of their practitioner provider network.
 - b. Approved: The provider has been approved to render services to PIHP beneficiaries for up to 2-year credentialing term beginning from the date of the Credentialing Committee's decision, or as processed within the clean-file process.
 - c. Denied: The provider has not been approved to render services to PIHP consumers and may not be reimbursed for services using PIHP funds at the PIHP, CMHSP or SUD Provider. The practitioner will be informed in writing of their ability to appeal the decision, in accordance with PIHP policy.
 - d. 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.
 1. Probationary timelines may vary based on 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 practitioner.

J. PRACTITIONER SUSPENSION STATUS

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1. 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.
2. The Medical Director and/or CEO may impose suspension.
3. Suspension may range in scope dependent on the severity of concern or confirmation of a serious quality of care issues. This may range from a precautionary suspension to and automatic, full suspension of privileges.
4. All new referrals to the practitioner cease during the term of suspension.
5. 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 PIHP Access to transfer the individual.
6. Investigations of all such instances will be conducted by the PIHP, CMHSP or SUD Provider responsible for the credentialing of the practitioner and will ensure complete and timely investigation of the allegations.
7. The holder of credentialing record will ensure that their local credentialing committee reviews and acts on the information from the investigation.

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

1. Professionals (with the 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);
2. Practitioners who practice exclusively within a hospital setting and provide direct care for a Region 10 PIHP 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 PIHP billable Medicaid services can only be provided to an appropriately credentialed practitioner(s);
 - b. Clarification that all encounter services provided be directly transmitted into the Region 10 PIHP for MDHHS processing and cost reporting encounter/billing compliant format.

ORGANIZATIONAL CREDENTIALING AND RE-CREDENTIALING

A. CREDENTIALING OF ORGANIZATIONS

1. Prior to executing an initial contract and at least every 2 years thereafter, the PIHP and CMHSPs will require behavioral health organizations (e.g., acute care psychiatric facilities, specialized residential homes, crisis residential providers, substance abuse residential and detoxification facilities and substance abuse outpatient facilities) wishing to provide contracted services in the PIHP network, to submit a completed application utilizing the PIHP Network Enrollment and Credentialing Organizational Application.

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2. Providers carrying out organizational credentialing via PIHP delegation may add organization specific addendums to the application to meet their unique credentialing needs for organizations they contract with. Providers may not delete any items or change the formatting of the PIHP application.
3. The PIHP Application will contain the following:
 - a. A signed and dated statement from an authorized representative.
 - b. Documentation collected and verified for the organization shall include as applicable, but are not limited to, the following information:

Organizations Documentation and Clean File Criteria

Organization Documentation Requirement	Clean File Criteria-Organization
<ul style="list-style-type: none"> • 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 organizations' knowledge. • Authorization for the PIHP or the CMHSP to collect any information necessary to verify the information in the credentialing application. 	<ul style="list-style-type: none"> • Complete application with no positively answered attestation questions where additional information investigation would be needed.
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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).
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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, Joint Commission, NCQA, COA, ACHC (others may apply and will be reviewed on a per-case basis).
<ul style="list-style-type: none"> • Primary source verification of the past ten (10) years of malpractice claims or settlements from the malpractice carrier, or • Results of the National Practitioner Data Bank (NPDB) query. 	<ul style="list-style-type: none"> • No malpractice lawsuits and or judgement from within the last ten (10) years.

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Organization Documentation Requirement	Clean File Criteria-Organization
<ul style="list-style-type: none"> • Verification that the Organizational Provider has not been excluded from Medicare/Medicaid participation. 	<ul style="list-style-type: none"> • 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.
<ul style="list-style-type: none"> • A copy of the facility's liability insurance policy declaration sheet. 	<ul style="list-style-type: none"> • Current insurance coverage meeting contractual expectations.
<ul style="list-style-type: none"> • Any other information necessary to determine if the facility meets the network-based health benefits plan participation criteria based on contracted service expectations. 	<ul style="list-style-type: none"> • Information outlined in the application and/or any additional information requested by the PIHP or CMHSP.
<ul style="list-style-type: none"> • Quality of care and contract compliance information will be considered at re-credentialing. 	<ul style="list-style-type: none"> • Contract monitoring findings, grievance and appeal 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.

3. During initial organizational credentialing and at re-credentialing by the PIHP, the CMHSPs and SUD Provider Network will submit only their own organizational credentialing packets along with primary source verification and other supporting documentation to the PIHP. The PIHP does not require the submission of sub-contracted organizational applications to come to the PIHP. These shall be reviewed and approved at the CMH provider level while meeting the standards of this policy. These files shall be reviewed by the PIHP during annual contract monitoring review cycles.
4. Upon submission of the CMH/SUD organizational applications and all supporting documents to the PIHP, designated credentialing staff will process the application and applicable documents and forward the application to the Contract Manager for review prior to Credentialing Committee review to ensure all documentation is in place, is accurate and to provide a recommendation to contract or re-contract with the applying organization.
5. The organizational applications will then go to the credentialing committee for a decision regarding the inclusion on the provider panel.
6. CMHSPs shall follow the same standard of practice to ensure review of their Provider Networks organizational applications by an appropriate, designated contract management/provider network staff prior to credentialing committee review.
7. If files meet "clean file" criteria in every category listed, the standards listed in the policy shall apply.
8. During both initial and re-credentialing, the PIHP and CMHSPs will ensure that organizational providers 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 will be notified of the reason in

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writing and of their right to and process for appealing/disputing the decision in accordance with PIHP policy.

9. The CMHSP's credentialing process shall be completed in compliance with 42 CFR 422.204, MDHHS Contract and PIHP Policy.
10. Organizational Providers are held responsible for credentialing and re-credentialing their direct employed, contracted and subcontracted professional services providers per PIHP, CMHSP and SUD contractual requirements.
11. Organizations shall maintain written policies and procedures that are consistent with the PIHP and MDHHS credentialing policies and any other applicable required standards of the organization.
12. The PIHP and CMHSPs shall verify through on-site reviews and other monitoring processes to ensure that the organizational provider's credentialing practices meet applicable policy and requirements set forth in this policy and as well as contract requirements through contract with the PIHP.

B. ORGANIZATION TEMPORARY/PROVISIONAL CREDENTIALING PROCESS

1. Provisional status can be granted one time to organizations until formal credentialing is completed.
2. Organizations seeking provisional status must complete a signed application.
3. The decision regarding provisional credentialing of the organizations shall be made within thirty (30) days of receipt of application either through Credentialing Committee decision or clean file process.
4. In order to render a provisional credentialing decision, a PIHP credentialing application will be completed by the organizations and verification shall be conducted as listed in this policy.
5. Each factor must be verified within thirty (30) days of the provisional credentialing decision.
6. Provisional credentialing status shall not exceed one-hundred and fifty (150) days, after which time the credentialing process shall move forward in accordance with this policy.

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 PIHP policy standards as applicable to the credentialing process.
- C. The PIHP, CMHSPs and SUD 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 PIHP, CMHSPs and SUD Provider Credentialing Committees 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

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- a. The Medical Director shall have oversight of the Credentialing Process for the PIHP.
 - b. The CMHSPs and SUD Providers shall appoint 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.
 - c. The Credentialing Committee shall include representation from participating practitioners in the PIHP network representative of the types of practitioners it reviews as applicable to the organization.
 - d. The Credentialing Committee will hold regularly scheduled meeting (monthly or quarterly), in a sufficient frequency to review files before credentialing expiration; however, if there are no practitioner applications or practitioner issues that require review, the meeting may be canceled.
- F. Organization Credentialing Committee Decisions
- a. Credentialing decisions shall be made in accordance with this PIHP policy and inclusive of all sections within.
 - b. Organizations not selected for inclusion into the PHIP/CMHSP/SUD network will be given written notice of the reason for the decision within thirty (30) days of committee decision.
 - c. Organizations have the right to appeal credentialing decisions (denied, suspended, terminated, revoked) not in their favor within thirty (30) days of the adverse decision.
 - d. PIHP/CMH/SUD organizations shall be informed of their credentialing or re-credentialing status within thirty (30) days of committee / designee decision.
 - e. 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.
 - f. The Committee will review all applications that do not initially meet PIHP, CMHSP or SUD Provider clean file criteria within sixty (60) days of submission of all required credentialing data/documents.
 - g. Recommendations will be based on data verified no more than thirty (30) days prior to the time of the credentialing Committee's decision.
 - h. Organizational applications not meeting Clean file criteria will have the deficiencies/issues noted and will be reviewed by the Committee for further discussion. For an organization application to qualify as a clean file, the organization must meet all the following criteria as reflected in applicable sections of this policy
 - i. The Medical Director, or designee will never unilaterally deny a credentialing or re-credentialing request.
 - j. Completion of a credentialing application does not constitute acceptance as a PIHP, CMH and/or SUD Provider until formal approval or re-approval is granted and the applicant is notified.
 - k. The applicant will be notified in writing within thirty (30) days of the Credentialing Committee's decision.
 - l. Decision of the Credentialing Committee may be:
 - i. Provisional: A status that shall not exceed sixty 150 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 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 PIHP consumers and may not be reimbursed for services using PIHP funds. The provider will be informed in writing of their ability to appeal the decision, in accordance with PIHP policy.

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G. Confidentiality and Retention

- a. All records and proceedings of the Committee are confidential and protected from discovery according to state and federal legal regulations and PIHP confidentiality policy.
- b. 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 the PIHP and of their own organization 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 version 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.
 1. Applications shall be signed by Credentialing Committee.
 2. 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.
 3. 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

- a. All practitioner credentialing exception files (those who were denied privileges) are presented to the Credentialing Committee as “blind files” removing the practitioner’s name. 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.
- b. Review of all denied practitioner applications shall be reviewed on a quarterly basis utilizing the blind files method.
- c. Committee shall follow current policy and procedure for the re-review of the credentialing file.
- d. If 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.
- e. All practitioners in which privileges were denied or terminated through initial or re-credentialing process by the PIHP, 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).
- f. 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.
- g. The non-discriminatory clauses do not require the PIHP or CMHSPs to contract with providers beyond the number necessary to meet the needs of its plan beneficiaries.

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- I. Delegation of Credentialing/Monitoring
 - a. The PIHP may delegate all or a portion of the responsibility for credentialing and re-credentialing of organizational providers to delegated entities in accordance with 42 CFR 438.230.
 - b. The PIHP oversees and is accountable for delegated functions of its provider network.
 - c. The PIHP shall provide oversight of all the delegated activities and retains the authority to make final credentialing determination regarding any organization or practitioner.
 - d. The PIHP is responsible for oversight of the practitioner credentialing and re-credentialing decisions made by CMHSPs and SUD Providers.
 - e. Each CMHSP and SUD Provider shall have a credentialing and re-credentialing policy which shall be in full compliance with the PIHP Credentialing and Privileging policy or adopt the PIHP policy and provide evidence of this.
 - f. The PIHP shall reserve the right to validate primary source verification, the licensure, registration, or certification of each individual credentialed by an organizational provider, as well as sanctions at any time. Adverse results may result in repayment of reimbursement for services provided by non-compliant staff, or in termination of the provider contract.
 - g. To ensure quality and safety of care between credentialing cycles, the PIHP shall monitor CMHSP and SUD Provider credentialing files, medical records, and billing claims to ensure compliance with this policy. The review shall include a random sample of differing types of practitioners.
 - h. Adverse audit results may result in repayment of reimbursement for services provided by non-compliant staff, or termination of an organization/practitioner contract on an annual basis.
 - i. The PIHP will conduct monitoring of delegated activities on an annual basis.
 - j. The PIHP shall conduct a pre-delegation assessment to assure the entity's capacity for any delegations as they relate to privileging and credentialing of organizations or practitioners prior to formally delegating.
 - k. The delegation, if applicable will be outlined in the PIHP contract with the CMHSPs and/or SUD Providers. At a minimum, it will outline the responsibilities and reporting requirements of the delegated activity as well as revocation of the delegation to the PIHP if the delegated entity does not fulfill its obligations.

- J. Reporting
 - a. The PIHP, CMHSPs and SUD Providers, as well as sub-contracted agencies, are 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. DCH, 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).
 - b. The PIHP, CMHSP and SUD Providers, as well as sub-contract agencies are required to take any administrative action that limits a providers' participation in the Medicaid program, including any provider entity conduct that results in suspension or termination for the PIHP or provider network.
 - c. If the issue is determined to have criminal implications, a law enforcement agency will also be notified.
 - d. Documentations of any such reporting will be maintained in the provider's credentialing file.
 - e. The CMHSPs and SUD Providers 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.

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- f. The CMHSPs and SUD Providers shall provide notification to the PIHP, in writing within seven (7) calendar days of changes in key administrative staff within their agencies. These staff include the following or their equivalent:
- i. Chief Executive Officer
 - ii. Chief Operating Officer
 - iii. Chief Financial Officer
 - iv. Chief Information Officer
 - v. Medical Director
 - vi. Clinical Director
 - vii. Information System Technology Director
 - viii. Recipient Rights Officer/Advisor

VI. EXHIBITS:

- A. Region 10 Practitioner Credentials Licensure and Certification Descriptions

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REGION 10 PRACTITIONER CREDENTIALS LICENSURE AND CERTIFICATION DESCRIPTIONS

The information in below provides a non-inclusive list of various professional practitioners who are authorized to provide billing services within the Region 10 PIHP Provider Network. The list details the specific credentials, licensure, and/or training required of each practitioner type. Lastly, the list denotes that 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) – An 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 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 master 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 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, PsychNP) – 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, PedNP) – 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.

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8. Licensed Master's Social Worker (LMSW) – An individual with a master 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.

9. 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 complete 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 worker 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 Work (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 workers 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. Social Service Technician (SST) – 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 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).
11. Limited Social Service Technician (LSST) – 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

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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 the experience for registration as a social service technician. A limited registration is renewable for not more than one (1) year.

12. Bachelor's Degree in Human Service (BS or BA) – 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.
13. Mental Health Counselor (LPC) – An individual with a master 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 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.

14. Psychiatric Nurse (MA or MSN in Psych, RN) – AN individual with a master 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.
15. 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.
16. 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.
17. Occupational Therapist (OTR) – An individual registered under Article 15 of the Michigan Public Health Code to engage in the practice of occupational therapy.
18. 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 and who is supervised by a qualified occupational therapist.
19. 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.

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20. Physical Therapy Assistant (PTA) – An individual who is a graduate of a physical therapy assistant associate degree program accredited by an agency recognized by the Secretary of the Department of Education or 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 Assoc.
21. 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.
22. Registered Dietician (RD) – An individual with a minimum Bachelor Degree in Foods and Nutrition or Dietetic Registration (CDR), the credentialing agency of the American Dietetic Association to engage in the practice of Dietetics.
23. Substance Abuse Treatment Specialist – Represent clinical staff of provider agencies. This does not include case 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 Masters Social Worker (LMSW)
- Limited Licensed Masters Social Worker (LLMSW)
- Licensed Bachelors Social Worker (LBSW)
- Limited Licensed Bachelors 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 exception plan approved by the PIHP.

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)

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- 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 psychologist: American Psychologist Association (APA) specialty in addiction and has certification through the Upper Midwest Indian 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 a 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 supervisors 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.

24. **Non-Credentialed Staff** – An individual who does not have a degree or certification who yet provides individual services under the direction of a credentialed staff within the framework of the IPOS, sometime without direct supervision.

Specifically Focused Treatment Staff

This category includes Case Managers, Recovery Support Staff as well as staff who provide ancillary health care services such as nurses, occupational therapists, psychiatrist 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.

25. **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; 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 or physician’s assistant. An individual with a bachelor’s degree in a human service field who was hired prior to January

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1, 2008 and performing in the role of QMHP prior to January 1, 2008 would also qualify.

26. Qualified Intellectual Disability Professional (QIDP) – An individual who meets the qualifications under 42CFR.438.430. A QMRP is a person 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, registered nurse, therapeutic recreation specialist, licensed or limited licensed professional counselor. An individual with a bachelor's degree in a human service field who was hired prior to January 1, 2008 and performed the role of QIDP prior to January 1, 2008 would also qualify.
27. 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 specialists who assist in the provision of a covered service must be trained and supervised by the qualified provider for that service. Peer Specialists who provide covered services without supervision must meet the specific provider qualifications.
28. Child Mental Health Professional (CMHP) – An individual with specialized training one 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 professional counselor or registered professional nurse; or an individual with at least a bachelor's degree in a mental-health related field from an accredited school who is training, and has three years of supervised experience in the examination, evaluation, and treatment of minors and their families; of a person 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 Autism Benefit, must have minimum of master's degree and one year of experience in the evaluation and treatment of children with autism spectrum disorder (ASD).
29. Family Psycho-Education (FPE) – Successful completion of MDHHS approved FPE Certification training.
30. Certified 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.
31. Certified in SUD Prevention (CPC-R, CPC-M, CPS-R, MCBAP Plan of 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

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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-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.

32. 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 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.
33. 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.
34. Parent Management Training – Oregon Model (PMTO) – An individual who has completed Parent Management Training – Oregon Model State Certification.
35. 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 year of experience in an infant health program is also required with valid endorsement.

EXHIBIT A

36. Trauma Focused Cognitive Behavior Therapy (TFCBT) – Clinical staff who have successfully completed MDHHS approved TFCBT 3-4-day training.
37. Board Certified Behavior Analyst (BCBA) – LPs and LLPs with extensive knowledge and training in Applied Behavior Analysis.
38. Board Certified Assistant Behavior Analyst (BCaBA) bachelor level professional with BCaBA certification via specific training, and working under the supervision of a BCBA.