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## CREDENTIALING/RE-CREDENTIALING

### POLICY

It is the policy of Detroit Wayne Integrated Health Network (DWIHN) that organizations and individuals directly or contractually employed shall meet all applicable licensing scopes of practice, contractual, Medicaid and Medicare Provider and General Fund requirements for appropriate credentialing and re-credentialing.

### PURPOSE

The purpose of this policy is to delineate and describe the functions and oversight of DWIHN , DWIHN's Credentialing Committee, DWIHN's Credentialing Verification Organization (CVO) and the responsibilities of the *direct contractors, in the implementation of the credentialing/re-credentialing functions.*

### APPLICATION

1. The following groups are required to implement and adhere to this policy: DWIHN Staff, Contractual Staff, Access Center, *Staff*, Direct Contracted Providers, Mobile Crisis Stabilization Unit, Emergency Telephone Service Vendor, Credentialing Verification Organization (CVO)
2. This policy serves the following populations: Adults with SMI/SEI, Children with SED, Adults with I/DD, Children with I/DD, Adults with SUD, Children with SUD and Autism
3. This policy impacts the following contracts/service lines: MI-HEALTH LINK, Medicaid.Substance Use Disorders, Autism, Grants, General Fund

### KEYWORDS

1. Aide
2. Accredited
3. Adverse Action
4. Adverse Event
5. American Society of Addiction Medicine (ASAM) Level of Care Tool
6. Applicant
7. Authorized/certified (authorization/certification)
8. Autism Mental Health Professional

9. Child Mental Health Professional (CMHP)
10. Contracted County Department
11. Contractor(s)
12. Credential
13. Credentialing
14. Credentialing Committee
15. Credentialing Verification Organization (CVO)
16. Criminal History Checks
17. Deemed Status
18. Department Licensing and Regulatory Affairs (LARA)
19. Direct Contractor
20. Intellectual/Developmental Disability (I/DD)
21. National Practitioner Databank (NPDB)
22. National Provider Identifier (NPI)
23. Non-Approval
24. Non-Accredited
25. Organizational Providers
26. Practitioner
27. Prepaid Inpatient Health Plan (PIHP)
28. Pre-Admission Reviewer (PAR)
29. Primary Source Verification
30. Qualified Behavioral Health Professional
31. Qualified Mental Health Professional (QMHP)
32. Qualified Intellectual Disabilities Professional (QIDP)
33. Re-credentialing
34. Serious Emotional Disturbance (SED)
35. Serious Emotional Illness (SEI)
36. Serious Mental Illness (SMI)
37. Subcontractor(s)
38. Substance Abuse Certified Peer Recovery Mentor
39. Substance Abuse Certified Prevention Specialist
40. Substance Abuse Treatment Specialist (SATS)
41. Utilization Management (UM)
42. Utilization Review (UR)

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# STANDARDS

1. Credentialing and Re-credentialing processes shall include at least the following health care professionals:
  - a. Physicians (MD's or DOs)
  - b. Physician's Assistants
  - c. Psychologists (licensed, limited license, temporary license)
  - d. Licensed Master's Social Workers, Licensed Bachelor's Social Workers, Limited License Social Workers and Registered Social Service Technicians.
  - e. Licensed Professional Counselors, Limited License Professional Counselors
  - f. Nurse Practitioners, Registered Professional Nurses, or Licensed Practical Nurses
  - g. Occupational Therapists or Occupational Therapist Assistants
  - h. Physical Therapists or Physical Therapist Assistants
  - i. Speech Pathologists
  - j. Autism Spectrum Disorders Benefit Behaviorists-Qualified Behavior Health Professionals
  - k. Substance Abuse Treatment Specialists
  - l. Substance Abuse Certified Prevention Specialists
2. Responsibilities of DWIHN:
  - a. Ensures all entities shall adhere to the provisions and standards set forth in the credentialing guidelines of DWIHN's contract with Michigan Department of Health and Human Services (MDHHS).
  - b. Ensures that the credentialing and re-credentialing processes are confidential, protecting the privacy of the applicants.
  - c. Ensures that individuals that make credentialing/re-credentialing decisions sign an attestation stating that they will not discriminate or breach confidentiality of applications reviewed.
  - d. Ensures the credentialing process does not discriminate against a health care professional based on race, ethnic/national identity, gender, age, sexual orientation, patient type, license, registration; or certification, to the extent the provider is acting within the scope of the provider's license or certification under applicable state law, or against a health care professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.
  - e. Ensures that complaints of discrimination or breach of confidentiality regarding the credentialing/re-credentialing process are reported to the Credentialing Committee for investigation
  - f. Complaints about discrimination or breach of confidentiality can be made to the Compliance Hotline at 313-833-3502, emailed to [pihprovidernetwork@dwmha.com](mailto:pihprovidernetwork@dwmha.com) or mailed to Detroit Wayne Integrated Health Network 707 W. Milwaukee, Detroit 48202 att: Compliance Officer.
  - g. The complainant will receive an initial response within 72 hours.
  - h. Ensures the development and implementation of a Credentialing Committee charged with oversight of the credentialing, re-credentialing process. Oversight of the credentialing/re-credentialing process ensures that all clean files are approved by this committee. DWIHN's Credentialing Committee is comprised of DWIHN's Chief Medical Officer, DWIHN leaders, staff and clinicians related to the

credentialing process, along with DWIHN network providers from various specialties who provide advice and expertise as needed. The Chief Medical Officer and the Credentialing Committee provide oversight of the following activities:

1. The credentialing and re-credentialing process for providers and/or entities under contract with DWIHN and which collectively form DWIHN's provider network.
2. Reviews all practitioners files
3. The Chief Medical Officer or a designated physician review and approves clean files.
4. Rendering decisions regarding quality reviews of provider files for completeness of applications consistent with established credentialing and re-credentialing criteria including confirmation of adherence to organization policies and procedures, contract requirements and current malpractice insurance in the amount of \$1million per occurrence/\$3 million dollars aggregate.
5. Development and update of credentialing criteria consistent with DWIHN, federal or other state requirements and other relevant professional standards.
6. Developing and monitoring adherence to established timelines for the credentialing process.
7. Practitioners are notified of their right to review the status of their credentialing/re-credentialing application, upon request, in the applications packet. The process for requesting information is as follows:
  - i. Practitioner must submit in writing via email, letter or fax a request to the CVO
  - ii. Responses to request will be made by the CVO within 5 business days of the request.
  - iii. Type of information shared will include: type of documentation received, additional documentation needed, type of clearances completed, correspondence sent or being sent to practitioner
8. Mental health professionals that fail to meet the credentialing requirements of the provider organization, or of DWIHN as detailed in this policy, shall be reviewed by the credentialing committee.
  - i. If member health and safety is determined to be at risk, the provider shall be immediately prohibited from providing mental health services on behalf of those entities.
  - ii. In addition, the provider organization shall not be reimbursed for any services performed or billed for by that non-credentialed mental health professional during the period of his or her non-compliance, and any funds received by the provider organization prior to the discovery of the mental health professional's noncompliance shall be returned to DWIHN. (see Exhibit C Letter Terminating Provider Status and Exhibit D Letter Requesting Additional Information).
9. Providing oversight, as applicable, specific to "Deemed Status" entities. In instances where DWIHN chooses to accept the credentialing decisions of another PIHP entity it determines to have "Deemed Status," copies of the credentialing entity's decision shall be maintained in the administrative records to delineate how documentation (re-credentialing, member grievances or appeals, etc.) regarding "Deemed Status" providers are to be handled within the system.
10. Review and final decision making for appeals of adverse credentialing decisions made by contracted providers within the network. (see Exhibit E Letter Reinstating Provider Status)
11. Oversight of the CVO and the contracted provider network's implementation of the credentialing

and re-credentialing process, which includes the right to approve, suspend or terminate providers selected by the DWIHN or their subcontractors.

12. Shall contact contracted providers that do not respond to the CVO's request for verification of credentialing providers. Contract sanctions may be imposed.
  13. DWIHN shall annually review and validate a 5% sample of CVO staff credential files.
  14. Establishing criteria, when applicable, for granting temporary or provisional credentials based upon a specific community/consumer need
- i. Ensure implementation of the following provisions:
1. If DWIHN delegates to another entity any of the responsibilities of credentialing/re-credentialing or selection of providers that are required by this policy, it must retain the right to approve, suspend, or terminate from participation in the provision of Medicaid/Medicare funded services of a provider selected by that entity that does not meet all requirements associated with the delegation of (DWIHN) functions.
  2. DWIHN is responsible for oversight regarding delegated credentialing or re-credentialing decisions.
  3. Prior to provider credentialing or re-credentialing in the provider network, DWIHN or it's delegate will search the Office of Inspector General's (OIG) List of Excluded Individuals Entities (LEIE), the Medicare Exclusions database (MED) and the System for Awards Management (SAM) websites to validate that the provider entity and any individuals with ownership or control interests in the provider entity (direct or indirect ownership of five percent or more or a managing employee), has not been excluded from participating in federal health care programs.
  4. DWIHN must mandate the provider entity discloses ownership and control information at the time of provider credentialing, re-credentialing, or whenever a change in provider entity ownership or control takes place.
  5. DWIHN or it's delegate must search the OIG-LEIE, MED and SAM exclusions database monthly to capture exclusions and reinstatements that have occurred since the last search or at any time providers submit new disclosure information.
  6. Practitioners will be notified in writing within 14 days when credentialing information obtained from other sources varies substantially from that provided by the practitioner.
  7. Upon notification of substantially varied information obtained from other sources, the practitioner has the right to correct any erroneous information. The following procedures must be followed:
    - i. The practitioner must complete a request in writing within 7 days of notification that information is incorrect.
    - ii. Practitioners have 30 days to correct any erroneous information.
    - iii. Written documentation of corrections must be submitted to the Credentialing Committee Chair within 10 days of receipt of corrected information, DWIHN will verify corrections and notify practitioner of the status of their application.
  8. DWIHN or its delegate shall validate and re-validate at least every two years that an organizational provider and/or individual is licensed as necessary to operate within the state and in good standing with state and federal regulatory bodies.

9. Notify the applicant within 60 days of credentialing decision.
- j. Ensure the completeness of credentialing files prior to submission to the Credentialing Committee, and document all findings through the CVO and the Provider Network Management Unit of DWIHN. Incomplete files shall be returned and submitted to the Credentialing Committee when the file is complete. DWIHN's Chief Medical Officer or a designated physician will review and approve or deny the file.
  - k. The Credentialing/Re-credentialing applications must include a copy of the applicants most recent application for employment with dates of employment delineated by month and year. There must be an explanation for gaps in employment that exceed 6 months.
  - l. The applicant has the right to review information obtained by the CVO to evaluate their credentialing application, attestation or Curriculum Vitae (CV). The applicant must send a request in writing to the CVO. The CVO may share information obtained from any outside source, such as malpractice insurance carriers, state licensing boards, with the exception of references, recommendations or other peer-review protected information.
  - m. The applicant must submit missing documentation within 14 calendar days of notification that file submission is incomplete.
  - n. Ensure implementation of standards for granting temporary or provisional credentials:
    - 1. These criteria shall ensure temporary or provisional credentialing not to exceed 150 days.
    - 2. The decision shall be made within 31 days from the receipt of the completed application.
    - 3. The request for temporary/ provisional credentials shall become part of the applicant's file.
    - 4. The review of information obtained through temporary or provisional credentialing shall include a complete signed and dated application that must include information regarding the following:
      - i. Lack of present illegal drug use.
      - ii. State sanctions or limitation on licensure and limitations on scope of practice.
      - iii. Any history of loss of license, registration, or certification and/or felony convictions.
      - iv. Any history of loss or limitation of privileges or disciplinary action
      - v. A summary of the provider's work history for the prior five years
      - vi. Primary source verification, which shall be conducted of licensure or certification, Board certification, if applicable, or the highest level of credential attained.
      - vii. Any history of Medicare/Medicaid sanctions.
      - viii. Reasons for inability to perform the essential functions of the position.
      - ix. Attestation by the applicant of the correctness and completeness of the application.
  - o. Conducting final reviews of CVO, DWIHN subcontractors adverse appeal decisions. Written notification of DWIHN's decision shall be made within 30 calendar days of receipt of the required documents used to render a decision.
  - p. Establish and update policies and procedures consistent with federal or state requirements and other relevant requirements. DWIHN notifies MDHHS and Integrated Care Organizations (ICO) within seven days of any significant changes to the provider network composition that affect adequate capacity and services.
  - q. Ensure findings from the Quality Assessment Performance Improvement Program (QAPIP) are

submitted to the chair of DWIHN's Credentialing Committee (DWIHN's Medical Director) and incorporated in all re-credentialing decisions.

3. DWIHN's CVO, accredited agencies, subcontractors and direct contractors shall adhere to the following standards and procedures, including Autism Mental Health Professionals:
  - a. The development and implementation of written policies and procedures that guide the credentialing/re-credentialing process for employment of individual practitioners and pre-admission reviewers.
  - b. The credentialing/re-credentialing process must be in place to verify that the qualifications of practitioners are consistent with national credentialing standards and applicable laws.
  - c. Written policies and procedures shall include the following:
    1. Primary source verification of licensure or certification
    2. Primary source verification of board certification or highest level of credentials attained, if applicable, or completion of any required internships/residency programs or other postgraduate training
    3. Documentation of graduation from an accredited school
    4. A National Practitioner Databank (NPDB) query, verification of all of the following:
      - i. A minimum five-year history of professional liability claims resulting in a judgment or settlement
      - ii. Disciplinary status with a regulatory board or agency
      - iii. A Medicare/Medicaid sanctions query
      - iv. Mechanisms to ensure that practitioners provide treatment, services, supports, and UR/UM activities to persons within the scope of practice as determined by their licensure/registration/certification, training, and supervised experience
  - d. Determinations on credentialing and re-credentialing of practitioners shall be performed prior to the practitioner's initial provision of services on behalf of DWIHN and at least every two years thereafter. The Credentialing Committee may determine, in its sole discretion, that more frequent re-credentialing examinations of certain providers based on criteria directly related to the quality of care and UR activities are necessary on an individual basis.
  - e. Maintenance of all individuals who are credentialed, including the licensure/registration/certification numbers, and issue expiration dates (as applicable) is to be contained within MH-WIN, populated by the designated person at each provider, within 30 days of hire.
  - f. Development and implementation of minimum standards that require ongoing population-specific (SMI, SED, I/DD, SUD) in-service training and/or continuing education related to the provision of services, supports, treatment and UR/UM activities.
  - g. If a training's title and content reflect that it addresses mental health issues for Children and Adults, it may be counted toward CMHP and QMHP credentials. Likewise, if a training's title reflects that it addresses I/DD issues in Children, it may be counted toward CMHP and QIDP credentials. If clinicians must be credentialed as CMHP, QIDP, and QMHP simultaneously and the 24 hours of Child-specific training they completed includes titles which reflected I/DD and SMI (Adults with Severe Mental Illness) topics, training may be counted toward each of the relevant credentials. In other words, a person could realistically satisfy all three credentials with 24 hours of training if all 24 of the hours reflected Child-specific topics and at least 5 of them additionally reflected I/DD topics for

a Children's population and another 5 of them reflected topics related to Adults with Severe Mental Illness.

1. Minimum standards require at least 24-hours per year of SED Child and Adolescent specific training and continued education for Child Mental Health Professionals (CMHP) .
  2. Minimum standards for SMI require at least five (5) CE hours per year specific training and continued education for Qualified Mental Health Professionals (QMHP).
  3. Minimum standards for I/DD require at least five (5) CE hours per year specific training and continued education in intellectual/developmental disabilities for Qualified Intellectual Disabilities Professional .
  4. Minimum standards for MI Health Link mild to moderate providers require annual Medicare Fraud, Waste and Abuse training within 30 days of hire and annually thereafter
  5. Minimum standards for Autism require at least twenty-four (24) Applied Behavioral Analysis (ABA) specific hours per credentialing/re-credentialing cycle, every two years, 4 of which are in Ethics.
  6. Minimum standards for Substance Abuse Treatment Specialist require at least twenty (20) CE hours per year specific training and continued education in Substance Use Disorders and Certified Alcohol and Drug Counselor or state approved development plan.
  7. Minimum standards for Substance Abuse Certified Prevention Specialist and Certified Peer recovery Mentor require at least twenty (20) CE hours per year specific training with 6 hours must be ethics
  8. For staff currently pursuing a graduate degree, the college course credit can be used as a source for CE hours in the credentialing process. The current degree classes must be included on the staff transcript as completed and credit(s) earned and the training must meet the criteria of credential population requirements.
  9. Recent college graduates may use their internships as experience when submitting their initial credentialing application after graduation
4. Maintenance of all credentialing material for practitioners in files with the following documentation that supports the specific activity or population group for which practitioners are being credentialed:
- a. A dated resume that provides evidence of supervised experience in working with the relevant population. In lieu of a resume, a descriptive statement on letterhead of a previous employer will be accepted.
  - b. Evidence of primary source verification of the following:
    1. Licensure or certification.
    2. Board Certification or highest level of credentials attained if applicable,
    3. Valid DEA or CDS certificate for all prescribers.
    4. Medicare and Medicaid sanctions.
    5. Degree from accredited school.
  - c. Current competence:
    1. Documentation of certification to provide special assessments, services or processes (e.g., Child & Adolescent Functioning Assessment Scale (CAFAS), electroconvulsive therapy (ECT),



and neuropsychological testing etc.). Practitioners must be qualified by training and experience to provide services, supports, treatment and UR/UM activities, as clinically indicated.

2. For Qualified Behavioral Health Professional, transcripts must identify the completion of 3 of the 6 Board Certified Behavior Analyst required master level courses.
  - d. Initial credentialing and all subsequent re-credentialing applications
  - e. Information gained through primary source verification
  - f. Any pertinent information used in determining whether the provider met DWIHN's credentialing and re-credentialing standards
5. Implementation of the following additional requirements regarding physicians:
- a. Set and verify minimum requirements for professional and general liability insurance coverage as applicable.
  - b. Obtain reports from the National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank.
  - c. Check the Medicare/Medicaid program exclusion status.
  - d. Utilization of the physician profile information obtained from the American Medical Association to satisfy primary source verification for:
    1. five-year work history
    2. primary source verification of licensure or certification
    3. board certification/highest level of credentials attained
    4. completion of any required internships/residency programs/other postgraduate training
6. Ensure compliance with federal requirements regarding Medicare/Medicaid Program Exclusion Status:
- a. All entities receiving federal funds have an affirmative duty to prohibit employment or contracts with providers excluded from participation under either Medicare or Medicaid. A complete list of Centers for Medicare and Medicaid Services (CMS) sanctioned providers are available on the U.S. Department of Health and Human Services website at <http://exclusions.oig.hhs.gov>.
  - b. Organizational providers shall be reviewed for validation and re-validation every two years to ensure the provider is licensed to operate within the state.
  - c. At the time of provider credentialing or re-credentialing in the DWIHN direct contract provider network, the DWIHN must search the OIG-LEIE, MED and SAM exclusions database to ensure that the provider entity and any individuals with ownership or control interests in the provider entity (direct or indirect ownership of five percent or more or a managing employee) have not been excluded from participating in federal health care programs.
  - d. Mandate provider disclosure of any change of ownership involving new owners immediately (one business day).
  - e. Search the OIG-LEIE, MED and SAM exclusions database monthly to capture exclusions and reinstatements that have occurred since the last search or at any time providers or organizations submit new disclosure information. Report all findings regarding exclusions and reinstatements to DWIHN within one business day of receipt of such information.
7. Ensure all required staff is in good standing with the law:
- a. All employees, contractors, and consultants hired to provide professional or direct care services to

- consumers receiving mental health services must be in good standing with the law (i.e., not a fugitive from justice, a convicted felon, or an illegal alien).
- b. A direct contracted provider must perform criminal background checks, prior to hire, on potential employees who provide professional or direct care services to persons receiving mental health services.
  - c. There must be policies and procedures that identify how the organization performs criminal background checks, prior to hire and annually thereafter. Potential employees that do not pass criminal background checks will be investigated further to determine if they can be employed or not.
  - d. Employees that work in long-term care facilities such as adult foster care homes and homes for the aged are required to submit fingerprints to miltcpartnership.org background check system and database for the State of Michigan RAP Back process
  - e. A CVO and/or a direct contractor shall ensure the signed, dated application includes the following additional items:
    1. lack of present illegal drug use
    2. history of loss of license, registration, or certification and/felony convictions
    3. history of loss or limitation of privileges or disciplinary actions
    4. an evaluation of the provider's work history for the prior five years
    5. attestation by the applicant of the correctness and completeness of the application.
8. Inform the applicant in writing of the reasons for any adverse credentialing/re-credentialing decision to deny, suspend, or terminate the contract for any reason other than lack of need, and their right to the appeal process (consistent with state and federal regulations) within 30 calendar days of decision being made (see Exhibit F Local Appeal Credentialing/Re-credentialing form). The appeal and hearing rules will be included with the written notice of the adverse credentialing/re-credentialing decision. The appeals process is summarized as follows:
- a. The applicant may request a hearing within 30 calendar days after notification of decision by submitting the written request to DWIHN's Credentialing Committee.
  - b. The applicant can request in writing with hearing request that an attorney or another person of their choice be present for the appeals hearing.
  - c. DWIHN will designate a hearing officer or panel of individuals to review the appeal.
  - d. The applicant will receive written notification of the appeal decision and specific reasons for the decision within 7 business days of final disposition.
  - e. Should DWIHN, an accredited agency or direct contractor decline to include individual providers or groups of providers in its network, the affected providers are given written notice of the reason for its decision.
9. Report, as required, all individual practitioners/organizational providers of improper conduct and criminal convictions, including convictions for fraud-related federal payer programs, resulting in suspension or termination to the appropriate authorities, which include Michigan Department of Health and Human Service's Attorney General, Licensing entities, NPDB, Health Plans, etc. These reporting procedures shall be consistent with contractual, federal and state requirements.
10. Ensure the provision of supervision to staff members with a bachelor's degree, or less, who have less than three years of experience or a master's degree with less than one year of paid experience in the

treatment of consumers in the population group or in the specific service area for which certification is being required.

11. Ensure that supervision requirements of applicable law and regulations are met such that all staff requiring supervisions (e.g., medical residents and interns) are provided with the level of supervision required in order to allow proper billing for services by the supervising professional.
12. Maintain documentation that shows evidence that those practitioners, including Children's Diagnostic and Treatment Services Program staff receive training and continuing education, and that the practitioner's file reflects the date of training, name of training, and the clock hours of training. Training may be in the form of formal conferences, documented discussions of books or articles, in-house training, etc.
13. Re-credentialing individual practitioners shall include the following standards:
  - a. At minimum, the re-credentialing policies for physicians and other licensed, registered, or certified health care providers must identify procedures that address the re-credentialing process.
  - b. Process must be completed at least every two years.
  - c. An update of information obtained during the initial credentialing.
  - d. A process for ongoing monitoring, and intervention, if appropriate, of provider sanctions, complaints and quality issues pertaining to the provider, which must include, at a minimum, a review of:
    1. Medicare/Medicaid sanctions on a monthly basis
    2. State sanctions or limitation on licensure, registration or certification including source of information.
    3. Member concerns which include grievances complaints and appeals information
    4. DWIHN identified Quality issues
  - e. The MCO unit will notify on a monthly basis, any new credentialed, as well, as any changes in information of currently credentialed practitioners and/or organizations to appropriate units and those units will ensure changes are made in all member materials, including practitioner directories.

## **QUALITY ASSURANCE/IMPROVEMENT**

DWVHN shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of Service Providers and their subcontractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

## **COMPLIANCE WITH ALL APPLICABLE LAWS**

DWVHN staff and Service Providers are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

## **LEGAL AUTHORITY**

1. Health Insurance Portability and Accountability Act of 1996, P.L. 104-191
2. Balance Budget Act of 1997, P.L. 105-183
3. HHS-OIG List of excluded Individuals/Entities, <http://exclusions.oig.hhs.gov>

4. Michigan Department of Community Health, Administrative Rule 330.2105 (b)
5. Public Act 368 of 1978 as revised-MCL 333.20173
6. Michigan Department of Consumer and Industry Services, Requirements for Criminal Background Checks, [www.michigan.gov](http://www.michigan.gov)
7. Agreement Between Michigan Department of Health and Human Services and Detroit Wayne Integrated Health Network , contract Attachment P.7.1.1 Credentialing and re-credentialing Processes
8. Medical Services Administration (MSA) Bulletin-MSA 13-09 Michigan Department of Health and Human Services-Coverage of Autism services
9. Michigan Certification Board of Addition Professionals- [www.mcbap.com](http://www.mcbap.com)
10. Michigan Department of Health and Human Services Provider Qualifications, p. 11 Medicaid Provider Manual
11. Behavior Analyst Certification Board- [www.bacb.com](http://www.bacb.com)

## **RELATED POLICIES**

1. Disclosure of Control and Ownership Interest
2. Workforce and Provider Background Check
3. Organizational Impaneling
4. Recipient Rights Complaint Resolution
5. Children Diagnostic Treatment Services Program

## **RELATED DEPARTMENTS**

1. Children's Initiatives
2. Claims Management
3. Clinical Practice Improvement
4. Compliance
5. Customer Service
6. Information Technology
7. Integrated Health Care
8. Legal
9. Managed Care Operations
10. Management & Budget
11. Quality Improvement
12. Recipient Rights
13. Substance Use Disorders
14. Utilization Management





# Exhibit A

## Credentialing Verification Organization (CVO) Responsibilities

The Detroit Wayne Mental Health Authority (DWIHN) contracts with a CVO to verify that all documentation submitted for credentialing meets criteria for which the practitioner is seeking. The CVO standards must comply with the National Committee for Quality Assurance (NCQA). All files assessed are submitted to the DWIHN Credentialing Subcommittee for review and approval to move forward to the DWIHN Credentialing Committee where the final decision will be rendered and signed off by the Chief Medical Officer or their designee.

On behalf of DWIHN, the CVO is responsible for the following activities:

1. Providing common, centralized verification of DWIHN direct contractors. In order to be credentialed as an organization, the entity must demonstrate compliance with this DWIHN policy.
2. All MI-Health Link Providers must be fully accredited by an approved accrediting body to be credentialed.
3. Maintaining and informing in writing of all credentialing changes within 30 calendar days.
4. Verify credentials of all practitioners working in non-accredited provider organizations.
5. Verifying the credentials and qualifications of the individual Mental Health Professionals throughout the provider networks within 60 calendar days of receipt of the credentialing application, which includes the following:
  - a. Evidence of the highest college degree or diploma, professional licensure, registration or certification and rēsumē indicating experience in treatment services to the target population.
  - b. Validation of Primary Source Verification of the license/certification/ registration with the Michigan Department of Licensing and Regulatory Affairs.
  - c. Evidence of 24 hours of child/adolescent specific training shall be submitted to the CVO every year and reviewed prior to credentialing or re-credentialing.
  - d. Verification of the credentials for all DWIHN employees that provide consumer screening, access services and utilization management decision will submit the completed Credentialing/Recredentialing Application with all attachments to the DWIHN Human Resources Training and Development Manager. The HR Training and Development Manager will ensure the completeness of the application packet prior to submitted the packet to the CVO/Wellplace. The CVO will follow responsibilities as documented in the Scope of Services within the CVO Contract with DWIHN.
  - e. Maintaining a current database/master list of all practitioners working in credentialed organizations (this includes Child Mental Health Professional

## Exhibit A

pre-admission reviewers, autism professionals), including licensures/certifications/registration numbers and expiration dates.

- f. Providing reports to the Authority and direct contractors (as applicable) on the status of credentialing activities and files each month.
- g. Notifying the provider and DWIHN in writing within 24 hours of any adverse decisions and the right to appeal.



# Exhibit B

**Detroit Wayne Mental Health Authority**

707 W. Milwaukee

Detroit, MI 48202-2943

Phone: (313) 344-9099

FAX: (313) 833-2156

TDD: (800) 630-1044

RR TDD: (888) 339-5588

Date

RE: Non-Approval Form

Dear:

Detroit-Wayne Mental Health Authority (DWMHA) has received your application for Credentialing as a **Provider**. After review by the DWMHA Credentialing Committee, it was found that additional information is required. Please review the list of items needed and return the required documents on or before **date**. In the interim your application for the **Provider** has been deferred to **Non-Approval Provider** status until the following necessary documents are received:

**List of Necessary Items**

Should the (necessary items) not be received on or before **date**, your **Provider** status will be rescinded.

If you have any questions or concerns, please contact us at 313-XXX-XXXX.

Sincerely,

*Barika Butler*

Barika Butler, MD  
Credentialing Chair  
DWMHA

# Exhibit C

**Detroit Wayne Mental Health Authority**  
707 W. Milwaukee  
Detroit, MI 48202-2943  
Phone: (313) 344-9099  
FAX: (313) 833-2156  
TDD: (800) 630-1044  
RR TDD: (888) 339-5588

Date

RE: Termination of **Provider** Status

Dear [REDACTED]:

The Detroit-Wayne Mental Health Authority Credentialing Committee has reviewed your credentials as a **Provider** and determined that you are not in compliance with the DWMHA's required credentials. Accordingly, your status as a **Provider** has been rescinded effective **date**. Accordingly, any mental health services you provide subsequent to **date** shall not be reimbursed by the DWMHA.

Please review the list of items required to be provided to the DWMHA in order to reinstate your CMHP status:

**[List of Necessary Items]**

If you have any questions or concerns, please contact us at 313-XXX-XXXX.

Sincerely,

*Barika Butler*

Barika Butler, MD  
Credentialing Chair  
DWMHA

# Exhibit D

## Detroit Wayne Mental Health Authority

707 W. Milwaukee  
Detroit, MI 48202-2943  
Phone: (313) 344-9099  
FAX: (313) 833-2156  
TDD: (800) 630-1044  
RR TDD: (888) 339-5588

Date

RE: Request for Additional Information

Dear:

Detroit-Wayne Mental Health Authority (DWMHA) has received your application for Credentialing as a **Provider**. After review by our DWMHA Credentialing Committee, it was found that additional information is required. Please review the list of items needed and return the required documents on or before **date**. In the interim your application for the CMHP has been deferred. However, you are granted **Provisional Provider** status until the following necessary documents are received:

### List of Necessary Items

Should the (**necessary items**) not be received on or before **date**, your Provisional **Provider** status will be rescinded.

If you have any questions or concerns, please contact us at 313-XXX-XXXX.

Sincerely,

*Barika Butler*  
Barika Butler, MD  
Credentialing Chair  
DWMHA

# Exhibit E

**Detroit Wayne Mental Health Authority**  
707 W. Milwaukee  
Detroit, MI 48202-2943  
Phone: (313) 344-9099  
FAX: (313) 833-2156  
TDD: (800) 630-1044  
RR TDD: (888) 339-5588

Date

RE: Reinstatement of **Provider** Status

Dear \_\_\_\_\_:

On **date**, we wrote to inform you that your **Provider** status had been rescinded effective **date** as a result of your failure to comply with the credentialing requirements of the Detroit-Wayne Mental Health Authority (DWMHA). At that time, you were provided with a list of items required to be provided to the Authority in order to reinstate your **Provider** status. Since that time, the DWMHA's Credentialing Committee has received the following items requested from you:

### **List of Necessary Items**

After review by the DWMHA Credentialing Committee of these items and other credentialing information, it was determined that your **Provider** status shall be reinstated effective **date**.

If you have any questions or concerns, please contact us at 313-XXX-XXXX.

Sincerely,

*Barika Butler*

Barika Butler, MD  
Credentialing Chair  
DWMHA

# Exhibit F

## Local Appeal Credentialing/Re-Credentialing

Name	<input type="checkbox"/> Provider	<input type="checkbox"/> DWMHA
Address <input type="checkbox"/> No <input type="checkbox"/> Street <input type="checkbox"/> Apt <input type="checkbox"/> etc <input type="checkbox"/>	Telephone <input type="checkbox"/>	Cell Phone <input type="checkbox"/>
City	State	<input type="checkbox"/> Zip
Provider Name:	License <input type="checkbox"/> If applicable <input type="checkbox"/>	Date of Birth

**EXPLAIN/DESCRIBE THE APPEAL ISSUE** You may attach additional pages if necessary:

**Office use only** ADDITIONAL INFORMATION/INDINGS:

<b>SIGNATURE OF PERSON COMPLETING FORM</b>	<b>DATE</b>

**OFFICE USE ONLY**

<b>RESOLUTION:</b>	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> SENT TO DWMHA
Name of Decision Maker	Credentials/Title	Date	

This letter is pursuant to the rules, and policies and procedures promulgated by the Detroit Wayne Mental Health Authority 2013

## MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICES & HCPCS/CPT CODES<sup>1</sup>

All providers must be: 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 (i.e., not a fugitive from justice, a convicted felon who is either under jurisdiction or whose felony relates to the kind of duty to be performed, or an illegal alien). Licensed professionals must act within the scope of practice defined by their licenses. "Supervision" is defined by the Occupational Regulations Section of the Michigan Public Health Code at MCL§333.16109 and, as appropriate, in the administrative rules that govern licensed, certified and registered professionals.

The following describes qualifications required in addition to the above for the identified staff.

**Aide** - Individual is able to perform basic first aid procedures and is trained in the beneficiary's plan of service, as applicable. Aides serving children on the Children's Waiver and the Waiver for Children with Serious Emotional Disturbance (SEDW) must also be trained in recipient rights and emergency procedures. Additionally, aides serving children on the Children's Waiver must be employees of the CMHSP or its contract agency, or be an employee of the parent who is paid through the Choice Voucher arrangement. For BHT/ABA services Behavior Technicians must also complete training in the curriculum outline in the Registered Behavior Technician (RBT) task list, but are not required to register with the BACB upon completion in order to furnish services.

**Child Mental Health Professional (CMHP)** - Individual with specialized training<sup>3</sup> and 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 or limited-licensed professional counselor, 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 years 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 of 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 9/30/2020.

**Health Care Professional** – A physician, registered nurse, physician's assistant, nurse practitioner, or dietician. Services provided must be relevant to the health care professional's scope of practice.

**Mental Health Professional [Mental Health Code, Section 330.1100b(15)]** - An individual who is trained and experienced in the area of mental illness or developmental disabilities and who is one of the following: a physician, psychologist, registered professional nurse licensed or otherwise authorized to engage in the practice of nursing under part 172 of the public health code (1978 PA 368, MCL 333.17201 to 333.17242), licensed master's social worker licensed or otherwise authorized to engage in the practice of social work at the master's level under part 185 of the public health code (1978 PA 368, MCL 333.18501 to 333.18518), licensed professional counselor licensed or otherwise authorized to engage in the practice of counseling under part 181 of the public health code (1978 PA 368, MCL 333.18101 to 333.18177), or a marriage and family therapist licensed or otherwise authorized to engage in the practice of marriage and family therapy under part 169 of the public health code (1978 PA 368, MCL 333.16901 to 333.16915). **NOTE:** The approved licensures for disciplines identified as a Mental Health Professional include the full, limited and temporary limited categories.

<sup>1</sup> Complete reporting and service requirements are determined by the Medicaid Provider Manual, HCPCS and CPT codes. CPT codes, descriptions, and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

<sup>2</sup> Evidence of specialized training would include fieldwork and/or internships associated with the academic curriculum where the student works directly with individuals with intellectual or developmental disabilities as part of that experience. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.

<sup>3</sup> Evidence of specialized training would include fieldwork and/or internships associated with the academic curriculum where the student works directly with persons receiving mental health services as part of that experience. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.

## MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICES & HCPCS/CPT CODES<sup>1</sup>

### Parent Support Partner – Individual who:

- has lived experience as a parent/primary caregiver of a child with behavioral and mental health needs, and/or Intellectual/Developmental Disability, including autism, and
- is employed by the PIHP/CMHSP or its contract providers, **and**
- is trained in the Michigan Department of Health and Human Services approved curriculum and ongoing training model.

**Peer Support Specialist** - Individual in a journey of recovery who has a serious mental illness who is now receiving or has received services from the public mental health system. [This is a requirement for any Peer Support Specialist certified after July 1, 2011.] Because of their life experience, they provide expertise that professional disciplines cannot replicate. Individuals employed 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 of that service. Peer Support Specialists who provide covered services without supervision must meet the specific provider qualifications.

### Youth Peer Support Specialist – Individual who:

- is a young adult, ages 18 through age 26, with lived experience who received mental health services as a youth, **and**
- 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, **and**
- has experience receiving services as a youth in complex, child serving systems preferred (behavioral health, child welfare, juvenile justice, special education, etc.), **and**
- is employed by PIHP/CMHSP or its contract providers, **and**
- is trained in the Michigan Department of Health and Human Services approved curriculum and ongoing training model

**Psychologist** - References to "psychologist" in this chart and in the Medicaid Provider Manual mean a psychologist who is fully-licensed, limited-licensed or temporary limited-licensed by the State of Michigan.

**Qualified Behavioral Health Professional (QBHP)** – QBHP must be BCBA certified by 9/30/2020 and meet one of the following state requirements:

- Must be a physician or licensed practitioner (e.g. Advanced Practice RN, Psychologist, Clinical Social Worker, Physician Assistant, etc.) with specialized training and one 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 BACB approved degree category from an accredited institution who is trained and has one year of experience in the examination, evaluation, and treatment of children with ASD. Must be BCBA certified by 9/30/2020. Works within their scope of practice and have extensive knowledge and training in behavior analysis. Extensive knowledge is defined as having taken documented course work at the graduate level at an accredited university in at least three of the six following areas:
  1. Ethical considerations.
  2. Definitions & characteristics and principles, processes & concepts of behavior.
  3. Behavioral assessment and selecting interventions outcomes and strategies.
  4. Experimental evaluation of interventions.
  5. Measurement of behavior and developing and interpreting behavioral data.
  6. Behavioral change procedures and systems supports.

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<sup>2</sup> Evidence of specialized training would include fieldwork and/or internships associated with the academic curriculum where the student works directly with individuals with intellectual or developmental disabilities as part of that experience. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.

<sup>3</sup> Evidence of specialized training would include fieldwork and/or internships associated with the academic curriculum where the student works directly with persons receiving mental health services as part of that experience. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.

## MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICES & HCPCS/CPT CODES<sup>1</sup>

**Qualified Intellectual Disability Professional (QIDP)** - Individual with specialized training<sup>2</sup> or one year experience in treating or working with a person who has intellectual disability; **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, registered dietician, therapeutic recreation specialist, or a licensed or limited-licensed professional counselor.

An individual with a bachelor's degree in a human services field who was hired prior to January 1, 2008 and performed in the role of a QIDP prior to January 1, 2008 would also qualify. **NOTE:** If an individual was hired and performed the role of a QIDP prior to January 1, 2008 and later transfers to a new agency, his/her QIDP status will be grandfathered in to the new agency.

**Qualified Mental Health Professional (QMHP)** - Individual with specialized training<sup>3</sup> or one year 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, or a licensed physician's assistant.

An individual with a bachelor's degree in a human services field who was hired prior to January 1, 2008 and performed in the role of a QMHP prior to January 1, 2008 would also qualify. **NOTE:** If an individual was hired and performed the role of a QMHP prior to January 1, 2008 and later transfers to a new agency, his/her QMHP status will be grandfathered in to the new agency.

**Social Worker** - Individual who possesses Michigan full or limited licensure as a master's social worker or a bachelor's social worker. Social workers with limited licenses must be supervised by a fully-licensed master's social worker.

**Student Intern** - Individual who:

- is a student in one of the following health profession training programs: counseling; marriage and family therapy; psychology; or social work which has been approved by the appropriate board, **and**
- is performing the duties assigned in the course of training, **and**
- is appropriately supervised according to the standards set by the appropriate board and the training program.

Social work student interns must be pursuing a master's degree in social work and be supervised by a Licensed Master's Social Worker in a manner that meets the requirements of a Council on Social Work Education (CSWE) accredited education program curriculum that prepares an individual for licensure.

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<sup>2</sup> Evidence of specialized training would include fieldwork and/or internships associated with the academic curriculum where the student works directly with individuals with intellectual or developmental disabilities as part of that experience. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.

<sup>3</sup> Evidence of specialized training would include fieldwork and/or internships associated with the academic curriculum where the student works directly with persons receiving mental health services as part of that experience. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.



**MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICES & HCPCS/CPT CODES<sup>1</sup>**

**Substance Abuse Treatment Practitioner (SATP)** - 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 Specialist (SATS) -**

(1) An individual who has licensure in one of the following areas AND is working within their licensure-specified scope of practice:

Physician (MD/DO), Licensed Physician's 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 Marriage and Family Therapist (LMFT), Limited-Licensed Marriage and Family Therapist (LLMFT), 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** they have a registered development plan leading to certification and are timely in its implementation **OR** are functioning under a time-limited exception plan approved by the regional PIHP.

**OR**

(2) 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 Criminal Justice Professional - IC&RC - Reciprocal (CCJP-R), Certified Co-Occurring Disorders Professional – IC&RC (CCDP) – Bachelor's level only, Certified Co-Occurring Disorders Professional Diplomat – IC&RC (CCDP-D) – Master's level only

**OR**

- (3) An individual who has one of the following approved alternative certifications:
- For medical doctors: American Society of Addiction Medicine (ASAM)
  - For psychologists: American Psychological Association (APA) specialty in addiction
  - For counselors/therapists: Certification through the Upper Midwest Indian Council on Addiction Disorders (UMICAD)
  - For Licensed Professional Counselors: National Certified Counselor (NCC) with concurrent Master Addictions Counselor (MAC) certification

A physician (MD/DO), physician assistant, nurse practitioner, registered nurse or licensed practical nurse who provides substance use disorder treatment services within their scope of practice is considered to be specifically-focused treatment staff and is not required to obtain MCBAP credentials. If one of these professionals provides substance use disorder treatment services outside their scope of practice, the appropriate MCBAP/IC & RC credential applies.

A SATS must be supervised by an individual who is a certified clinical supervisor (a CCS-M or CCS-R) or who has a registered development plan (Development Plan – Supervisor [DP-S]) to obtain the supervisory credential when providing substance abuse treatment services.

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<sup>2</sup> Evidence of specialized training would include fieldwork and/or internships associated with the academic curriculum where the student works directly with individuals with intellectual or developmental disabilities as part of that experience. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.

<sup>3</sup> Evidence of specialized training would include fieldwork and/or internships associated with the academic curriculum where the student works directly with persons receiving mental health services as part of that experience. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.