

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

Date Issued **5/22**

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SECTION: Provider Management	SUBJECT Provider Enrollment and Credentialing		
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I. **APPLICATION:**

- ☐ SCCCMHA Board
- ☒ SCCCMHA Providers & Subcontractors
- ☒ Direct Operated Programs
- ☒ Community Agency Contractors
- ☒ Residential Programs
- ☒ Specialized Foster Care

II. **PURPOSE STATEMENT:**

St. Clair County Community Mental Health Authority (SCCCMHA) shall have procedures for credentialing and re-credentialing individual and organizational providers within its Provider Network. All providers, whether organizational or individual, that provide billable services, must enroll as a qualified provider within the SCCCMHA Provider Network. This administrative procedure will also delineate those credentialing and privileging responsibilities delegated by SCCCMHA to Network Providers. This administrative procedure is compliant with 42 CFR422.204, MDHHS, and PIHP contracts and policy requirements.

III. **DEFINITIONS:**

- A. **Appeal:** The process by which an organization or practitioner may ask for review of an adverse decision regarding credentialing and privileging.
- B. **Applications:** The required SCCCMHA tools used to apply for credentialing privileges and enrollment into the SCCCMHA Provider Registry database.
- C. **Certificate of Licensure:** Document issued by the State of Michigan as evidence of authorization to practice and use a designated title.
- D. **Certificate of Registration:** Document issued by the State of Michigan as evidence of authorization to practice and use a designated title.
- E. **Credentialing:** Is the process of evaluating verifying and reviewing organization and individual qualifications including background/history to provide services in the SCCCMHA Provider Network via required federal, state and/or approved regulatory agency certifications and/or license, applicable accreditation status, Medicaid/Medicare compliance status as well as any disciplinary actions. Credentialing also includes provider enrollment into the SCCCMHA Credentialing Provider Registry database.

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- F. Cultural Competency: A set of skills, behaviors knowledge, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations.
- G. Deemed Status: The process in which recognition and acceptance of credentialing activities/approval of organizational and individual practitioner providers are conducted by another entity (CMHSP, PIHP, hospital, etc.) in lieu of completing SCCCMHA credentialing processes.
- H. Delegation: For the purposes of this administrative procedure, authority given by SCCCMHA to contracted Mental Health Providers to perform credentialing functions on behalf of SCCCMHA (i.e. individual practitioners).
- I. Demonstrated Current Competency: Indicated by the demonstration of relevant skills (ability to provide treatment interventions specific to population/disability groups), as evidenced by one's supervisor and peer review/recommendations or some specified criteria.
- J. Due Diligence: The process and selection criteria that SCCCMHA will utilize to determine the qualifications of an organization (e.g. accreditation, licensure, exclusion from sanctions).
- K. Enrollment: The process of formally endorsing an organization or individual practitioner provider for inclusion on the SCCCMHA panel of providers via the approval of their submitted provider application (i.e. organization or individual practitioner, as applicable) as a Medicaid billable provider via the SCCCMHA credentialing process.
- L. Full Privileges: The credentialing and privileging status of a provider that has satisfied all requirements of the provisional credentialing and privileging process.
- M. Individual Credentialing: The process of evaluating, verifying and reviewing a paraprofessional and/or professional's qualifications. The information sought includes: background checks, education, training, clinical experience, licensure, board and/or other certification, other relevant credentials, malpractice history and/or disciplinary actions, Medicaid/Medicare status, etc., to establish the presence of the specialized professional background required for employment or contracting in the SCCCMHA provider network, including the directly-operated provider. The result of *individual credentialing* is that the individual is determined to have met stated criteria.
- N. Local Provider Network Revocations: The formal removal by a credentialing committee of an individual or organizational provider's clinical privileges, as within the credentialing committee's purview, as is consistent with the SCCCMHA policy / administrative procedures.
- O. National Provider Identifier (NPI): A standard unique identifier for healthcare providers as required in the Health Insurance Portability and Accountability Act (HIPAA) of 1996. There are two types of NPIs: a personal identifier and an organizational identifier. NPIs do not expire and each individual provider will need only one NPI number. This number is required to attain practitioner or organizational privileges under the PIHP. NPI numbers can be found at the following link: www.npinumberlookup.org.

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- P. Organization/Organizational (or Institutional) Provider: An independent state licensed or certified agency that hires behavioral health practitioners to provide mental health or substance abuse services.
- Q. Organizational Credentialing: The process of evaluating, verifying and reviewing a provider agency's legal status, accreditation status, Medicaid/Medicare compliance status, and qualifications of staff for membership in the SCCCMHA Provider Network. The result of *organizational credentialing* is that a provider is determined to have met SCCCMHA's stated credentialing criteria for membership in its network.
- R. Organizational Providers: Entities under contract with SCCCMHA 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 providers, case management programs, assertive community treatment programs, and skill building programs.
- S. Paraprofessional: Non-degreed staff positions, which include, but are not limited to: support assistance; direct care workers; and aides.
- T. Practitioner/Practitioner Provider: A behavioral health professional who is licensed and recognized by the State of Michigan 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 Bachelor-level professional such as a social worker technician who provides services under the direct supervision of a licensed professional;

OR

Credentialed individuals that have been certified by the Michigan Certification Board for Addiction Professionals (MCBAP) as substance abuse counselors via their attainment of a specific credential (e.g. CADAC, etc.) or have on file with MCBAP, an approved "Development Plan."

- U. Practitioner/Organization/Database/Registry: CMHSP's are required to maintain a mechanism for the tracking of all practitioners and organizations within their provider network. This information shall be updated on a monthly basis and available for public access and/or viewing on the agency's website. If requested a paper copy must be provided.
- V. 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:

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1. Graduation from an accredited professional school or highest training program applicable to the academic degree, discipline, licensure or registration of the healthcare practitioner;
2. Valid Drug Enforcement Administration (DEA) or Controlled Dangerous Substance (CDS) certification, as applicable;
3. Board certification, if the practitioner states that he/she is board certified on the application;
4. 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;
5. History of professional liability claims that resulted in the settlements or judgment paid by or behalf of the practitioner;
6. 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;
7. Completion of criminal background check in that is in “good standing” with the law.
Note: Although criminal background checks are required, it is not intended to imply that a criminal record must necessarily bar employment or result in a decrease or termination of privileging and credentialing status. Checks shall be completed as a new employee, when changing credentials or when re-credentialing, but no less than every other year from the date the initial check was made.
8. National Practitioner Databank (NPDB) query verified at www.npdb.hrsa.gov

a. **OR** the following four items:

- (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://val.apps.lara.state.mi.us/License/Search>
- (3) OIG/Medicare/Medicaid Sanctions verified at <https://exclusions.oig.hhs.gov>
- (4) Certification Verification verified at www.MCBAP.com if applicable.

W. **Privileging:** The process of determining whether or not an **individual** (employee or contractor) has sufficient competencies to perform the specific services or procedures requested as an employee or contractor within the SCCCMHA provider network. The result of *privileging* is that an individual is granted clinical privileges to deliver specific services within a defined scope of practice. Privileging types include:

1. Provisional/Temporary (up to first 150 days)
2. Full (after provisional)
3. Additional
4. Probationary

X. **Probationary Privileges:** When a provider with full credentials is found to have performance and/or compliance issues that require corrective action but do not rise to a threshold that would necessitate suspension or revocation, that provider’s privileges can be

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amended via provider being classified with probationary credentials. The terms of the probation may vary across situations and may include:

1. Changes to the scope of privileges (populations, time frames, services, etc.).
2. Changes to the monitoring and documentation required of the supervisor by the committee.
3. Changes to the training required of the practitioner.
4. Other specific changes as specified and documented by the applicable credentialing committee.

- Y. Provisional or Temporary Privileges: The one time process of credentialing and privileging a provider on an interim basis (up to 150 days) until a due diligence and primary source verification can be completed by the SCCCMHA designated credentialing committee/designee. This process must be completed initially and when adding new licenses, certifications, etc., and when the provider changes or adds a new population (scope of practice).
- Z. Re-credentialing: The process of resubmitting a provider “enrollment and credentialing” application form into the applicable credentialing committee for evaluation and verification that the provider remains qualified to perform specific services in the SCCCMHA provider network. Providers shall be re-credentialed at least every 2 years or more frequently if their licensure and/or certification changes in a manner that may impact their professional scope of practice or there are practice level concerns that would warrant more frequent review is appropriate.
- AA. Revoked Privileges: Revocation is the formal removal of all privileges. The practitioner or organization is thereby unable to provide any services for SCCCMHA.
- BB. Suspended Privileges: Suspension is the temporary removal of some or all privileges. The practitioner or organization is thereby unable to provide any services for SCCCMHA and its Provider Network during the suspension period.

IV. STANDARDS:

PIHP Standards

- A. The PIHP shall reserve the right to validate primary source verification, the licensure, registration, or certification of each individual credentialed by an organizational provider, and confirm that the individual has not been excluded from Medicaid or Medicare participation. Adverse results may result in repayment of reimbursement for services provided by noncompliant staff, or in termination of the provider contract.
- B. The PIHP is responsible for oversight of the credentialing and re-credentialing decisions made by CMHSPs. Each CMHSP, and CMHSP subcontracted provider will have a credentialing and re-credentialing policy / administrative procedures that shall be in full compliance with Region 10 PIHP Credentialing and Privileging policy. Both SCCCMHA

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and subcontracted providers will be monitored for compliance by Region 10 PIHP (42 CRF 438. 230).

- C. The PIHP shall monitor the SCCCMHA Provider Network credentialing files, medical records, and billing claims to ensure compliance with this administrative procedure. Adverse audit results may result in repayment of reimbursement for services provided by noncompliant staff, or termination of the provider contract.
- D. The PIHP retains the rights for provider selection. The PIHP is responsible for oversight regarding delegated credentialing or re-credentialing decisions. If the PIHP delegates to another entity any of the responsibilities of credentialing/re-credentialing or selection of providers, it shall retain the right to approve, suspend, or terminate providers from participation in Medicaid and other funded services.
- E. Region 10 PIHP shall complete an annual review of SCCCMHA and its Network Providers. The review shall include a sample of enrollment, suspension, termination and appeals files to ensure there is no evidence of discrimination of providers who serve high risk or costly populations occurring during selection and retention process, as well as to ensure the requirements of the Quality Assessment and Performance Improvement Program (QAPIP) are being met.

SCCCMHA and Provider Network Organization Standards

- A. SCCCMHA and sub-delegated agencies are required to report to the providers regulatory agency and the Office of Inspector General or appropriate authorities within five (5) working days of identified or known issues such as: exclusions or criminal convictions for offenses described under Section 1128 of the Social Security Act, and take any administrative action that limits a provider's participation in the Medicaid program, including any provider entity conduct that results in suspension or termination from the PIHP or provider network. If the issue is determined to have criminal implications, a law enforcement agency will also be notified. Documentation of any such reporting will be place in the provider's credentialing file.

SCCCMHA and its Provider Network are required to comply with PIHP contract/policy requirements and federal regulations to obtain and report disclosures within specified federal guidelines, specifically:

1. The SCCCMHA/Provider Network is required to disclose information about individuals with ownership or control interests in the CMH/Provider Organization.
2. The SCCCMHA/Provider Network is required to identify and report any additional ownership or control interests for those individuals in other entities, as well as identifying when any of the individuals with ownership or control interests have spousal, parent-child, or sibling relationships with each other.
3. The SCCCMHA/Provider Network shall comply with the federal regulations to obtain, maintain, disclose and furnish required information about ownership and control

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interests, business transactions, and criminal convictions as specified in 42 C.F.R. (Part) 455.104-106.

4. Legal Authority and References: 42 C.F.R. Subpart B; 42 C. F. R. 455.104-1-6; PIHP contract Part I, 30.0.
 5. The Provider Entity/Individual Provider Conflict of Interest Attestation form shall be completed and submitted to SCCCMHA as part of the Privileging and Credentialing process.
- B. SCCCMHA and Network Providers must not employ or contract with providers excluded from participation due to:
1. Officer, director, partner with SCCCMHA or managing employee who has 5% or more controlling interest in the entity (CFR 438.610); Where applicable SCCCMHA shall comply with federal regulations to obtain, maintain, disclose and furnish required information about ownership and interest, business transactions and criminal convictions as specified in 42 C.F.R. sections 455.104-106;
 2. Organization or practitioners with license revocations or suspension (disbarment);
 3. Sanctioned or excluded by Medicare or Medicaid as verified monthly through both OIG – <http://exclusions.oig.hhs.gov> AND through the MDHHS sanctioned Provider List – http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5100-16459--,00.html
 4. Individuals with employment, consulting or other arrangement with SCCCMHA for the provision of items or services that is significant and material to SCCCMHA obligation under its contract with the state (CFR 438.610);
 5. Violation of Compliance with mandates of federal health care programs under Social Security Act 1128 & 1128A.
- C. The SCCCMHA Provider Network must notify the PIHP within five (5) days of any change in the composition of SCCCMHA Provider Network organizations that affect adequate capacity to Medicaid covered services. SCCCMHA Provider Network must notify MDHHS within five (5) days of any changes in composition that negatively affects access to care to General Fund recipients.
- D. Credentialing and Privileging Processes must be nondiscriminatory against providers that serve high-risk populations or specialize in conditions that require costly treatment. (42 CFR 438.214).
- E. Credentialing and Privileging Processes must be nondiscriminatory against the practitioner solely on the basis of license, registration or certification or who serves high risk populations. (42 CFR 438.12).

Note: The above nondiscrimination clauses do not require SCCCMHA Provider Network panel providers to contract with providers beyond the number necessary to meet the needs of its plan beneficiaries.

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- F. SCCCMHA and its Provider Network shall not discriminate against any provider or organization solely on the basis of race, ethnic/national identity, gender, age, sexual orientation, patient type, licensure or certification.
- G. SCCCMHA, at its discretion, may grant “Deemed Status” to an organization that has a privileging and credentialing process for its organization and practitioners that has been approved by another PIHP/CMHSP. SCCCMHA opts not to grant Deemed Status to practitioners.
- H. Organizational providers must have a written process for their credentialing and privileging activities, for both organizations and practitioners, i.e. provisional, full credentialing, re-credentialing, (42 CFR 438.214) probationary, suspensions, terminations, sanctions and appeals. Processes must ensure credentialing information is confidential.
- I. Written notice to provider organizations and/or practitioners must be provided when credentialing/privileging is denied or restricted (e.g. probationary privileges with reasons for decisions). Written notification is required upon release of restricted privileges.
- J. Practitioner providers have the right to obtain and review the information submitted in support of their credentialing application.
- K. Practitioner providers have the right to correct erroneous credentialing information.
- L. Organizational and practitioner providers have the right to appeal credentialing decisions (denied, suspended, terminated, revoked) not in their favor within 30 days of the adverse decision.
- M. Applicable organizational and practitioner providers must undergo credentialing and privileging process minimally biannually AND whenever there is a change in credentials.
- N. Provider Organizations must maintain and have available for External audit review a file for each credentialed provider that contains:
 - 1. The initial and all subsequent credentialing applications;
 - 2. Information from primary source verifications;
 - 3. Any other pertinent information used in determining whether or not a provider meets the SCCCMHA credentialing standards.
- O. SCCCMHA and Provider Organizations must maintain a file for each provider that has not been appointed or reappointed to SCCCMHA provider network.
- P. SCCCMHA and Sub –delegated Provider organizations shall establish Credentialing Committees to implement and oversee credentialing and privileging activities.

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- Q. SCCCMHA and Provider Network Organizations shall provide credentialing and maintain a credentialing policy/administrative that aligns with Region 10 PIHP Credentialing and Privileging policy.
- R. SCCCMHA Provider Network shall provide notification to Region 10 PIHP in writing within seven (7) days of changes in key administrative staff within the provider organization. These staff include the following or their equivalent:
 - 1. Chief Executive Officer
 - 2. Chief Operating Officer
 - 3. Chief Financial Officer
 - 4. Medical Director
 - 5. Clinical Director
 - 6. Information Systems Technology Director
 - 7. Customer Services Director
 - 8. Recipient Rights Director/Officer
- S. Practitioners that provide or directly oversee billable clinical services for SCCCMHA are required to undergo credentialing and privileging.
- T. Providers exempt from Credentialing: practitioners who do not qualify as mental health 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);

AND

Practitioners who practice exclusively within a hospital setting and provide direct care for a SCCCMHA Provider Network 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:

- 1. All billable Medicaid services can only be provided by an appropriately credentialed practitioner(s);
- 2. Clarification that all encounter services provided be directly transmitted into the SCCCMHA for MDHHS processing and cost reporting encounter/billing compliant format.
- U. The awarding of privileges are to be based upon scope of practice as defined in state licensing laws and rules in specified area with other required certification standards, such as Michigan Department of Licensing and Regulatory Affairs. (LARA). In addition, where applicable, Quality Assessment and Performance Improvement Program (QAPI) information that relates to Provider Network Management i.e. contract monitoring and Utilization Management, such as case record, Program and System Level Performance Indicator information must be considered.

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- V. Organizations and practitioners must undergo Enrollment in the SCCCMHA Provider Network PRIOR to providing services and payment of any billable SCCCMHA benefit plan service. There must be a minimal of provisional privileges/credentials in place prior to service provision.
- W. SCCCMHA shall not remit payment to organizational providers after applicable licensures and/or certifications have expired until an updated license(s) and/or certification has been submitted and received by the applicable credentialing committee and enrollment into the SCCCMHA Network Provider Registry. If lapsed for more than 60 days, no payment will be made for that lapsed period until an updated credentialing application has been submitted and received by the applicable credentialing committee and updated in the SCCCMHA Network Provider Registry and OASIS database system.
- X. SCCCMHA does not require credentialing of paraprofessionals with the exception of substance abuse providers certified by MCBAP, recovery coaches and certified peer support staff. However, where applicable, provider organizations are to have an internal process that ensures all paraprofessional staff meets the requirements of the MDHHS Medicaid Provider Manual; and all paraprofessional staff are appropriately trained to provide direct care to a SCCCMHA beneficiary. All staff must have all required MDHHS trainings within 30 days of hire or transfer to an applicable position. During this interim time, the staff must be under the direct supervision of staff members who are fully trained. Documentation of such training and supervisions shall be on file by the provider. At minimum, paraprofessional training shall consist of the following curricula areas:
1. Recipient Rights & Complaint Process;
 2. First Aid;
 3. Population-specific services;
 4. Residential training (MDHHS approved curriculum for residential direct care workers);
 5. Behavioral Management (if applicable to their caseload).

In addition, the Provider Network Organization shall have an internal process that ensures all paraprofessional staff have a criminal background review prior to contract/employment by any provider panel organization and that the person is found to be in “good standing” with the law.

- Y. SCCCMHA Provider Network Organizations must provide to the PIHP within 5 business days of action taken, changes in organizational and practitioner provider credentials that are the result of:
1. Sanctions (e.g. Medicaid or Medicare);
 2. Suspension
 3. Probation (terms of probation must be clarified);
 4. Revocation
 5. Termination (voluntary and involuntary);
 6. Any significant change that affects adequate capacity and covered services.

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- Z. In the event that a practitioner is unable to complete the privileging and credentialing application (re-credentialing) due to issues out of his/her control e.g. LOA, state trainings are not available, etc., privileging and credentialing status and process will be place “On Hold” for up to one year. During this time billable services cannot be pursued.

V. PROCEDURES:

A. New Organizations

Organizational Provider/Applicant

1. Completes the SCCCMHA Organization Application (Form #1301) and Conflict of Interest Attestation - Provider (Form #1306). These forms are located at <http://www.scccmh.org/contract-providers/> in the Forms Index.
2. Submits completed SCCCMHA Organization Application along with required primary source verification documentation to SCCCMHA contract manager for review by SCCCMHA Privileging and Credentialing Committee.
3. Submits completed Conflict of Interest Attestation – Provider to SCCCMHA contract manager.
4. Processes Conflict of Interest Attestation per policy #01-001-0030, Conflict of Interest.

Contract Managers

5. Reviews the submitted application for accuracy, verifies primary source information and completes due diligence review.
6. Outreaches if there is any documentation missing or an incomplete application, to the provider to obtain needed information.
7. Presents the submitted and reviewed application to the SCCCMHA Privileging and Credentialing Committee for review at the next scheduled meeting.

SCCCMHA Privileging and Credentialing Committee

8. Reviews the submitted SCCCMHA Organization Application.
9. Takes action to approve or disapprove as a provider organization.
10. Sends written decision results to Organization within 30 days.

Note: Denied applications are given reason for denial and include the appeal process.

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11. Enrolls approved application into the SCCCMHA OASIS database and Provider Registry database PRIOR to organization providing any billable SCCCMHA services.
12. Updates reports from their Provider Registry that includes a listing of all organizations within their Provider Network on the SCCCMHA website monthly.

B. New Practitioner

Practitioner Applicant

1. Complete, preferably on the first day of employment, the SCCCMHA *Practitioner Application (Form #1300 pages 1- 7), as applicable, and Conflict of Interest Attestation – Individual (Form #1305).

*As of 2022, all direct SCCCMHA staff must complete the Practitioner Application electronically at this location <http://cmhpandc/Auth/NProviderForm>. Access to this database is provided by Credentialing Support Staff/Designee.

The Conflict of Interest Attestation (Form #1305) is located on Sage in the Forms Index or at <http://www.scccmh.org/contract-providers/>, in the Forms Index. Note, this form must be hand signed.

2. Maintains a copy of application, and submits required documentation (e.g. license, certification, trainings, etc.) and completed Conflict of Interest Attestation – Individual to Supervisor/HR/Designee.

Supervisor/HR/Designee

3. Processes Conflict of Interest of Attestation per policy #01-001-0030 Conflict of Interest.
4. Reviews application for accuracy.
5. Reviews 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) for Medical professionals (e.g. M.D, D.O), 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 certification, if the practitioner states that he/she is board certified on the application;

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- 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 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 that is in “good standing” with the law.

Note: Although criminal background checks are required, it is not intended to imply that a criminal record must necessarily bar employment or result in a 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:

- (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://val.apps.lara.state.mi.us/License/Search>
- (3) OIG/Medicare/Medicaid Sanctions verified at <https://exclusions.oig.hhs.gov/>
- (4) Certification Verification verified at www.MCBAP.com

- 6. Ensures and maintains all primary source documentation in employee’s personnel/credentialing file.
- 7. Submits SCCCMHA Practitioner Application to designated credentialing committee.
- 8. Submits Help Desk Ticket for enrollment into Oasis. (See Provider Enrollment In OASIS 01.003.0005), administrative procedure.

Designated Credentialing Committee

- 9. Reviews application and makes a decision to approve or disapprove as a SCCCMHA Network Provider.

Note: Denied applications are given reason for denial and appeal process.

- 10. Assigns approved application, privileging scope of practices and privileging timeframe. Timeframes for provisional/temporary credentials are for up to 150 days. Full credentials may be granted sooner if all new employee requirements are met. If all requirements of new employment have already been met as identified in the application, full credentialing can be given for up to two years.

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Credentialing Chairperson

11. Sends written decision to practitioner and practitioner's supervisor within 30 days of receipt of application

Note: It is not necessary for the contract credentialing agency to submit any of the provider's background/supporting documentation directly to the SCCCMHA Credentialing Support Staff; however, this information must be maintained on file with the respective contract credentialing agency.

Provisional Privileged Practitioner (during 150 day window)

12. Completes required trainings and/or submits other required documentation to supervisor at earliest possible date PRIOR to provisional credentialing end date. This will allow for a re-submission of application for full credentialing privileges once all requirements are met.

Note: Provisional privileges cannot be extended beyond 150 days. In addition, the SCCCMHA will not pay for services when credentials have expired. After 150 days credentialing and privileging status is: Full, Probationary, Suspended or Revoked, the latter three may include disciplinary actions.

Supervisor/HR/Training/Designee

13. Completes Supervisory Recommendations section (page 4, 5, 7, and 10) of the Practitioner Applications and signs as applicable.
14. Signs designated area of Practitioner Application to verify completion and accuracy of all primary source information: work history, background checks, education, licensures, certification and trainings.

Contact Agency Supervisor

15. Submits, as applicable to Contract Manager/designated credentialing committee/designee, fully completed Practitioner Application (all pages) for full credentialing privileges.

Designated Credentialing Committee

16. Reviews Practitioner Application and makes a decision to approve or disapprove for full credentialing privileges.

Credentialing Chairperson

17. Updates timeframe for full privileges.

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Note: Provisional and full privileges combined may NOT exceed a two (2) year timeframe.

18. Sends written decision to practitioner and supervisor within 30 days of decision.

Note: Denied privileges are given reason for denial and appeal process.

19. Submits completed, signed SCCCMHA Practitioner Application to SCCCMHA Privileging and Credentialing Support Staff for SCCCMHA Provider Registry updating.
20. Notifies Practitioner Provider, Supervisor and HR of Suspended or Revoked privileges within 3 days of said decision.

C. **Re-Credentialing Organizations**

Organization Provider/Applicant

1. Completes a NEW SCCCMHA Organization Application (Form #1301) and Conflict of Interest Attestation – Provider (Form #1306) at least 60 days prior to the organization's expiration of privileges. This form is located on Sage or at <http://www.scccmh.org/contract-providers/>, in the Form Index.
2. Submits completed SCCCMHA Organization Application along with required primary source verification documentation to SCCCMHA Contract Manager/Designee.
3. Submits completed Conflict of Interest Attestation – Provider to SCCCMHA Contract Manager.

Contract Manager/ Designee

4. Processes Conflict of Interest Attestation per policy #01-001-0030, Conflict of Interest.
5. Reviews the submitted application for accuracy, verifies primary source information and completes due diligence review.
6. Outreaches to provider if there is any documentation missing or application is incomplete.
7. Presents the application to the Privileging and Credentialing Committee for review at the next scheduled meeting.

SCCCMHA Credentialing Committee

CHAPTER Administrative		CHAPTER 01	SECTION 003	SUBJECT 0011
SECTION Provider Management		SUBJECT Provider Enrollment and Credentialing		

8. Reviews the submitted SCCCMHA Organization Application.
9. Approve or disapprove as a Provider Organization.
10. Sends written decision results to Organization within 30 days.

Note: Denied applications are given reasons for denial and include the appeal process.

11. Ensures SCCCMHA Provider Registry database is updated with revised credentialing/privileging status information.

Credentialing Support Staff/ Designee

12. Updates Provider Registry to include a listing of all organizations within the SCCCMHA Provider Network and posts on the SCCCMHA website.

D. Re-Credentialing Practitioner

Credentialing Support Staff

1. Initiates re-credentialing application process via instructional email.

Practitioner Applicant

2. Completes a NEW SCCCMHA Practitioner Application (pages 1-7) and Conflict of Interest Attestation – Individual (Form #1305) at least 60 days prior to the practitioner's expiration of privileges OR when requesting additional credentials.

The Practitioner Application is located at <http://cmhpandc/Auth/NProviderForm>. Access to this database is provided in the instructional email.

The Conflict of Interest Attestation –Individual (Form 1306) is located on Sage in the Form Index or at <http://www.scccmh.org/contract-providers/>, in the Form Index.

Note: Additional privileges or credentials must undergo Provisional Credentialing status, not to exceed 150 days, before award of full credentialing status.

3. Maintains a copy of application and submits newly required documentation (e.g. license, certification, trainings, etc.), and completed Conflict of Interest Attestation – Individual, to HR/Designee.

HR/Designee

4. Processes Conflict Interest Attestation per policy #01-001-0030, Conflict of Interest.

CHAPTER Administrative		CHAPTER 01	SECTION 003	SUBJECT 0011
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5. Reviews application for accuracy.
6. Completes applicable areas of the application (page 10), signs and dates.

Designated Credentialing Committee

7. Reviews application and makes a decision to approve or disapprove as a Network Provider.
8. Sends written decision to practitioner and practitioner's supervisor within 30 days of receipt of application.

Note: Denied applications are given reason for denial and appeal process.

9. Assigns approved application, privileging scope of practices and privileging timeframe. Timeframe for full credentialing can be given for up to two years.

Credentialing Chairperson

10. Submits completed and signed SCCCMHA Practitioner Application to SCCCMHA Privileging and Credentialing Committee Support Staff for Provider Registry updating.

Note: applications received without fully completed trainings or other requirements will be put on probationary privileges status and disciplinary actions may be imposed.

E. Adding and/or Changing Privileges and Credentials

Practitioner/applicable employee

1. Completes on the Practitioner Application page 1, including checking boxes: "Adding Credentials" and identify applicable "Target Populations", if applicable and signs.
2. Submits to supervisor as applicable, additional credentials and signs page 7.

Supervisor

3. Reviews application (pages 1-5) for completeness of additional credentials.
4. Checks box "Approve" or "Disapprove," signs, if and date (page 7).
5. Submits application to the Credentialing Committee Support Staff or applicable Contract Manager.

Credentialing Support Staff

CHAPTER Administrative	CHAPTER 01	SECTION 003	SUBJECT 0011
SECTION Provider Management	SUBJECT Provider Enrollment and Credentialing		

6. Ensures all request for changes in credentials and/or privileges is added to nearest upcoming Credentialing Agenda.
7. Updates Credentialing database with committee approved information.

F. Deemed Status

Contract Manager

1. Requests full privileging and credentialing packet from the PIHP/CMHSP/applicable healthcare provider when an organization has been approved for privileging and credentialing by another PIHP/CMHSP/healthcare provider.
2. Reviews privileging and credentialing packet and fills out form #1302 – Organizational Deemed Status Request.
3. Submits the #1302, Organizational Deemed Status Request, and the privileging and credentialing packet to the SCCCMHA Credentialing Committee for review and approval.

G. Appeals

For Appeals involving Provider Organization Denial of Privileges:

Organization

1. Completes the Appeal to Enrollment or Credentialing Denial Form (#1303) and submits to SCCCMHA Credentialing Committee Chairperson within 10 working days of date printed on notification of adverse action. The form can be located at: <http://www.scccmh.org/contract-providers/>, in the Forms Index.

SCCCMHA Credentialing Committee Chairperson

2. Address appeal at first scheduled meeting following the receipt of appeal.
3. Render a written response to appellant within 10 working days of the meeting.

For Appeals involving Provider Practitioner Denial Privileges:

Individual/Practitioner

1. Complete the Appeal to Enrollment or Credentialing Denial form (#1303) and submits to SCCCMHA Credentialing Committee within 30 days of adverse decision document date. The form can be located at <http://www.scccmh.org/contract-providers/> in the Forms Index.

SCCCMHA Chief Operating Officer/Chief Executive Officer

2. Address appeal at first scheduled meeting following the receipt of appeal.

CHAPTER Administrative		CHAPTER 01	SECTION 003	SUBJECT 0011
SECTION Provider Management		SUBJECT Provider Enrollment and Credentialing		

3. Render a written response to appellant within 14 days of receipt of appeal request.

H. Disenrollment

Contract Manager/ Supervisor/HR

1. Submit to SCCCMHA Credentialing Committee within 10 days of activity, written notification of provider organization and/or provider practitioner termination or service(s) end date for disenrollment in the SCCCMHA Provider Registry and OASIS databases

VI. REFERENCES:

- A. MDHHS and PIHP contracts
- B. Medicaid Provider Manual

VII. EXHIBITS:

- A. SCCCMHA Practitioner Credentials Licensure and Certification Descriptions
- B. SCCCMHA Code of Ethics, Value and Missions Statements
- C. SCCCMHA Privileging and Credentialing Timeline

VIII. REVISION HISTORY:

Dates issued 11/04, 06/11, 08/11, 03/13, 09/14, 07/16, 07/17, 05/19, 5/21.

SCCCMHA 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 SCCCMHA 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:

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 of Neurology.

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.

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.

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.

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.

Mental Health/Psychiatric Nurse Practitioner (APRN-BC, MHNP, PsychNP, PMHN) – 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.

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

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.

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.

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).

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 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.

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.

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.

Licensed Marriage and Family Therapist – An individual with a master degree or higher in Marriage and Family Therapy from a MFT training program accredited by the Commission Accreditation of Marriage and Family Therapy Training Programs (COAMFTE) at a regionally accredited institution.

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.

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.

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.

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

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.

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.

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 Psychical Therapy Assoc.

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.

Registered Dietician (RD) – An individual with a minimum Bachelor Degree in Foods and Nutrition of Dietetic Registration (CDR), the credentialing agency of the American Dietetic Association to engage in the practice of Dietetics.

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 Region 10 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)
- ☐ 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.

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.

Qualified Mental Health Professional (QMHP) – An individual who has specialized training (including fieldwork and/or one internships associated with the academic curriculum where the student works directly with persons receiving mental health services as part of the experience) OR one 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, behavior analyst, registered nurse, therapeutic recreation specialist, licensed or limited licensed professional counselor, licensed or limited licensed marriage and family therapist, a licensed physician's assistant. OR a human services professional with at least a bachelor's degree in a human service field.

Qualified Intellectual Disability Professional (QIDP) – An individual with specialized training (including fieldwork and/or internships associated with the academic curriculum where the student works directly with persons with intellectual or developmental disabilities as part of that experience) OR one year of experience in treating or working with a person who has an intellectual disability;

AND

is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech pathologist, audiologist, behavior analyst, registered nurse, therapeutic recreation specialist, a licensed or limited licensed professional counselor OR a human services professional with at least a bachelor's degree in a human service field.

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.

Child Mental Health Professional (CMHP) – An individual with specialized training **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 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; or an individual with at least a master's degree in a mental health-

related field from an accredited school who is trained, and has one year experience in the examination, evaluation, and treatment of minors and their families. For the BHT/ABA services individuals must be a BCBA or BCaBA **or** psychologist working within their scope of practice with extensive knowledge and training on behavior analysis and BCBA certified by 9/30/2020.

Peer Support Specialist – An individual in a journey of recovery who has a serious mental illness who is now receiving 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 specialist serving beneficiaries with mental illness must meet MDHHS specialized training and certification requirements. Peer support specialist who assist in the provision of a covered service must be trained and supervised by the qualified provider of that service. Peer support specialist who provide covered services without supervision must meet the specific provider qualifications.

Youth Peer Support Specialist – An 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 other, **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.

Family Psycho-Education (FPE) – Successful completion of MDHHS approved FPE Certification training.

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.

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 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.

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.

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.

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

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.

Trauma Focused Cognitive Behavior Therapy (TFCBT) – Clinical staff who have completed MDHHS approved TFCBT 3-4 day training.

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

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

Qualified Behavioral Health Professional (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 PN, 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 (Behavior Analyst Certification Board) 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 a 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 and characteristics and principles, processes and 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.

Phlebotomist - an individual with phlebotomy training.



St. Clair County Community Mental Health Authority

Code of Ethics

Mental Health Care

The ethics of mental health care do not require complex analysis, just firm commitment for they are simple. Listen well; respond appropriately. Watch words you use as they become actions. Treat the family compassionately. Honor the importance of education. Respect the people with whom you work. Respect yourself. Understand your skill. Respect that each person is an expert in his or her own life. Understand your own power. Empower others. Do not exceed your limits. Be with the person where he or she is. Validate strengths. Recognize each person's right to "confidentiality." Recognize the healing partnership between the people receiving services, provider and payor. Recognize the importance for hope. Embrace an environment conducive to Recovery.

WHEREAS, the St. Clair County Community Mental Health Authority Board and its staff hold to the highest moral, legal, and professional standards for their conduct and services, and

WHEREAS, the St. Clair County Community Mental Health Authority Board and its staff maintain respect both for the privacy and well-being of the persons served and for the welfare and protections of the general public, and

WHEREAS, the St. Clair County Community Mental Health Authority Board strives to enhance the principles of competency, accountability, responsibility, non-discrimination and service excellence,

NOW BE IT RESOLVED...that the St. Clair County Community Mental Health Authority Board and its staff voluntarily subscribe to and uphold the following principles:

1. The interest of the person served is always respected. Activities on behalf of the persons served, whether individuals, families or organizations, shall always be determined by their best interests. Their rights, including appropriate care, confidentiality, informed consent, self-determination and access to records, are guaranteed.
2. Activities shall reflect the best interest of the general public. Authority of an accountability to the community are recognized by this governing board in determining priorities, policies and programs. Prevailing legal and moral standards shall be upheld. Questionable practices and programs are not condoned. The public's right to have information about programs, finances, policies and procedures is acknowledged.

3. High professional standards will be maintained and promoted. The St. Clair County Community Mental Health Authority Board and its staff at all times require conduct based on accepted principles and professional standards of practice. All staff shall avoid conflicts of interest and misrepresentation of their services, credentials or skills. They recognize accountability to the organization, persons they serve, and accept responsibility for their own actions. Non-discriminatory policies are promoted and observed among all persons. Also, the St. Clair County Community Mental Health Authority Board and its staff have a primary responsibility to maintain high standards of professional competence and to provide the highest quality of care possible.

4. Regard for the integrity of St. Clair County Community Mental Health Authority Board's private organizations and other agencies shall be maintained. The rights and interests of all contract agencies shall be protected and promoted. No actions shall be taken which are detrimental to any contract agency by the St. Clair County Community Mental Health Authority Board without due process and Board action. Respect shall be maintained for the rights, policies and procedures of other professional organizations and governmental agencies.

5. Regard for the integrity of its funding services will be maintained. Any activities suspected of being fraudulent, abusive or wasteful shall be reported. The rights and interests of the reporting staff shall be protected.

BE IT FURTHER RESOLVED...that this Code of Ethics be reviewed annually by the Board of Directors for the information and guidance of Board members and staff. All new Board members and staff will be advised in writing of this code upon entering their duties and that this code shall be reviewed annually with them.





St. Clair County Community Mental Health Authority

Mission: “*Promoting Discovery & Recovery Opportunities for Healthy Minds & Bodies*”

In support of its Mission, St. Clair County Community Mental Health will embrace a Vision which:

1. Recognizes that all people have the capacity to **discover, recover**, grow and positively change their thinking, beliefs and behaviors.
2. Facilitates **equal access** to quality services.
3. Assures availability and access to effective evidence-based services where programs and opportunities are designed to promote **choice** and responsibility tailored to the strengths and needs of the individual.
4. Effectively plans, evaluates, and monitors the system to assure **accountability** for the most effective and efficient management of resources.

Values

Respect for Individuals

St. Clair County CMH cannot succeed without people. It is people who give the Agency its meaning and it is people who make it work. St. Clair County CMH believes in the idea that treating all people well — with dignity, respect, equality, and with expectations of growth and development — is fundamental to assuring the provision of excellent services.

Integrated Health

St. Clair County CMH recognizes that behavioral health and physical health are interdependent and must work together to promote recovery. CMH practitioners serve as part of a comprehensive and integrated team empowering individuals served to exercise self-determination toward holistic health and recovery on their way to Healthy Minds & Healthy Bodies.

Community Commitment

St. Clair County CMH believes that accountability to and responsibility for the local community is essential and will strive to develop partnerships that create opportunities, takes measured risks, advances creativity, and challenges the status quo.

Positive and Effective Environment

St. Clair County CMH is committed to a healthy, safe, and productive work environment that recognizes everyone affiliated with the Agency is a valuable team member who can offer perspective and insight to improving the quality of our support to individuals receiving CMH services.

We believe in the continual personal and professional improvement of team members and improvement of treatment opportunities through evidence-based and promising practices. Because responsible innovation and creativity are key to balancing Agency requirements with the unique needs and circumstances of individuals receiving services, we favor modifying our policies, procedures and practices as necessary.



*Reviewed by the Advisory Council
June 26, 2019*

*Revised by the CMH Board of Directors:
November 18, 2014; August 6, 2019*

*Approved by the CMH Board of Directors:
April 5, 2022*

Program: _____

NOTE: Form CANNOT be used to extend privileging dates.

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