

<b>CHAPTER</b> Administrative	<b>CHAPTER</b> 01	<b>SECTION</b> 002	<b>SUBJECT</b> 50
<b>SECTION</b> Operations		<b>DESCRIPTION</b> Provider Enrollment Privileging and Credentialing	
<b>WRITTEN BY</b> Lauren J. Emmons, ACSW COO	<b>REVISED BY</b> Lisa Ruddy, MPH, QI Supervisor & Amy Morrison, BS, Human Resources Supervisor		<b>AUTHORIZED BY</b> Brooke Sankiewicz, LMSW, CADC, CEO

**APPLICATION:**

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input checked="" type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input checked="" type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input type="checkbox"/> Volunteers	<input type="checkbox"/> Person Served		

**POLICY:**

Lapeer County Community Mental Health (LCCMH) maintains written procedures for provider credentialing and re-credentialing for the service delivery network. All providers, whether organizational or professional practitioner, desiring to provide billable services, must be enrolled as a qualified provider within the LCCMH Provider Network.

**STANDARDS:**

- A. The credentialing process ensures the appropriate selection and evaluation of qualified providers to participate within the provider network service delivery system.
- B. The PIHP is responsible for the oversight of the credentialing and re-credentialing decisions made by LCCMH. LCCMH and its subcontract providers will have a credentialing and re-credentialing policy in full compliance with Region 10 Credentialing and Privileging Policy (#01.06.05) and subcontracted providers will be monitored for compliance by Region 10.(42 CRF 438.230)
- C. Legal Authority and References: 42CFR Subpart B; 42 CFR 455.104-1-6

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- D. LCCMH must follow Region 10 Prepaid Inpatient Health Plan (PIHP) Policies for privileging and credentialing activities in accordance with 42 CFR 438.214.
- E. The PIHP reserves the right to validate the primary source verification, the licensure, registration, or certification of each individual credentialed by an organizational provider, and may confirm 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's contract.
- F. The PIHP audits LCCMH credentialing files, medical records, and billing claims to ensure compliance with the Region 10 Credentialing and Privileging Policy. Adverse audit results may result in repayment of reimbursement for services provided by noncompliant staff, or termination of the provider contract.
- G. 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 they retain the right to approve, suspend, or terminate providers from participation in Medicaid and other funded services.
- H. Region 10 completes an annual review of Network Providers 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 met.

LCCMH and Provider Network Organization Standards:

- A. LCCMH and subcontract agencies are required to report to MDHHS, the Attorney General or appropriate authorities within five (5) working days of identified or know issues via Office of Inspector General (OIG) database searches (such as : exclusions or criminal convictions for offenses described under Section 1128 of the Social Security Act) and take any administrative action limiting a provider's participation in the Medicaid Program, including any provider entity conduct resulting in suspension or termination from the PIHP or provider network. If the issue is determined to have criminal implications, a law enforcement agency must also be notified. Documentation of any such reporting will be placed in the provider's credentialing file.

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B. LCCMH 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:

1. LCCMH and the Provider Network is required to disclose information about individuals with ownership or control interests in the CMH/Provider Organization.
2. LCCMH and the 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. LCCMH and the Provider Network must comply with the federal regulations to obtain, maintain, disclose and furnish required information about ownership and control interests, business transactions, and criminal convictions as specified in 42CFR (Part) 455.104-106. Conflict of Interest Attestations/Disclosures will be completed at the following intervals:
  - a. when the provider submits a provider application;
  - b. upon execution of the provider agreement;
  - c. during re-credentialing or re-contracting;
  - d. within thirty (30) days of any change in ownership of a disclosing entity.
  - e. upon request of the Medicaid agency during the revalidation of enrollment process under §455.414

C. LCCMH and the Provider Network must not employ or contract with providers excluded from participation due to:

1. Officer, director, partner with LCCMH or managing employee who has 5% or more controlling interest in the entity (CFR438.610); Where applicable, LCCMH will 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 CFR sections 455.104-106.
2. Organization or practitioners with license revocations or suspensions (disbarment);
3. Sanction 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](http://www.michigan.gov/mdhhs/0.5885.7-339-71551_2945_5100-16459--00.html)
4. Individuals with employment, consulting or other arrangement with LCCMH for the provision of items or services t significant and material to LCCMH obligation under its contract with the state (CFR 438.610);

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5. Federal health care programs under Social Security Act 1128 & 1128A.

D. LCCMH must notify the PIHP within seven (7) days of any change in the composition of LCCMH Provider Network Organizations effecting adequate capacity and covered services. The PIHP then must notify the MDHHS Contract Manager of any substantial changes affecting adequate provider network capacity once notified by the provider.

E. Credentialing and Privileging Processes must be nondiscriminatory against providers serving high-risk populations or specialize in the treatment of conditions requiring costly treatment (42 CFR 438.214).

F. Credentialing and Privileging processes must be nondiscriminatory against the practitioner solely on the basis of license, registration or certification who serves high-risk populations (42 CFR 438.12).

**NOTE:** The above nondiscrimination clauses do not require LCCMH Provider Network Panel providers to contract with providers beyond the number necessary to meet the needs of its plan beneficiaries.

G. 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, suspension, terminations, sanctions and appeals. Processes must ensure credentialing information is confidential.

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

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

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

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

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

M. Provider organizations must maintain and have available for External Audit Review, a file for each credentialed provider containing:

1. The initial and subsequent credentialing applications
2. Information from primary source verifications
3. Any other pertinent information used in determining whether or not a provider meets the PIHP credentialing standards.

N. LCCMH and Network Provider Organizations must maintain a file for each provider not appointed or reappointed to the LCCMH Provider Network.

O. LCCMH must have a Credentialing Committee to implement and oversee credentialing and privileging activities.

P. LCCMH and Network Provider Organizations provide credentialing and must maintain a credentialing policy or procedures aligning with Region 10 PIHP Credentialing and Privileging Policy (#01.06.05).

Q. LCCMH must provide notification to the PIHP in writing within seven (7) calendar 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 Financial Officer
3. Chief Information Officer
4. Medical Director
5. Clinical Director
6. Quality Improvement Director
7. Compliance Officer
8. Recipient Rights Officer/Advisor

R. Organizations and practitioners are enrolled as a provider PRIOR to payment of any billable PIHP benefit plan service.

1. Practitioners providing or directly overseeing billable clinical services for LCCMH are required to undergo credentialing and privileging. Practitioners must not provide care to any LCCMH person served until they have received privileges in accordance with this policy. There must be, at minimum, approved provisional credentialing in place prior to services being provided.

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2. 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 LCCMH 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 CMHSP). In both scenarios, the delegated CMHSP must ensure the out-of-network purchase of services contract addresses:
  - a. All PIHP billable Medicaid services can only be provided to an appropriately credentialed practitioner(s).
  - b. Clarification that all encounter services provided be directly transmitted to the Region 10 PIHP for MDHHS processing and cost reporting encounter/billing compliant format.
3. 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, including the Michigan Certification Board for Addiction Professionals (MCBAP) standards for Substance Use Disorder (SUD) Credentialing. In addition, where applicable, Quality Assessment and Performance Improvement Program (QAPIP) information relating to Provider Network Management, must be considered.

S. LCCMH will 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 LCCMH Network Provider Registry. If lapsed for more than 60 days, no payment will be made for the lapsed period until an updated credentialing application has been submitted and received by the applicable credentialing committee and updated in the LCCMH Network Provider Registry and OASIS database system.

T. Credentialing of paraprofessionals is not required with the exception of substance use providers certified by MCBAP, recovery coaches and certified peer support staff. Where applicable, provider organizations are to have an internal process ensuring 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 PIHP beneficiary. All staff must have all required MDHHS trainings within 30 days of hire or transfer to an applicable

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position unless otherwise specified. During the training period, staff must be under the direct supervision of staff members who are fully trained.

Documentation of training and supervision must be on file by the provider. At a minimum, paraprofessional training consists of the following curricula areas:

1. Recipient Rights & Complaint Process;
2. First Aid (certificate required within 90 days of hire);
3. Population-specific services including training on the Individual Plan of Service
4. Residential training (MDHHS approved curriculum for residential direct care workers);
5. Behavioral management (if applicable to the staff person's caseload)
6. Universal Precautions / Blood Borne Pathogens / Infection Control
7. Emergency Preparedness Procedures

U. LCCMH has internal processes in place and monitors the provider network to ensure all paraprofessional staff have a criminal background review PRIOR to contract/employment by any provider organization and the person is found to be in "good standing" with the law.

V. LCCMH 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 affecting adequate capacity and covered services.

## **PROCEDURES**

### **A. New Organizations**

1. Organizational Provider Applicant
  - a. Completes the Organizational Application 170. This form may be obtained from the LCCMH Contract Management Department.
  - b. Submits completed Organizational Application along with required primary source verification documentation to the LCCMH Contract Management Department for review by LCCMH Privileging and Credentialing Committee.

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2. Contracts Manager

- a. Reviews the submitted application for accuracy, verifies primary source information and completes due diligence review.
- b. If there is any documentation missing or an incomplete application, the contracts manager reaches out to the provider to obtain the needed information.
- c. Presents the submitted and reviewed application to the LCCMH Privileging and Credentialing Committee for review at the next scheduled meeting.
- d. LCCMH Privileging and Credentialing Committee Reviews the submitted Organizational Application.
- e. Takes action to approve or disapprove as a Provider Organization.
- f. Sends written decision of a denial to the Organization within 30 days. Denied applications are given a reason for the denial and include the appeal process.
- g. Enrolls approved application into the LCCMH OASIS Database and Provider Registry Database PRIOR to organization providing any billable PIHP Services.
- h. Updates the Provider Registry with the listing of all organizations within the Provider Network on the LCCMH Website at least every 30 days.
- i. Takes the recommendations to the Quality Council for a vote and record.

B. New Practitioners

1. Practitioner Applicant

- a. Completes (within the first 14 days of employment, but preferably on the first day of employment) the Practitioner Application (Pages 2-4), as applicable. The application may be obtained in the LCCMH Human Resources Department.
- b. Submits the entire application (all pages) and required documentation (e.g. License, certification, trainings, etc.) to the Human Resources Designee.

2. HR/Designee

- a. Reviews application for accuracy.
- b. Completes background check and a minimum of two (2) applicable primary source verification items out of the following:
  - i. State of Michigan professional license verification at <http://w3.lara.state.mi.us/free>;
  - ii. Medicare/Medicaid sanctions at <http://exclusions.oig.hhs.gov>;
  - iii. Healthcare integrity query at [www.npdb.hrsa.gov](http://www.npdb.hrsa.gov) (physicians);
  - iv. SUD Certification at [www.mcbap.com](http://www.mcbap.com) (SUD Practitioner).



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- v. Employees without verifiable licenses and certifications above must provide relevant work history of at least five (5) years or a total work history for those with less than five (5) years' experience.
  - c. Maintains all primary source documentation in employee's personnel/credentialing file.
  - d. Submits entire Practitioner Application with supporting verification documents to the LCCMH Privileging and Credentialing Committee.
- 3. Privileging and Credentialing Committee Chairperson
  - a. Reviews application and makes decision to approve or disapprove as a LCCMH Network Provider.
  - b. Assigns privileging scope of practices for approved applications. The timeframe for provisional/temporary credentials is 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 is given for up to two (2) years.
  - c. Submits completed, signed approved Practitioner Application to LCCMH Privileging and Credentialing Support Staff/designee for enrollment in the OASIS database.
  - d. Sends written decision of a denial to practitioner and practitioner's supervisor within 30 days of receipt of application.
 

**NOTE:** It is not necessary for the credentialing agency to submit any of the provider's background/supporting documentation directly to the PIHP Credentialing support staff; however, this information must be maintained on file and submitted for audit purposes if requested.
  - e. Takes the recommendations to the Quality Council for a vote and record.
- 4. Provisional Privileged Practitioner
  - a. Completes required trainings and/or submits other required documentation to supervisor at earliest possible date PRIOR to provisional credentialing end date. The application is re-submitted to the Credentialing Committee for full credentialing privileges once all requirements are met.
    - I. Provisional privileges cannot be extended beyond 150 days.
    - II. The PIHP will not pay for services when credentials or privileges have expired.
  - b. Credentialing and privileging status is: Full, Probationary, Suspended or Revoked, which may include disciplinary actions.

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5. Supervisor/HR/Designee
  - a. Completes Supervisory Recommendations section of the Practitioner Application.
  - b. Submits the fully completed Practitioner Application for full credentialing privileges (all Pages) with supervisory recommendations to the designated credentialing committee/designee
6. LCCMH Privileging and Credentialing Committee
  - a. Reviews Practitioner Application and makes a decision to approve or disapprove for full credentialing privileges.
  - b. Updates timeframe for full privileges. **NOTE:** Provisional and full privileges combined may NOT exceed two (2) years.
  - c. Sends written decision of a denial to practitioner and supervisor within 30 days of decision. **NOTE:** Denied Privileges are given reason for denial and appeal process.
  - d. Submits completed, signed Practitioner Application to LCCMH Privileging and Credentialing Support Staff for Provider Registry updates.
  - e. Takes the recommendations to the Quality Council for a vote and record.

### C. Re-Credentialing Organizations

1. Organization Provider/Applicant
  - a. Completes a new Organizational Application Form at least 60 days prior to the organizations expiration of privileges. This form can be obtained from the LCCMH Contract Manger/Designee
  - b. Submits completed Organizational Application along with required primary source verification documentation to the LCCMH Contract Manager.
2. Contract Manager
  - a. Reviews the submitted application for accuracy, verifies primary source information and completes due diligence review.
  - b. If there is any documentation missing or an incomplete application, outreach is made to the provider to obtain the needed information.
  - c. Presents the submitted and reviewed application to the Privileging and Credentialing Committee for review at the next scheduled meeting.
3. LCCMH Credentialing Committee
  - a. Reviews the submitted Organizational Application
  - b. Takes action to approve or disapprove the applicant as a Provider Organization

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- c. Sends written decision of a denial to Organization within 30 days.  
**NOTE:** Denied applications are given reasons for denial and include the appeal process
- d. Takes the recommendations to the Quality Council for a vote and record.
- e. LCCMH must update reports from the Provider Network Registry including a list of all organizations within the Provider Network on the LCCMH website at least every 30 days.

D. Re-Credentialing/change to Credentialing Practitioner

1. HR/Designee
  - a. Initiates re-credentialing application process
2. Practitioner Applicant
  - a. Completes a new Practitioner Application Form at least 60 days prior to the practitioner's expiration of privileges or when requesting additional credentials. This form is obtained from the HR/Designee.
  - b. Submits the entire application (all pages) and required documentation (e.g. License, certification, trainings etc.) to HR/Designee.
3. HR/Designee
  - a. Reviews application for accuracy.
  - b. Completes applicable areas of the application, signs and dates.
  - c. Submits completed application to designated credentialing committee.
4. LCCMH Privileging and Credentialing Committee
  - a. Reviews application and makes decision to approve or disapprove the individual as a provider **NOTE:** Applications received without fully completed trainings or other requirements may be granted probationary privileges and disciplinary actions may be imposed.
  - b. Sends written decision of approval or denial to practitioner and practitioner's supervisor within 30 days of receipt of application.  
**NOTE:** Denied applications are given reason for denial and appeal process.
  - c. Assigns approved application, privileging scope of practices and privileging timeframe. Timeframe for full credentialing can be given for up to two (2) years.
  - d. Takes the recommendations to the Quality Council for a vote and record.

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5. HR Designee

- a. Ensures credentialing information is forwarded to the designated Billing and Data Management staff to update the OASIS Database as applicable.

E. Appeals

1. **Organization** Submits a letter of Appeal to Enrollment or Credentialing Denial to LCCMH Contracts Manager to forward to the Credentialing Committee Chairperson within 10 working days of date printed on the letter notification of adverse action.
2. LCCMH Privileging and Credentialing Committee Chairperson addresses the appeal with the privileging committee and renders a written response to appellant within 10 working days of the meeting.
3. **Practitioner** Submits a letter of Appeal to Enrollment or Credentialing Denial to LCCMH Privileging and Credentialing Chairperson within 30 days of adverse decision document date.
4. LCCMH Privileging and Credentialing Chairperson addresses appeal with the privileging committee and renders a written response to appellant within 10 working days of receipt of appeal request.

F. Disenrollment

1. Notify the PIHP within 5 days of disenrollment. For SUD Staff, supervisor must also complete and submit the PIHP MIX Disenrollment form (found in the forms folder at [www.region10pihp.org](http://www.region10pihp.org) to Region 10
2. Submit to LCCMH Credentialing Committee within 5 days of activity, written notification of provider organization and/or provider practitioner termination of service(s) end date for disenrollment in the LCCMH Provider Registry and OASIS Database.

**DEFINITIONS:**

- A. Appeal: The process by which an organization or practitioner may ask for a review of an adverse decision regarding credentialing or privileging.
- B. Applications: CMHSP's must use the PIHP Privileging and Credentialing application found on the Region 10 PIHP website may not delete any items or change the formatting of the PIHP application other than to add an agency logo or additional pages if desired.
- C. Certificate of Licensure: Document issued by State of Michigan as evidence of authorization to practice and use a designated title.

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- D. Certificate of Registration: Document issued by State of Michigan as evidence of authorization to practice and use a designated title.
- E. Credentialing: The process of reviewing, evaluating and verifying organization and individual qualifications to provide services in the LCCMH 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 LCCMH Credentialing Provider Registry Database.
- a. Individual Credentialing: The process of reviewing, evaluating and verifying a professional's qualifications and background (e.g., education, training, clinical experience, licensure, board and/or other certification, other relevant credentials, malpractice history and/or disciplinary actions. Medicare/Medicaid status) to establish the presence of the specialized professional background required for employment or contracting in the Region 10 Provider Network, including the directly operated provider. The result of individual credentialing is the individual is determined to have met the stated criteria.
  - b. Organizational Credentialing: The process of reviewing, evaluating, and verifying a provider's legal status, accreditation status, Medicaid/Medicare compliance status, and qualifications of staff for membership in the Region 10 PIHP Provider Network. The result of organizational credentialing is the provider is determined to have met Region 10's stated credentialing criteria for membership in its network.
  - c. Organizational Providers: Entities under contract with the PIHP directly employing and/or contracting with individuals to provide specialty services and supports. Examples of organizational providers include, but are not limited to: CMHSP's, hospitals, psychiatric hospitals, partial hospitalization programs, substance use disorder providers, case management programs, assertive community treatment programs and skill building programs.
  - d. Organization Registry: The PIHP and the CMHSP's are required to maintain a mechanism for tracking of all practitioners and organizations within their provider network. This information will be updated monthly and available for public access and/or viewing on the agency website.
- F. Privileging: The process for determining whether or not an individual (employee or contractor) has sufficient competencies to perform the specific services or

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procedures requested as an employee or contractor within the Region 10 Provider Network. The result of privileging is the individual is granted clinical privileges to deliver specific services within a defined scope of practice.

- G. Cultural Competency: A set of skills, behaviors, knowledge, attitudes, and policies coming together in a system, agency, or among professionals and enables the system, agency, or those professionals to work effectively in cross-cultural situations.
- H. Deemed Status: For the purposes of this policy, means accepting the privileging and credentialing process of another entity [e.g., a hospital, an alternate PIHP/Community Mental Health Service Provider (CMHSP), etc.] in lieu of completing the LCCMH Privileging and Credentialing process, as adequate in issuing privileges to perform services within the Region 10 PIHP based upon the organization having had their privileging and credentialing policies and processes being approved by an accrediting body [e.g., Commission on Accreditation of Rehabilitation Facilities (CARF), etc.] and being either certified by the Michigan Department of Health and Human Services (MDHHS) or approved by a state licensing body. When using Deemed Status, the provider organization is responsible to keep a current copy of all necessary credentialing information (scope of credentials, primary source verification, etc.) on site in a single credentialing file.
- I. Delegation: For the purposes of this policy, authority given by Region 10 PIHP to provider CMHSP/SUD Providers to contract with other providers (organization and practitioners) and perform credentialing functions on behalf of PIHP.
- J. Due Diligence: The process and selection criteria the agency providing network management functions will utilize to determine the qualifications of an organization; e.g., accreditation, licensure, exclusion from sanctions.

**[NOTE:** It is not necessary for the LCCMH credentialing committee to submit any of the provider’s background / supporting documentation directly into the PIHP; however, the agency must have this review information on file. The credentialing committee must provide written notification and attestation to the PIHP it has conducted a due-diligence review, approved the site as meeting health, safety and handicap criteria, and the provider was assessed to be compliant with the PIHP’s network enrollment standards, at the time of approving the network enrollment application.].

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- K. Enrollment: The process of formally endorsing an organization or practitioner provider for inclusion on the LCCMH and PIHP provider panel. All providers are considered to be enrolled after they have:
- Been approved for contracting by LCCMH.
  - Formally endorsed by the LCCMH Privileging and Credentialing committee and Quality Council.
  - Application profile information entered into the Organizational Provider Registry and OASIS database systems.

- L. Full Privileges: The credentialing and privileging status of a provider satisfying all requirements of the provisional credentialing and privileging process. This is the step process for new enrollment into the Provider Registry and OASIS database systems.

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

- Gender Competency Training Requirements: Practitioner
  - Must have a minimum of 8 semester hours, or the equivalent, of gender specific substance use disorder training;

OR

- 1080 hours of supervised gender specific substance use disorder training (field experience);
- Those not meeting the requirement must be supervised by another individual working within the program, and be working towards meeting the requirements;

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- Documentation of trainings is required to be kept in personnel files.
- N. Gender Competent Program: SUD provider organizations with gender specific SUD programs and at least one-practitioner meeting state required gender competency qualifications.
- O. 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 it is consistent with the PIHP policy.
- P. National Provider Identifier (NPI): A standard unique identifier for healthcare providers as required in the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The NPI is a ten-digit identifier, which does not expire. Use of a nationally assigned NPI will be required for all electronic healthcare transactions. There are two types of NPIs, a personal identifier and an organizational identifier. Each individual provider will have one and only one NPI since they do not expire. The NPI can be found at [www.npinumberlookup.org](http://www.npinumberlookup.org).
- Q. Organization / Organizational (or Institutional) Provider: An independent state licensed or certified agency hiring behavioral health practitioners to provide mental health or substance abuse services.
- R. Paraprofessional: Non-degreed / staff positions, which include, but are not limited to: support assistants, direct care workers and aides. The PIHP does not require credentialing of paraprofessionals with the exception of substance abuse providers certified by MCBAP and certified peer support staff.
- S. Practitioner / Practitioner Provider: Behavioral health professionals who are licensed and recognized by the State to practice independently, including but not limited to: psychiatrists and physicians; doctoral and/or master level psychologists; master level clinical social workers; master level professional counselors, and ancillary care professionals such as occupational therapists, physical therapists, speech pathologists, nurses, etc.,

OR

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

OR



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- For practitioners within the PIHP substance use disorder provider network, a degreed and non-degreed staff certified by the Michigan Certification Board for Addiction Professionals (MCBAP) as substance abuse counselors via their attainment of specific credentials (e.g., CADC, etc.) or have on file with MCBAP a "Development Plan".

**See Exhibit A** for a detailed list of practitioner classifications credentialed by Region 10 PIHP.

- T. 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/Healthcare Integrity and Protection Data Bank [NPDB/HIPDB], other regulatory agencies or data sources including. Verification is required to ensure:
- Graduation from an accredited professional school or highest training program applicable to the academic degree, discipline, licensure or registration of the healthcare practitioner;
  - Valid Drug Enforcement Administration (DEA) or Controlled Dangerous Substance (CDS) certificate, as applicable;
  - Board certification, if the practitioner states they are board certified on the application;
  - Current valid license or registration from the state or other accepted certifying body to practice as a behavioral health care practitioner at the level applicable to the privileges requested;
  - History of professional liability claims resulting in the settlements or judgment paid by or behalf of the practitioner;
  - Work history of at least previous five years (or review of full history for those with less than five years' experience) with satisfactory outcome;
  - Completion of a criminal background check in "good standing" with the law. (**NOTE**; although criminal background checks are required it is not intended to imply a criminal record must necessarily bar employment;
  - National Practitioner Databank/Healthcare Integrity and Protection Data Bank (NPDB/HIPDB) query verified at [www.npdb-hipdb.hrsa.gov](http://www.npdb-hipdb.hrsa.gov), or the following four items:

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- Minimum five year history of professional liability claims resulting in a judgment or settlement;
- Disciplinary status with regulatory board or agency - verified at; [www7.dleg.state.mi.us/free](http://www7.dleg.state.mi.us/free);
- OIG/Medicare/Medicaid sanctions - verified at <http://exclusions.oig.hhs.gov>;
- Certification Verification - verified at [www.MCBAP.com](http://www.MCBAP.com).

U. Privileging: The process of determining whether or not an individual (employee or contractor) or organization has sufficient competencies (i.e. licensure, credentials, expertise and past performance) to perform the specific services or procedures requested as an employee or contractor. The process is also known as appointment or reappointment. The result of privileging is an individual or organization is granted clinical privileges to deliver specific services within a defined scope of practice.

Privileging types:

- Provisional / Temporary (up to first 150 days)
- Full (after provisional)
- Additional
- Probationary

V. Probationary Privileges: When a provider with full credentials is found to have performance and/or compliance issues requiring corrective action but do not rise to a threshold necessitating suspension or revocation, the provider's privileges can be amended via the provider being classified with probationary credentials.

The terms of the probation may vary across situations and may include:

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

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

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- X. Provisional or Temporary Privileges: The process of credentialing and privileging a provider on an interim basis (up to 150 days) until a due-diligence and primary source verification review can be conducted by LCCMH credentialing committee on behalf of the PIHP.
- Y. Re-credentialing: The process of resubmitting a provider “enrollment and credentialing” application form into the applicable credentialing committee for evaluation and verification the provider remains qualified to perform specific services in the LCCMH and PIHP provider network. Providers will be re-credentialed at least every two (2) years or more frequently if their licensure and/or certification changes in a manner impacting their professional scope of practice or there are practice level issues/concerns indicating a more frequent review is appropriate.
- Z. Revoked Privileges: For the purpose of this policy, revocation is the permanent removal of all privileges. The practitioner or organization is thereby unable to provide any services for LCCMH or the PIHP.
- AA. Suspended Privileges: For the purpose of this policy, suspension is the temporary removal of some or all privileges. The practitioner or organization is thereby unable to provide any services for LCCMH or the PIHP during the suspension period.
- BB. Women’s Specialty Services: A treatment program meeting the requirements specified in 45 CFR part 96, which requires treatment programs receiving funding from the substance abuse treatment Block Grant set aside for pregnant women and women with dependent children must also offer to provide or arrange for all of the following:
- Primary medical care for women, including referral for prenatal care if pregnant, and while the women are receiving such services, childcare for their dependent children;
  - Primary pediatric care, including immunizations for their children;
  - Gender competent specific substance abuse treatment and other therapeutic interventions for women, which may address issues of relationships, sexual and physical abuse, parenting, and childcare;
  - Therapeutic interventions for children in custody of women in treatment, which may, among other things, address their developmental needs, issues of sexual and physical abuse, and neglect;
  - Sufficient case management and transportation to ensure women and their dependent children have access to the above-mentioned services.
- NOTE:** Michigan Law extends priority populations status to men whose children have been removed from the home or are in danger of being removed. Men who are shown to be the primary caregivers for their

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children are also eligible to access ancillary services as outlined above.

The Region 10 Coordinating Agency (CA) may fund these services via a program designated by MDHHS as a Women’s Specialty Provider. At the discretion of Region 10, funding for those programs deemed Gender Competent may also be contracted to provide above services with appropriate staff training, licensing and accreditation. Appropriate training is outlined as staff having

- Twelve (12) semester hours of gender specific substance abuse training or 2080 hours of supervised gender specific substance abuse training.

**REFERENCES/EXHIBITS:**

Region 10 Prepaid Inpatient Health Plan Credentialing and Privileging Policy (#01-06-05).  
 CARF and MDHHS Standards  
 EXHIBIT A: PIHP Practitioner Licensure and Credentialing Descriptions

AM:lr

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 This policy supersedes both  
 #12/09056 dated 12/23/2009 and  
 #12/09055 dated 12/23/2009.  
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**EXHIBIT A**

## ~Practitioner Licensure and Credential Descriptions~

The purpose of this attachment is threefold. First, it details the various professional practitioners authorized to provide billing services within the Region 10 PIHP Provider Network. Second, it details the specific credentials, licensure, and/or training required of each practitioner type. Lastly, it denotes the specific services each credentialed staff is qualified to provide within the provider network is delineated in the PIHP Clinical Protocols Manual, and professional service grid matrix contained therein.

### **Credentials:**

1. Psychiatrist (MD, DO) – An individual with a minimum possession of a medical degree from an accredited school of medicine, possession of a license to practice medicine or osteopathic medicine and surgery in Michigan, and Board eligibility or Board certification by the American Board of Psychiatry of Neurology.
2. Physician, non-psychiatrist (MD, DO) – An individual who possesses a permanent license under Article 15 of the Michigan Public Health code to engage in the practice of medicine or osteopathic medicine and surgery, a Michigan Controlled Substances license, and a Drug Enforcement Agency (DEA) registration.
3. Psychologist (LP) – An individual with a minimum of a doctoral degree in psychology or a doctoral degree in a closely related field and possesses a full license under Article 15 of the Michigan Public Health code to engage in the practice of Psychology.
4. Psychologist (LLP, TLLP) – An individual with a minimum master degree from an institution meeting the standards provided in R338.2511(3) and is licensed under Article 15 of the Michigan Public Health code to engage in the practice of psychology.
5. Physician Assistant (PA-C) – An individual with a minimum Bachelor of Science degree in medicine or completion of an equivalent professional

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physician assistant program and certification as a physician assistant by the National Commission on the Certification of Physician Assistants (NCCPA) and possession of a physician assistant license issued by the Michigan Bureau of Occupational and Professional regulations Practice as a physician's assistant means the practice of medicine or osteopathic medicine and surgery performed under the supervision of a physician(s) license.

6. Mental Health/Psychiatric Nurse Practitioner (APRN-BC, MHNP, PsychNP) – An individual who holds a current and valid license to practice nursing in Michigan, has a Master of Science degree or higher in nursing, has successfully completed a formal advanced program for mental health or psychiatric nurse practitioners, is certified by the American Nurses credentialing center, and possesses a State of Michigan Nurse Practitioner Specialty Certification.
7. Nurse Practitioner (APRN-BC, ANP, FNP, PedNP) – An individual who holds a current and valid license to practice as a registered nurse in Michigan, has a Master of Science degree or higher in nursing, has successfully completed a formal advanced program for adult, family or pediatric nurse practitioners, is certified by the American Nurses Credentialing Center, and possesses a State of Michigan Nurse Practitioner Specialty Certification.
8. Licensed Marriage and Family Therapist (LMFT) – An individual licensed to engage in the practice of marriage and family therapy.
9. 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 of full-time post degree experience, or the equivalent in part-time hours, in the practice of social work under the supervision of a licensed mater'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**

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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 workers as long as they are under the supervision of a licensed master's social worker as defined in the MDHHS Social Work General Rules.

10. 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 work at the bachelor's level must be performed under the supervision of a person who has been awarded a master's or doctoral degree in social work from a college or university school of social work. During the required two-year post degree experience, the Board could grant a limited license to engage in social work practice limited to an agency, a health facility, an institution, or another entity approved by the Board. A limited license would be renewable for a maximum of six (6) years.

**OR**

Limited Licensed Bachelor's Social Worker (LLBSW) – An individual may be granted a limited license by the Board to engage in the two-year post-degree experience in the practice of social work at the bachelor's level. These individuals may function in the same manner as a licensed bachelor's social 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.

11. 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 including 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 including supervised instructional field experience).

12. Limited Social Service Technician (LSST) – The Board may grant registration as a limited social service technician to an individual who has successfully

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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 licensee 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.

13. 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.
14. 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.

15. 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.
16. 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.
17. 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.
18. Occupational Therapist (OTR) – An individual registered under Article 15 of the Michigan Public Health Code to engage in the practice of occupational therapy.



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19. 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.
20. 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.
21. Physical Therapy Assistant (PTA) – An individual who is a graduate of a physical therapy assistant associate degree program accredited by an agency recognized by the Secretary of the Department of Education or the Council on Postsecondary Accreditation. The individual must be supervised by the physical therapist licensed by the State of Michigan and must comply with the policy on Education and Utilization of Physical Therapy Assistant published by the American Physical Therapy Assoc.
22. 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.
23. 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.
24. 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 not 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)

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- Registered Nurse (RN)
- Licensed Practical Nurse (LPN)
- Licensed Psychologist (LP)
- Limited Licensed Psychologist (LLP)
- Temporary Limited Licensed Psychologist (TLLP)
- Licensed Professional Counselor (LPC)
- Temporary Limited Licensed Professional Counselor (TLLPC)
- Licensed Masters Social Worker (LMSW)
- Limited Licensed Masters Social Worker (LLMSW)
- Licensed Bachelors Social Worker (LBSW)
- Limited Licensed Bachelors Social Worker (LLBSW)

**AND** the individual has a registered development plan leading to certification and they are timely in its implementation (Developmental Plan – Counselor (DP-C) approved development plan in place);

**OR**

Who is functioning under a time-limited exception plan approved by the PIHP;  
OR

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 (CCDC-D)
- Certified Criminal Justice Professional –IC&RC (CCJP - R)

**OR** any of the following approved alternative certifications:

- For medical doctors - American Society of Addiction Medicine (ASAM)

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For psychologist: American Psychological Association (APA) specialty in addiction and has certification through The Upper Midwest Indian Counsel on Addiction Disorders (UMICAD).

25. 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.
26. Substance Abuse Treatment Supervisors – Supervisors, managers, and clinical supervisor staff of provider agencies. This represents individuals directly supervising staff at all levels. Individuals in the category must have obtained any of the following listed Michigan Certification Board for Addiction Professional (MCBAP) Certifications:
- Certified Clinical Supervisor – Michigan (CCS – M)
  - Certified Clinical Supervisor (CCS)
- 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 their implementation of a registered Developmental Plan leading to certification.
27. 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, sometimes without direct supervision.
28. Specifically, Focused Treatment Staff – This category includes Case Managers, Recovery Support Staff as well a 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.

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29. Qualified Behavioral Health Professional (QBHP) – QBHP must be BCBA Certified by 9/30/2020 and meet one (1) of the following requirements: Must be a physical or licensed practitioner with specialized training and one (1) year experience in the examination, evaluation, and treatment of children with ASD; **OR** hold a minimum of a master’s degree in a MH related field or a BACB approved degree category who is trained and has one (1) year of experience in the examination, evaluation and treatment of children with ASD and works within their scope of practice.
30. Qualified Mental Health Professional (QMHP) – An individual who has specialized training or one (1) year of experience in treating or working with a person who has mental illness; and is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech pathologist or audiologist, registered nurse, therapeutic recreation specialist, licensed or limited licensed professional counselor or physician’s assistant. A QMHP can also be an individual with a human services degree hired and performing in the role of QMHP prior to January 1, 2008.
31. Qualified Mental Intellectual Disability Professional (QIDP) – An individual who meets the qualifications under 42CFR.438.430. A QIDP is a person who has specialized training or one (1) year of experience in treating or working with a person who has an intellectual disability; and is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech pathologist, audiologist, registered nurse, therapeutic recreation specialist, licensed or limited licensed professional counselor. A QIDP can also be an individual with a human services degree hired and performing in the role of QIDPP prior to January 1, 2008.
32. Certified Peer Support Specialist (CPSS) and Certified Youth Peer Support Specialist (CYPSS) – 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 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

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provider for that service. Peer Specialists who provide covered services without supervision must meet the specific provider qualifications.

33. Child Mental Health Professional (CMHP) – A person who is trained and has one year of experience in the examination, evaluation, and treatment of minors and their families and who is either a physician, psychologist, licensed professional counselor or registered professional nurse; or a person with at least a bachelor’s degree in a mental health-related field from an accredited school who is trained, and has three years of supervised experience in the examination, evaluation, and treatment of minors and their families; or a person with at least a master’s degree in a mental health-related field from an accredited school who is trained, and has one year experience in the examination, evaluation, and treatment of minors and their families. For the Autism Benefit, must have a minimum of master’s degree and one year of experience in the evaluation and treatment of children with Autism Spectrum Disorder (ASD)
34. Family Psychoeducation (FPE) – Successful completion of MDHHS approved FPE Certification training.
35. 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 to remove barriers and support a recovery lifestyle in the home and social networks of the person served. These staff focus on helping the individual develop a life of self-sustained recovery within their family and community. Training and/or certification are required. **NOTE:** This is an SUD provider credential.
36. Certified in SUD Prevention (CPC-R, CPC-M, CPS-R, MCBAP Plan, or CHES) Prevention Professionals – Commonly referred to as program coordinators, prevention specialists or consultants, or community organizers. This represents staff responsible for implementing a range or variety of prevention plans, programs and services. Individuals in this category must have obtained any of the following listed Michigan Certification Board for Addiction Professionals (MCBAP) certifications:
- Certified Prevention Specialist – Michigan (CPS – M)
  - Certified Prevention Consultant – Michigan (CPC – M)
  - Certified Prevention Specialist – (CPS)

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- 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 Developmental Plan leading to certification.

37. 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 Developmental Plan leading to certification.

38. 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 appropriately addressing gender differences and enhance positive outcomes for the population. Gender competence can be a characteristic of anything from individual knowledge and skills, to teaching, learning and practice environments, literature and policy. Those treatment programs engaged in the practice of gender competence will be providing specialized programming, focused not only on substance abuse, but also, for example, on trauma, relationships, self-esteem, and parenting. Staff serving this population should have training in women’s issues relating to the previously mentioned programming areas, as well as HIV/STIs, family dynamics, and potentially child welfare.

39. 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.

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

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41. Infant Mental Health Specialist (IMH) – A person with a bachelor’s or a 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.
42. Trauma Focused Cognitive Behavior Therapy (TFCBT) – Clinical staff who have completed MDHHS approved TFCBT 3-4 day training.
43. Board Certified Behavior Analyst (BCBA) – LP’s and LLP’s with extensive knowledge and training in Applied Behavior Analysis.
44. Board Certified Assistant Behavior Analyst (BCaBA) - Bachelor level professional with a BCaBA Certification via specific training and working under the supervision of a BCBA.