

### **PNC Purpose Statement**

This Council's purpose is to discuss and prioritize issues related to the CMHOC Provider Network. This type of forum will ensure that there is a common and consistent message going out from CMHOC to the provider network.

#### **1. Welcome, Introductions and Overview**

*Bill Phelps, Program Coordinator, Contracts and Training*

- a. Results of Pre-Meeting Survey
  - i. 18 Provider responses – common themes added to the agenda:
    1. Direct Care Wage Information
    2. Claims/Billing/Authorizations
    3. Contract/LRE updates

#### **2. Genoa Pharmacy**

*Jacob Golin, Pharmacy Site Manager*

- a. Primary purpose of Genoa services is to drive medication adherence
  - i. See adherence statistics below
  - ii. Medication packaging
  - iii. Frequent communication with physicians
- b. Flu and Covid vaccines are available – walk-ins welcome!
  - i. Expect a wait of 15 – 20 minutes for paperwork and vaccine prep
- c. To contact us, call 616-499-3197

#### **3. Training Requirements**

*Bill Phelps, Program Coordinator, Contracts and Training*

- a. Attachment I/Training Updates
  - i. We are entering the new Fiscal Year and Year 2 of the standard boilerplate contract
    1. Attachment I will be reviewed for necessary updates
    2. Please send any training revision questions or suggestions to Bill at [bphelps@miottawa.org](mailto:bphelps@miottawa.org)

#### **4. Recipient Rights Updates**

*Briana Fowler, Director of Recipient Rights*

- a. Timely Recipient Rights Training Completion for New Hires
  - i. Staff must take this training within the first 30 days of hire
- b. In-person classes offered monthly by CMHOC
  - i. Online option is still available through [ImprovingMIpractices.org](http://ImprovingMIpractices.org), but proof of completion must be retained by Provider for staff who attend this version of Recipient Rights training for audit purposes
  - ii. Please let us know if you need instructions or have issues registering for either of these options

#### **5. Fiscal Updates/Financial Considerations**

*Nicholas Sall, Assistant Finance Manager*

*Laura Peterson, Provider Compliance and Billing Supervisor*



*Krystal Spaans, Provider Compliance and Claims Supervisor*

- a. End of Year Submission Deadlines
  - i. All submissions for 10/1/23 – 9/30/24 must be submitted no later than 10/11/24
  - ii. Any dates of service beginning 10/1/24 must be submitted in a separate PCNX batch
- b. Outstanding/Disputed Claims
  - i. Anything that cannot meet the above deadline must be submitted to the GIVA helpdesk via a single excel file
  - ii. [cmhocfinance@miottawa.org](mailto:cmhocfinance@miottawa.org)
- c. Clean Claims
  - i. Submit within 60 days of a rendered service, and 90 days from the date of a primary remittance advice
  - ii. Review claims for:
    - i. Performing Provider
    - ii. Appropriate Modifiers
    - iii. Authorized Codes
    - iv. Authorization Number
- d. GIVA
  - i. Fiscal Service Helpdesk
  - ii. Submit a ticket by emailing [cmhocfinance@miottawa.org](mailto:cmhocfinance@miottawa.org) or by logging into the helpdesk portal
  - iii. Specific users are set up for GIVA access. If tickets are created by someone other than those specific users, those tickets will fail.
  - iv. Review your contacts and let us know if you need to have users added
- e. Eligibility
  - i. Please inform us of any changes in a client's funding eligibility or coordination of benefits by emailing [cmhocfinance@miottawa.org](mailto:cmhocfinance@miottawa.org)
  - ii. Primary insurance verification must be completed at every visit
  - iii. Medicaid is always the payer of last resort
  - iv. Use the CHAMPS Medicaid eligibility site to confirm coverage, monthly
- f. ATP (Ability To Pay)
  - i. For clients who do not have active Medicaid
  - ii. ATP determines the amount if any a client is responsible for based on a sliding scale.
  - iii. Complete ATP annually or whenever there is a change in income or dependents reported
  - iv. Claims/billing submitted for clients with no active Medicaid or ATP may be denied

## **6. Credentialing and OIG Updates**

*Amy Avery, Program Evaluator*

- a. Clinical Application
  - i. Filled out when you want to add a provider to our system for billing
  - ii. Be sure to complete the clinical application in full to avoid delays in credentialing process

- iii. Substance Use providers have a unique Clinical Application
- b. Criminal Background Checks
  - i. Newer requirement as of 2023
  - ii. Prior to hire criminal background checks and sex offender registry checks must be run
- c. Sanction Checks
  - i. Office of Inspector General (OIG)
  - ii. System for Award Management (SAM)
  - iii. List of Sanctioned Providers
- d. Record Keeping
  - i. Be sure all records are electronically date-stamped
    - i. See credentialing presentation below for instructions
  - ii. Keep all records for MDHHS, LRE, or CMHSP audits
- e. MDHHS Provider Credentialing Process
  - i. Re-credentialing must be done every two years
- f. CMHOC Credentialing Policy
  - i. [Behavioral Health and Developmental Disabilities Administration, Provider Credentialing \(michigan.gov\)](https://www.michigan.gov/behavioralhealth/0,4570,7-323_7-324_7-325_7-326_7-327_7-328_7-329_7-330_7-331_7-332_7-333_7-334_7-335_7-336_7-337_7-338_7-339_7-340_7-341_7-342_7-343_7-344_7-345_7-346_7-347_7-348_7-349_7-350_7-351_7-352_7-353_7-354_7-355_7-356_7-357_7-358_7-359_7-360_7-361_7-362_7-363_7-364_7-365_7-366_7-367_7-368_7-369_7-370_7-371_7-372_7-373_7-374_7-375_7-376_7-377_7-378_7-379_7-380_7-381_7-382_7-383_7-384_7-385_7-386_7-387_7-388_7-389_7-390_7-391_7-392_7-393_7-394_7-395_7-396_7-397_7-398_7-399_7-400_7-401_7-402_7-403_7-404_7-405_7-406_7-407_7-408_7-409_7-410_7-411_7-412_7-413_7-414_7-415_7-416_7-417_7-418_7-419_7-420_7-421_7-422_7-423_7-424_7-425_7-426_7-427_7-428_7-429_7-430_7-431_7-432_7-433_7-434_7-435_7-436_7-437_7-438_7-439_7-440_7-441_7-442_7-443_7-444_7-445_7-446_7-447_7-448_7-449_7-450_7-451_7-452_7-453_7-454_7-455_7-456_7-457_7-458_7-459_7-460_7-461_7-462_7-463_7-464_7-465_7-466_7-467_7-468_7-469_7-470_7-471_7-472_7-473_7-474_7-475_7-476_7-477_7-478_7-479_7-480_7-481_7-482_7-483_7-484_7-485_7-486_7-487_7-488_7-489_7-490_7-491_7-492_7-493_7-494_7-495_7-496_7-497_7-498_7-499_7-500_7-501_7-502_7-503_7-504_7-505_7-506_7-507_7-508_7-509_7-510_7-511_7-512_7-513_7-514_7-515_7-516_7-517_7-518_7-519_7-520_7-521_7-522_7-523_7-524_7-525_7-526_7-527_7-528_7-529_7-530_7-531_7-532_7-533_7-534_7-535_7-536_7-537_7-538_7-539_7-540_7-541_7-542_7-543_7-544_7-545_7-546_7-547_7-548_7-549_7-550_7-551_7-552_7-553_7-554_7-555_7-556_7-557_7-558_7-559_7-560_7-561_7-562_7-563_7-564_7-565_7-566_7-567_7-568_7-569_7-570_7-571_7-572_7-573_7-574_7-575_7-576_7-577_7-578_7-579_7-580_7-581_7-582_7-583_7-584_7-585_7-586_7-587_7-588_7-589_7-590_7-591_7-592_7-593_7-594_7-595_7-596_7-597_7-598_7-599_7-600_7-601_7-602_7-603_7-604_7-605_7-606_7-607_7-608_7-609_7-610_7-611_7-612_7-613_7-614_7-615_7-616_7-617_7-618_7-619_7-620_7-621_7-622_7-623_7-624_7-625_7-626_7-627_7-628_7-629_7-630_7-631_7-632_7-633_7-634_7-635_7-636_7-637_7-638_7-639_7-640_7-641_7-642_7-643_7-644_7-645_7-646_7-647_7-648_7-649_7-650_7-651_7-652_7-653_7-654_7-655_7-656_7-657_7-658_7-659_7-660_7-661_7-662_7-663_7-664_7-665_7-666_7-667_7-668_7-669_7-670_7-671_7-672_7-673_7-674_7-675_7-676_7-677_7-678_7-679_7-680_7-681_7-682_7-683_7-684_7-685_7-686_7-687_7-688_7-689_7-690_7-691_7-692_7-693_7-694_7-695_7-696_7-697_7-698_7-699_7-700_7-701_7-702_7-703_7-704_7-705_7-706_7-707_7-708_7-709_7-710_7-711_7-712_7-713_7-714_7-715_7-716_7-717_7-718_7-719_7-720_7-721_7-722_7-723_7-724_7-725_7-726_7-727_7-728_7-729_7-730_7-731_7-732_7-733_7-734_7-735_7-736_7-737_7-738_7-739_7-740_7-741_7-742_7-743_7-744_7-745_7-746_7-747_7-748_7-749_7-750_7-751_7-752_7-753_7-754_7-755_7-756_7-757_7-758_7-759_7-760_7-761_7-762_7-763_7-764_7-765_7-766_7-767_7-768_7-769_7-770_7-771_7-772_7-773_7-774_7-775_7-776_7-777_7-778_7-779_7-780_7-781_7-782_7-783_7-784_7-785_7-786_7-787_7-788_7-789_7-790_7-791_7-792_7-793_7-794_7-795_7-796_7-797_7-798_7-799_7-800_7-801_7-802_7-803_7-804_7-805_7-806_7-807_7-808_7-809_7-810_7-811_7-812_7-813_7-814_7-815_7-816_7-817_7-818_7-819_7-820_7-821_7-822_7-823_7-824_7-825_7-826_7-827_7-828_7-829_7-830_7-831_7-832_7-833_7-834_7-835_7-836_7-837_7-838_7-839_7-840_7-841_7-842_7-843_7-844_7-845_7-846_7-847_7-848_7-849_7-850_7-851_7-852_7-853_7-854_7-855_7-856_7-857_7-858_7-859_7-860_7-861_7-862_7-863_7-864_7-865_7-866_7-867_7-868_7-869_7-870_7-871_7-872_7-873_7-874_7-875_7-876_7-877_7-878_7-879_7-880_7-881_7-882_7-883_7-884_7-885_7-886_7-887_7-888_7-889_7-890_7-891_7-892_7-893_7-894_7-895_7-896_7-897_7-898_7-899_7-900_7-901_7-902_7-903_7-904_7-905_7-906_7-907_7-908_7-909_7-910_7-911_7-912_7-913_7-914_7-915_7-916_7-917_7-918_7-919_7-920_7-921_7-922_7-923_7-924_7-925_7-926_7-927_7-928_7-929_7-930_7-931_7-932_7-933_7-934_7-935_7-936_7-937_7-938_7-939_7-940_7-941_7-942_7-943_7-944_7-945_7-946_7-947_7-948_7-949_7-950_7-951_7-952_7-953_7-954_7-955_7-956_7-957_7-958_7-959_7-960_7-961_7-962_7-963_7-964_7-965_7-966_7-967_7-968_7-969_7-970_7-971_7-972_7-973_7-974_7-975_7-976_7-977_7-978_7-979_7-980_7-981_7-982_7-983_7-984_7-985_7-986_7-987_7-988_7-989_7-990_7-991_7-992_7-993_7-994_7-995_7-996_7-997_7-998_7-999_8000)

## 7. Contract Updates

*Bill Phelps, Program Coordinator, Contracts and Training*

- a. FY2025 Contracts
  - i. Language valid until September 2025
- b. DCW Passthrough
  - i. L Letter from MDHHS missing specific information
    - 1. Did not document which services the DCW passthrough applies to
    - 2. We need this clarification in writing before implementation can begin
- c. FY2026 Contracting Process and Boilerplate language changes
  - i. We want to give Providers ample time to prepare for contract changes
  - ii. By January we will begin reviewing contract language
  - iii. Throughout the year, please do the same and send us feedback so that we can prepare and incorporate your feedback into the regional boilerplate
- d. Business Association Agreement (BAA)
  - i. Thank you for being so responsive and helping us get these documents updated over the past few months
- e. Improving Communication
  - i. ABA Providers Quarterly Meetings
    - 1. To take place in October
  - ii. Others?
    - 1. Please reach out to Bill if you would like the same type of quarterly meeting established for other types of providers

## 8. CMH/LRE Updates

- a. Specialized Residential Services Rate Setting Initiative:

- i. This process is on hold for two reasons:
  - 1. DMHHS has not given us our budget for FY2025, so we have no finalized picture of FY2025 revenues
  - 2. LRE is projecting a 15-million dollar deficit and it is unclear at this point how it will be resolved.
- ii. Once Dr. Brashears learns what FY2025 budget is, he will use this information to determine next steps. More information was provided in email Dr. Brashears sent on 9/23. If you did not receive that email, let me know and I'll forward.
- b. CMHOC Specialize Residential Financial Assistance Program**
  - i. Dr. Brashears sent email on 9/23 with details about this program. Eligible participants are Specialized Residential AFC providers with homes within the Ottawa County boundaries. If you have not received the email, please let me know and I will forward
- c. Conflict Free Access and Planning:**
  - i. This has been placed on hold by MDHHS with no additional information given.
- d. Youth-to-Adult Transition**
  - i. Dr. Brashears and the Family Services and I/DD Teams have begun process of evaluating the CMHOC Youth-to-Adult transition process and expectations.
- e. Board and Community Education Sessions:**
  - i. Dr. Brashears has been hosting community education sessions every Friday from 12 – 1 at the James Street location. These sessions are focused on understanding the various CMH funding sources and obligations associated with them. If you have not received invites, please let me know so we can get that information to you.
- f. Dr. Brashears continues to work on completing the initial stages of the CMHOC System Look.**
  - i. The purpose of the system look is to complete a comprehensive evaluation of the following:
    - 1. Foundational Source Review:
    - 2. Outcome Review
    - 3. Structural Review
    - 4. Process Review
  - ii. Foundational Source Review has been completed and Dr. Brashears is currently working on the Outcome and the Structural Reviews. Update planned to give to the Board next week.
- g. LRE Update:**
  - i. Contract between LRE and CMH is being finalized. We have been working under contract since 2021.

## **9. Questions/Feedback**

*Bill Phelps, Program Coordinator, Contracts and Training*

- a. Ann (Autism of America) – Will the DCW Passthrough be incorporated into the unit rate or will we be tracking that and paying it out to our staff separately?**



- i. Last year we incorporated it into the unit rate, so that is the preferred option at the moment. Dr. Brashears is working on rate setting and the DCW will be part of that discussion, so that is still to be determined at this point.

#### **10. Planning for Next Meeting**

*Bill Phelps, Program Coordinator, Contracts and Training*

- a. **Next meeting: Thursday, March 27, 2025 from 1:30 until 3:00**

## September PNC Meeting Survey Results

Participating Providers: 18

Topics:

- Direct Care Worker Wage Increase: 14
- Claims/Billing: 6
- Authorizations: 5
- Credentialing/Background Checks: 4
- Contract updates: 12
- LRE Updates: 11

Satisfaction with opportunities available to interact with CMHOC:

- Strongly Agree: 9 (47%)
- Somewhat Agree: 6 (32%)
- Neither Agree or Disagree: 4 (21%)
- Somewhat Disagree: 0
- Strongly Disagree: 0

Info received was useful when providing services:

- Strongly Agree: 6 (33%)
- Somewhat Agree: 9 (50%)
- Neither Agree or Disagree: 3 (17%)
- Somewhat Disagree: 0
- Strongly Disagree: 0

Satisfaction with communication to coordinate care for mutual persons served

- Strongly Agree: 6 (35%)
- Somewhat Agree: 8 (47%)
- Neither Agree or Disagree: 3 (17%)
- Somewhat Disagree: 0
- Strongly Disagree: 0

Comments:

- Great Team!
- Counseling/Therapy
- I am new to my role and learning how we interact with your organization
- Our current Health Service Administrator reports that overall, the relationship and communication between CMHOC and (agency) has improved greatly. She appreciates the collaboration for our patients. Thank you



# FISCAL UPDATES

PROVIDER NETWORK COUNCIL (PNC) MEETING SEPT 2024  
COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY

# INTRODUCTIONS

- Nicholas Sall – Assistant Financial Manager CMH
- Krystal Spaans – Provider Compliance and Claims Supervisor
- Laura Peterson – Provider Compliance and Billing Supervisor



# AGENDA

- END OF YEAR SUBMISSION DEADLINES
- OUTSTANDING/DISPUTED CLAIMS
- CLEAN CLAIMS
- GIVA
- ELIGIBILITY
- ATP

# END OF YEAR CLAIMS PROCESSING

CLAIMS/INVOICES FOR SERVICES PROVIDED BETWEEN  
10/1/23 AND 9/30/24

MUST BE SUBMITTED BY NO LATER THAN **10/11/2024**

NOTE: Review all previously processed claims for services provided between 10/1/23 to 9/30/24 for accuracy to avoid any possible future recoupment actions

**Reminder: Any date of service beginning 10.1.2024 must be submitted in a separate PCNX batch from any dates of service in FY 2024.**

# OUTSTANDING OR DISPUTED CLAIMS

Please submit a GIVA ticket and a single Excel file of all outstanding, disputed, or claims awaiting Coordination of Benefits by the 10/11/2024 deadline.

- This file should include patient ID number, date of service(s), code(s), unit(s), and estimated liability

Any outstanding, disputed claims, resubmissions, or claims awaiting Coordination of Benefits must be submitted **no later than Friday, November 08, 2024.**

Disputed/outstanding claims not submitted by this deadline may be denied.

➤ EMAIL TO: [CMHOCFinance@miottawa.org](mailto:CMHOCFinance@miottawa.org)

# CLEAN CLAIMS

- When Submitting claims please make sure that all necessary information is included to ensure we can promptly process the claim for payment. Claim errors delay processing the claim for payment.
  - Performing Provider
  - Appropriate Modifiers
  - Authorized Codes
  - Authorization Number
- EOB's must be submitted to GIVA prior to batch submission or claim will be denied.
- Payment reminders

# GIVA

- Help Desk portal for Fiscal Services: <https://cmhoc.giva.net/home.cfm>
- GIVA Email Address:  
[CMHOCFINANCE@miottawa.org](mailto:CMHOCFINANCE@miottawa.org)
- Billing contacts should be the user set up for GIVA access.
  - Please review contacts and submit a ticket if user access is needing to be changed.

# ELIGIBILITY

- Per contract guidelines:

b) **Eligibility Monitoring:** It is the Provider's responsibility to monitor and verify funding eligibility for clients receiving services from Provider on behalf of CMHSP. This includes identifying any and all primary payors. Any changes to a client's funding eligibility or changes in a client's Coordination of Benefits must be reported to [CMHOCFINANCE@miottawa.org](mailto:CMHOCFINANCE@miottawa.org) in a timely manner.

- Primary Insurance Verification – Completed Every Visit

d) **Coordination of Benefits:** It is the Provider's responsibility to identify and seek reimbursement from any and all primary payors for services being provided on behalf of CMHSP. This may include, but is not limited to, Medicare, commercial insurance, Ability to Pay, etc. It is the Provider's responsibility to ensure that the requirements of all primary payors are followed. Medicaid is the payor of last resort.

- Medicaid Verification – Completed Monthly
  - CHAMPS

# ATP

- Any client who does not have active Medicaid should have an ATP form completed
- ATP determines the amount, if any, a client is responsible to pay
- Services are based on a sliding scale
- ATP should be updated annually or whenever consumer reports change in income or number of dependents
- If client has primary insurance, this would be billed first. Fiscal will deduct the ATP from services billed to CMH
- Clients that have claims submitted with no active Medicaid or ATP may be denied.
- Contact GIVA with questions [CMHOCFinance@miottawa.org](mailto:CMHOCFinance@miottawa.org)



THANK YOU!





**COMMUNITY  
MENTAL HEALTH**  

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**OTTAWA COUNTY**

# Credentialing

# Clinical Applications

- The date that the Program Evaluator (Amy Avery) receives the clinical application with all the attachments is the date the provider will be set up for billing.
- You will receive a confirmation email along with an approval letter once the provider has been set up for billing in Ottawa County, so please do not have your provider provide any services until this email is received as this will cause billing errors.
- In addition, if the job position requires necessary trainings/certifications (such as RBT or Recovery Coach Training, CAADC, or DP-C), professional licenses, please make sure they are attached to the application along with their highest educational transcript that they have obtained. We need to verify that they meet the qualifications before we can enter them into our system.
- Please make sure when you submit a clinical application that they are completed in their entirety. If there is any missing information on the application or missing documents, this will cause a delay in the process.

# Clinical Applications Continued

- When a provider has a license update, the day that the Program Evaluator (Amy Avery) is notified, is the day that the update is effective for billing. If they provide services using the updated billing prior to notification, then it will cause billing issues.
- If you have any further questions regarding credentialing, please refer to your specific Attachment A located on our website. If you have professionally licensed or certified staff, also refer to MDHHS's Credentialing and Re-Credentialing Processes.
- Providers will maintain policies and procedures to ensure that contracted physicians and other health care professionals (e.g., social workers, OT, etc.) are licensed by the State of Michigan and are qualified to perform their services. Providers must immediately notify the LRE and CMHSP if any license is terminated, revoked or suspended during the term of this Agreement.

## Clinical Applications Continued

- The provider will ensure that licenses and certifications are current and valid.
- The provider will ensure that support care staff who are not required to be licensed are qualified to perform their jobs.
- The provider agrees to immediately notify CMHSP of any State licensure or certification investigation.
- For SUD Providers: Organizations/programs must be licensed for SUD service provision.



# CLINICAL APPLICATION

All sections must be completed in their entirety.

The date Community Mental Health of Ottawa County (CMHOC) receives the fully completed Clinical Application is the effective date of billing for CMHOC services.

An incomplete application may result in a delay of credentialing approval and effective date.

Once an individual is credentialed and approved to provide services the agency will receive a confirmation email from the CMHOC Program Evaluator.

AGENCY NAME: \_\_\_\_\_

Provide the following service site information for the individual listed:

Service Site Name: \_\_\_\_\_

Service Site Address: \_\_\_\_\_

Service Site Phone Number: \_\_\_\_\_

## SECTION I: PERSONNEL INFORMATION

Services cannot be provided and billed until CMHOC has credentialed the individual listed.

First and Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex:  Male  Female  Unknown

Social Security Number: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Date of Criminal Background Check: \_\_\_\_\_

Date of Medicaid Sanction Checks (SAM and OIG): \_\_\_\_\_

Date of Michigan Public Sex Offender Registry Check: \_\_\_\_\_

Date of National Sex Offender Registry Check: \_\_\_\_\_

Date of National Practitioner Databank query (NPDB) (Licensed/Certified only): \_\_\_\_\_

Date of Central Registry Check (Staff working with children): \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_

Council for Affordable Quality Healthcare ID (CAQH): \_\_\_\_\_

## SECTION II: TYPE OF STAFF

Check all that apply to the services provided by the individual listed in Section I.

- |                                                                |                                                       |
|----------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Autism (please specify) _____         | <input type="checkbox"/> Physical Therapy             |
| <input type="checkbox"/> Case Management/Supports Coordination | <input type="checkbox"/> Speech/Language Pathology    |
| <input type="checkbox"/> Psychology/Behavior Support           | <input type="checkbox"/> Nursing                      |
| <input type="checkbox"/> Occupational Therapy                  | <input type="checkbox"/> Other (please specify) _____ |

## SECTION III: CREDENTIALS

Attach the following documents appropriate to the services provided by the individual listed in Section I.

- |                                                                                  |                                                                          |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Professional License                                    | <input type="checkbox"/> Highest Educational Degree                      |
| <input type="checkbox"/> Professional Certificate                                | <input type="checkbox"/> DEA (Medical Professional only)                 |
| <input type="checkbox"/> Professional Registration                               | <input type="checkbox"/> Malpractice Insurance (if required by contract) |
| <input type="checkbox"/> Practitioner Specialty (*mark all that apply on page 2) |                                                                          |

## SECTION IV: AGENCY/SUPERVISION SIGNATURE



## SUBSTANCE USE DISORDER CLINICAL APPLICATION

*All sections must be completed in their entirety.*

The date Community Mental Health of Ottawa County (CMHOC) receives the fully completed Clinical Application is the effective date of billing for CMHOC services.

An incomplete application may result in a delay of credentialing approval and effective date.

Once an individual is credentialed and approved to provide services the agency will receive a confirmation email from the CMHOC Program Evaluator.

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AGENCY NAME: \_\_\_\_\_

Provide the following **service site information** for the individual listed:

Service Site Name: \_\_\_\_\_

Service Site Address: \_\_\_\_\_

Service Site Phone Number: \_\_\_\_\_

### SECTION I: PERSONNEL INFORMATION

*Services cannot be provided and billed until CMHOC has credentialed the individual listed.*

First and Last Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex:  Male  Female  Unknown

Social Security Number: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Date of Criminal Background Check: \_\_\_\_\_

Date of Medicaid Sanction Check (OIG and SAM): \_\_\_\_\_

Date of Michigan Public Sex Offender Registry Check: \_\_\_\_\_

Date of National Sex Offender Registry Check: \_\_\_\_\_

Date of National Practitioner Databank query (NPDB) (For Professionally Licensed/Certified): \_\_\_\_\_

Date of Central Registry Check (Staff working with children): \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_

Council for Affordable Quality Healthcare ID (CAQH): \_\_\_\_\_

### SECTION II: TYPE OF STAFF

*Check all that applies to the services provided by the individual listed in Section I.*

Treatment Supervisor (specify):  CCS-M  CCS-R  DP-CCS

Specifically Focused Staff (specify): \_\_\_\_\_

Treatment Adjunct Staff (specify): \_\_\_\_\_

Intern – Internship Completion Date: \_\_\_\_\_

Substance Abuse Treatment Specialist (SATS), NPI# \_\_\_\_\_

Substance Abuse Treatment Practitioner (SATP), NPI# \_\_\_\_\_

Other (specify): \_\_\_\_\_

**SECTION III: CREDENTIALS**

*Attach the following documents appropriate to the services provided by the individual listed in Section I.*

Complete the sections below for all types of staff marked in Section II.

1. **Substance Abuse Treatment Specialist:** In order to qualify as a substance abuse treatment specialist an individual must meet the criteria detailed in **any one of** the following three categories **and** be supervised\* by an individual with a CCS-M, CCS-R certification, or who has a registered development plan to obtain one of these certifications.

Please select the appropriate category below and provide the information requested below the item:

|                          |                                                                                                                                                                                                |                                                                                                                                                                                                                                        |                                            |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> | Possesses one of the following certifications from the Michigan Certification Board of Addiction Professionals <b>or</b> a Development Plan for achievement.                                   | <input type="checkbox"/> CADC <input type="checkbox"/> CCDP<br><input type="checkbox"/> CADC-M <input type="checkbox"/> CCDP-D<br><input type="checkbox"/> CAADC <input type="checkbox"/> Dev. Plan<br><input type="checkbox"/> CCJP-R | MCBAP Certification Expiration Date: _____ |
| <input type="checkbox"/> | Individual has a development plan with MCBAP <b>and</b> possesses one of the following licensures: MD/DO, PA, NP, RN, LPN, LP, LLP, TLLP, LPC, LLPC, LMFT, LLMFT, LMSW, LLMSW, LBSW, or LLBSW. | License #: _____                                                                                                                                                                                                                       | License Expiration Date: _____             |
| <input type="checkbox"/> | Individual possesses one of the following alternative certifications. Please identify which certification:                                                                                     | <input type="checkbox"/> ASAM<br><input type="checkbox"/> APA<br><input type="checkbox"/> UMICAD                                                                                                                                       | Certification Expiration Date: _____       |

2. **Substance Abuse Treatment Practitioner:** In order to qualify as a substance abuse treatment practitioner an individual must have a MCBAP development Plan in place **and** be supervised\* by an individual with a CCS-M, CCS-R certification, or who has a registered development plan to obtain one of these certifications.

MCBAP Development Plan Expected Completion Date: \_\_\_\_\_

3.

| Levels of Care to be provided:                              | Service Categories:                               |
|-------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Outpatient                         | <input type="checkbox"/> Assessment               |
| <input type="checkbox"/> Intensive Outpatient Program (IOP) | <input type="checkbox"/> Individual               |
| <input type="checkbox"/> Detox                              | <input type="checkbox"/> Group                    |
| <input type="checkbox"/> Residential                        | <input type="checkbox"/> Didactic                 |
| <input type="checkbox"/> Methadone                          | <input type="checkbox"/> Case Management *        |
|                                                             | <input type="checkbox"/> Peer Recovery Support ** |

\* This employee has additional education, training, or experience qualifications for performing the duties of this position. *Please describe below (or attach an additional sheet):*

**\*\* Peer Recovery Support.** Please attach an additional sheet to include responses to ALL of the following:

- Three (3) references of support;
- Current support system for PRS staff;
- Program's selection criteria for hiring PRS staff;
- How his/her recovery was verified and how recovery will be monitored;
- Date of his/her last treatment (if applicable);
- Specify types of services to be provided by PRS Associate or PRS Coach;
- Documentation of training received.

4. This employee has a degree in one of the following:

- Social Work (circle): Masters or Bachelor's
- Guidance & Counseling (circle): Masters or Bachelor's
- Clinical Psychology (circle): Masters or Bachelor's
- Physician
- Ph.D. Psychologist
- Other counseling related field (specify): \_\_\_\_\_
- Other (specify): \_\_\_\_\_

**SECTION IV: AGENCY/SUPERVISION SIGNATURE**

*Supervision for SATS and SATP staff must be provided by an individual with a CCS-M, CCS-R certification, or who has a registered development plan to obtain one of these certifications*

By completing the information and signing below, the agency and supervisor listed certify that the Clinical Application has been completed fully for the individual requiring credentialing by CMHOC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_



## Background Checks and National and State Sex Offender Registry Checks

- The provider will require Criminal Background Checks and national/state sex offender registry checks prior to hire and at a minimum of every two years for all persons (staff, management and non-management) providing services to or interacting with Individuals served by CMHSP or persons who have the authority to access or create CMHSP information.
  - Criminal Background Checks must be completed through the State of Michigan Licensing and Regulatory Affairs (LARA) Workforce Background Check system; Internet Criminal History Access Tool (ICHAT); or other service as approved by the LRE prior to starting work with Individuals.
  - Michigan Public Sex Offender Registry: <https://mspsor.com/>
  - National Sex Offender Registry: <http://www.nsopw.gov/>
  - Central Registry Check (staff who work with children): <https://www.michigan.gov/mdhhs/adult-child-serv/abuse-neglect/childrens/central-registry>
  - Make sure that all the screenshots from ICHAT and the Sex Offender Registry Checks are electronically date-stamped.
  - The provider shall inform CMHSP if any staff or board member has been convicted of a felony or misdemeanor related to patient abuse, health care, or any type of fraud, a controlled substance, or any obstruction of any investigation.

# Sanction Checks

- Providers shall ensure an initial examination of Federal and State databases of excluded individuals (OIG, SAM, and State Sanctioned Provider List) are conducted. Such examinations must take place prior to hire and monthly thereafter, for all Provider employees and those joining Provider Board of Directors. If any provider shows up on this list, you are to notify us immediately.
  - OIG (Office of Inspector General): <http://exclusions.oig.hhs.gov>
  - SAM (System for Award Management): [www.sam.gov](http://www.sam.gov)
  - List of Sanctioned Providers: <https://www.michigan.gov/mdhhs/doing-business/providers/providers/billingreimbursement/list-of-sanctioned-providers>
    - List is to check is located at the bottom of webpage in excel or PDF form
- Make sure that all screenshots of the sanction checks are electronically date stamped.
- We are expecting that all agency providers are compliant with trainings, criminal background checks, and sanction checks. We ask that you keep these records in your files. Evidence of staff training, and compliance must be available for MDHHS, LRE, and/or CMHSP audits.
  - Again, if you have questions about which trainings you need to have to be compliant, please refer to Attachment I on the CMH website.



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Visit our [tips page](#) to learn how to best use the Exclusions Database. If you experience technical difficulties, please email the webmaster at [webmaster@oig.hhs.gov](mailto:webmaster@oig.hhs.gov).

## Search the Exclusions Database

Do not use your browser's back button while navigating through the LEIE search. Instead, use the built-in navigation features as indicated below:

### Search For An Individual

- Search For Multiple Individuals
- Search For A Single Entity
- Search For Multiple Entities

Last Name (and/or) First Name

#### Related Content

- [LEIE Downloadable Databases](#)
- [Monthly Supplement Archive](#)
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- [Quick Tips](#)
- [Background Information](#)
- [Applying for Reinstatement](#)
- [Contact the Exclusions Program](#)
- [Frequently Asked Questions](#)
- [Special Advisory Bulletin and Other Guidance](#)

Visit our tips page to learn how to best use the Exclusions Database. If you experience technical difficulties, please email the webmaster at [webmaster@oig.hhs.gov](mailto:webmaster@oig.hhs.gov).

### Exclusions Search Results: Individuals ?

No Results were found for

Doe , John

**!** If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation

[Search Again](#)



Search conducted 3/20/2024 9:43:59 AM EST on OIG LEIE Exclusions database.  
Source data updated on 3/8/2024 8:00:00 AM EST

[Return to Search](#)

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# MDHHS Credentialing and Recredentialing Processes Policy

- This policy covers credentialing, temporary/provisional credentialing, and re-credentialing processes for those individual practitioners and organizational providers who are directly or contractually employed by the Prepaid Inpatient Health Plans (PIHPs), as it pertains to the rendering of specialty behavioral healthcare services within Michigan's Medicaid Program.
  - Licensed/Certified/Registered Health Care Professionals
  - Excludes AFC homes
- Re-Credentialing is to be done every two years.
- [Link to MDHHS Credentialing and Recredentialing Policy: Behavioral Health and Developmental Disabilities Administration, Provider Credentialing \(michigan.gov\)](#)

1. Credentialing and re-credentialing must be conducted and documented for at least the following health care professionals:
  - a. Physicians (M.D.s and D.O.s)
  - b. Physician's Assistants
  - c. Psychologists (Licensed, Limited License, and Temporary License)
  - d. Licensed Master's Social Workers
  - e. Licensed Bachelor's Social Workers
  - f. Limited License Social Workers
  - g. Registered Social Service Technicians
  - h. Licensed Professional Counselors
  - i. Nurse Practitioners
  - j. Registered Nurses
  - k. Licensed Practical Nurses
  - l. Occupational Therapists
  - m. Occupational Therapist Assistants
  - n. Physical Therapists
  - o. Physical Therapist Assistants
  - p. Speech Pathologists
  - q. Board Certified Behavior Analysts
  - r. Licensed Family and Marriage Therapists
  - s. Other behavioral healthcare specialists licensed, certified, or registered by the State.

## Initial Credentialing

Policies and procedures for the initial credentialing of individual practitioners must require:

1. A written application that is completed, signed, and dated by the individual practitioner and attests to the following elements:
  - a. Lack of present illegal drug use.
  - b. History of loss of license, registration, certification, and/or felony convictions.
  - c. Any history of loss or limitation of privileges or disciplinary action.
  - d. Attestation by the applicant of the correctness and completeness of the application.
  - e. Attestation by the applicant that they are able to perform the essential functions of the position with or without accommodation.

Verification from primary sources of:

- a. Licensure or certification and in good standing.
- b. Board Certification, or highest level of credentials attained, if applicable, or completion of any required internships/residency programs, or other postgraduate training.
- c. Official transcript of graduation from an accredited school and/or LARA license.
- d. National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all the following must be verified:
  - i. Minimum five (5) year history of professional liability claims resulting in a judgment or settlement;
  - ii. Disciplinary status with regulatory board or agency; and
  - iii. Medicare/Medicaid sanctions.
- e. If the individual practitioner undergoing credentialing is a physician, then physician profile information obtained from the American Medical Association or American Osteopathic Association may be used to satisfy the primary source requirements of (a.), (b.), and (c.) above.

## Contact information

If you have any comments, questions, or concerns about credentialing and compliance, please refer to your contract and/or feel free to reach out to us.

Program Evaluator Contact Information:

Amy Avery

Phone Number: 616-393-5682

Email: [aavery@miottawa.org](mailto:aavery@miottawa.org)





# CLINICAL APPLICATION

*All sections must be completed in their entirety.*

The date Community Mental Health of Ottawa County (CMHOC) receives the fully completed Clinical Application is the effective date of billing for CMHOC services.

An incomplete application may result in a delay of credentialing approval and effective date.

Once an individual is credentialed and approved to provide services the agency will receive a confirmation email from the CMHOC Program Evaluator.

AGENCY NAME: \_\_\_\_\_

Provide the following **service site information** for the individual listed:

Service Site Name: \_\_\_\_\_

Service Site Address: \_\_\_\_\_

Service Site Phone Number: \_\_\_\_\_

## SECTION I: PERSONNEL INFORMATION

*Services cannot be provided and billed until CMHOC has credentialed the individual listed.*

First and Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex:  Male  Female  Unknown

Social Security Number: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Date of Criminal Background Check: \_\_\_\_\_

Date of Medicaid Sanction Checks (SAM and OIG): \_\_\_\_\_

Date of Michigan Public Sex Offender Registry Check: \_\_\_\_\_

Date of National Sex Offender Registry Check: \_\_\_\_\_

Date of National Practitioner Databank query (NPDB) (Licensed/Certified only): \_\_\_\_\_

Date of Central Registry Check (Staff working with children): \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_

Council for Affordable Quality Healthcare ID (CAQH): \_\_\_\_\_

## SECTION II: TYPE OF STAFF

*Check all that apply to the services provided by the individual listed in Section I.*

- |                                                                |                                                          |
|----------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Autism (please specify) _____         | <input type="checkbox"/> Physical Therapy                |
| <input type="checkbox"/> Case Management/Supports Coordination | <input type="checkbox"/> Speech/Language Pathology       |
| <input type="checkbox"/> Psychology/Behavior Support           | <input type="checkbox"/> Nursing                         |
| <input type="checkbox"/> Occupational Therapy                  | <input type="checkbox"/> Other (please specify)<br>_____ |

## SECTION III: CREDENTIALS

*Attach the following documents appropriate to the services provided by the individual listed in Section I.*

- |                                                                                  |                                                                          |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Professional License                                    | <input type="checkbox"/> Highest Educational Degree                      |
| <input type="checkbox"/> Professional Certificate                                | <input type="checkbox"/> DEA (Medical Professional only)                 |
| <input type="checkbox"/> Professional Registration                               | <input type="checkbox"/> Malpractice Insurance (if required by contract) |
| <input type="checkbox"/> Practitioner Specialty (*mark all that apply on page 2) |                                                                          |

## SECTION IV: AGENCY/SUPERVISION SIGNATURE

By completing the information and signing below, the agency and supervisor listed certify that the Clinical Application has been completed fully for the individual requiring credentialing by CMHOC.

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_

| <b>*Specialty Description</b>                 |                                                    |                                                   |
|-----------------------------------------------|----------------------------------------------------|---------------------------------------------------|
| ACCULTURATION ISSUES                          | DISABILITY ASSESSMENT                              | PA & APN, APN COMMUNITY HEALTH                    |
| ADDICTIONS, NON-CHEMICAL                      | DISABILITY TREATMENT                               | PA & APN, APN GERONTOLOGY                         |
| ADJUSTMENT DISORDERS                          | DISSOCIATIVE IDENTITY DISORDERS                    | PANIC/PHOBIA                                      |
| ADOLESCENT BEHAVIOR DISORDERS                 | DRUGFREE WKPLACE/FED RQMT TRAINING/CONSULT         | PARAPHILIC DISORDER                               |
| ADOLESCENT THERAPY                            | DUAL DIAGNOSIS                                     | PARTIAL CO-OCCURRING                              |
| ADOPTION                                      | DUAL DIAGNOSIS/DEVELOPMENTAL DISABILITIES (FHP)    | PERINATAL MENTAL HEALTH                           |
| ADULT THERAPY                                 | EATING DISORDERS                                   | PERSONALITY DISORDERS                             |
| AFFECTIVE DISORDERS                           | ELECTROCONVULSIVE THERAPY (ECT)                    | PHYSICAL ABUSE                                    |
| ALCOHOL/CHEMICAL DEPENDENCY                   | ELECTROCONVULSIVE THERAPY INPATIENT                | PHYSICAL ABUSE PERPRETRATOR                       |
| ALZHEIMER/GEROPSYC/NRSG HOME CONSULT          | ELECTROCONVULSIVE THERAPY OUTPATIENT               | PHYSICAL ABUSE VICTIM                             |
| ANESTHESIOLOGY-MRLD                           | ELIGIBLE FOR MEDICARE REFERRALS                    | PHYSICALLY DISABLED                               |
| ANGER MANAGEMENT                              | ELIMINATION DISORDERS                              | PHYSICIAN ASSISTANTS ADVANCED NURSE               |
| ANXIETY DISORDERS                             | EMPLOYEE ASSISTANCE COUNSELING                     | PHYSICIAN PSYCH & NEUROMUSCULAR                   |
| APPLIED BEHAVIOR ANALYST                      | EMPLOYEE ORIENTATIONS                              | PHYSICIAN SERV-MRLD                               |
| ASAM-CERTIFIED ADDICTIONOLOGIST               | ETHNIC/CULTURAL ISSUES                             | PLAY THERAPY                                      |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER      | EXPERT TESTIMONY                                   | POST TRAUMATIC STRESS DISORDER                    |
| AUTISTIC DISORDER/ASPERGERS SYNDROME          | EYE MOVEMENT DESENSITIZATION AND REPROCESSING EMDR | PRACTIONER WOMEN'S HEALTH                         |
| BEHAV MANAGEMENT/ALT THERAPY CHILD (FHP)      | FAITH BASED THERAPY                                | PSYCH NEURLOGY - PSYCHOMATIC MED                  |
| BEHAVIOR MODIFICATION                         | FAMILY THERAPY                                     | PSYCH NURSES LICENSED TO PRESCRIBE MEDS           |
| BEHAVIOR MODIFICATION THERAPY                 | FAMILY VIOLENCE                                    | PSYCH TESTING INDEPENDENT PRACTICE - ALL AGES     |
| BIOFEEDBACK                                   | FITNESS FOR DUTY ASSESSMENT                        | PSYCHIATRIC EVALUATIONS                           |
| BIPOLAR DISORDER                              | FITNESS FOR DUTY EVALUATION                        | PSYCHOANALYSIS                                    |
| BODY DYSMORPHIC DISORDER                      | FORENSICS                                          | PSYCHOLOGICAL TESTING                             |
| BORDERLINE PERSONALITY TRAITS                 | FORENSICS/CRIMINAL JUSTICE                         | PSYCHOPHARMACOLOGY                                |
| BRIEF THERAPY                                 | GAMBLING                                           | PSYCHOSOMATIC MEDICINE                            |
| CASE MANAGEMENT INDEPENDENT PRAC - ALL AGES   | GANG CULTS                                         | PSYCHOTIC DISORDERS                               |
| CHEMICAL DEPENDENCY ASSESSMENT & REFERRAL     | GAY/LESBIAN/BISEXUAL/TRANSGENDER/SEXUAL            | REACTIVE ATTACHMENT DISORDER                      |
| CHILD PROTECTION/FOSTER CARE (FHP)            | GERIATRIC THERAPY                                  | RELAPSE/RECIDIVISM IN SUBSTANCE ABUSE             |
| CHILD THERAPY                                 | GEROPSYCHIATRY/ALZHEIMERS                          | RETURN TO WORK CONFERENCE                         |
| CHILD THERAPY <= 5 YEARS                      | GRIEF/BEREAVEMENT                                  | SCHIZOPHRENIA                                     |
| CHILDHOOD BEHAVIORAL DISTURBANCES             | GROUP THERAPY                                      | SCHOOL RELATED PROBLEMS                           |
| CHRISTIAN THERAPY                             | GROUP THERAPY ADULT                                | SEPARATION AND LOSS (FHP)                         |
| CHRONIC PAIN                                  | GROUP THERAPY CHEMICAL DEPENDENCY/SUBSTANCE ABUSE  | SEVERE AND PERSISTENT MENTAL ILLNESS              |
| CHRONIC/TERMINAL ILLNESS                      | GROUP THERAPY CHILD                                | SEXUAL ABUSE                                      |
| CLINICAL NURSE SPECIALIST ACUTE               | GROUP THERAPY EATING DISORDERS                     | SEXUAL DYSFUNCTION                                |
| CLINICAL NURSE SPECIALIST ANESTHETISTS        | GROUP THERAPY GERIATRIC                            | SEXUAL OFFENDER TREATMENT                         |
| CLINICAL NURSE SPECIALIST EMERGENCY           | GROUP THERAPY PANIC/PHOBIA                         | SLEEP DISORDERS                                   |
| CLINICAL NURSE SPECIALIST GERIATRIC           | GROUP TIME LIMITED                                 | SOCIAL DETOX SA TX ADOLESCENT                     |
| CLINICAL NURSE SPECIALIST GERONTOLOGY         | HEAD TRAUMA                                        | SOCOM/TELEPHONIC                                  |
| CLINICAL NURSE SPECIALIST HOLISTIC            | HEARING IMPAIRED                                   | SOLUTION FOCUSED THERAPY                          |
| CLINICAL NURSE SPECIALIST HOME HEALTH         | HINDU THERAPY                                      | SOMATIC/CONVERSION/FACTITIOUS DISORDERS           |
| CLINICAL NURSE SPECIALIST INFORMATICS         | HIV/AIDS                                           | STEP/BLENDED FAMILIES                             |
| CLINICAL NURSE SPECIALIST LONG TERM CARE      | HOARDING DISORDER                                  | STRESS MANAGEMENT                                 |
| CLINICAL NURSE SPECIALIST MED/SURG            | HOME HEALTH AGENCY SERVICES - ALL AGES             | SUBOXONE THERAPY                                  |
| CLINICAL NURSE SPECIALIST NEONATAL            | HUMAN TRAFFICKING                                  | TBI BEHAVIORAL MANAGEMENT                         |
| CLINICAL NURSE SPECIALIST OCCUPATIONAL HEALTH | HYPNOTHERAPY                                       | TBI COGNITIVE THERAPY                             |
| CLINICAL NURSE SPECIALIST ONCOLOGY            | IMPULSE CONTROL DISORDER                           | TELEHEALTH SERVICES                               |
| CLINICAL NURSE SPECIALIST PEDIATRICS          | INCEST SURVIVORS                                   | TELEPHONIC COUNSELING                             |
| CLINICAL NURSE SPECIALIST PERINATAL           | INDEPENDENT EVALUATOR                              | TELEPHONIC/ONLINE COUNSELING                      |
| CLINICAL NURSE SPECIALIST PERIOPERATIVE       | JEWISH THERAPY                                     | TOPICAL SEMINAR/BROWN BAG PRESENTATION            |
| CLINICAL NURSE SPECIALIST REHABILITATION      | MAJOR DEPRESSIVE DISORDER                          | TRANSCRANIAL MAGNETIC STIMULATION                 |
| CLINICAL NURSE SPECIALIST TRANSPLANTATION     | MARITAL/SEPARATION/DIVORCE                         | TRANSGENDER                                       |
| COGNITIVE BEHAVIORAL THERAPY                  | MARYLAND/MISSOURI EAP                              | TRAUMA RESPONSE CONSULTATION                      |
| COGNITIVE THERAPY                             | MEDICATION MANAGEMENT                              | TRAUMA THERAPY                                    |
| COMMUNICATION DISORDERS                       | MENS ISSUES                                        | TRAUMATIC BRAIN INJURY                            |
| COMPULSIVE GAMBLING                           | MENTAL HEALTH                                      | TREATMENT OF CORRECTIONS/LAW ENFORCEMENT OFFICIAL |
| CONDUCT DISORDERS                             | MENTAL HEALTH ISSUES                               | TREATMENT OF SEXUAL PERPETRATORS                  |
| CO-OCCURRING DISORDERS                        | MENTAL RETARDATION ISSUES                          | TRICHOTILLOMANIA                                  |
| COURT ORDERED EVALUATIONS                     | MILITARY LIFESTYLE ISSUES                          | VICTIMS OF DOMESTIC VIOLENCE & CRIMES (FHP)       |
| CRISIS/TRAUMA                                 | MOS CHILD/FAMILY APPROVED                          | VIDEO COUNSELING                                  |
| CRITICAL INCIDENT STRESS DEBRIEFING           | MOTOR DISORDER/TIC DISORDER                        | VIOLENCE IN THE WORKPLACE PREVENTION CONSULT      |
| CRITICAL INCIDENT STRESS MANAGEMENT           | MUSLIM THERAPY                                     | WOMENS ISSUES                                     |
| DEPARTMENT OF TRANSPORTATION                  | NEUROPSYCHOLOGICAL TESTING                         | WORKER'S COMPENSATION EVALUATIONS                 |
| DEPRESSIVE DISORDERS                          | NEUROPSYCHOLOGY                                    | WORKERS COMPENSATION EVALUATIONS                  |
| DEVELOPMENTAL DISORDERS                       | OBSESSIVE COMPULSIVE DISORDERS                     | WORKPLACE ISSUES                                  |
| DIAGNOSTIC ASSESSMENT LEVEL OF ASSESSMENT     | ORGANIZATIONAL CHANGE MANAGEMENT/ORG DEVELOPMENT   | WORKPLACE PRESENTATIONS (DFWP/EAP/STRESS)         |
| DIALECTICAL BEHAVIORAL THERAPY                | OUTPATIENT INDEPENDENT PRACTICE - ALL AGES         | WORKSITE CD INTERVENTION                          |





# SUBSTANCE USE DISORDER CLINICAL APPLICATION

*All sections must be completed in their entirety.*

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Once an individual is credentialed and approved to provide services the agency will receive a confirmation email from the CMHOC Program Evaluator.

AGENCY NAME: \_\_\_\_\_

Provide the following **service site information** for the individual listed:

Service Site Name: \_\_\_\_\_

Service Site Address: \_\_\_\_\_

Service Site Phone Number: \_\_\_\_\_

## SECTION I: PERSONNEL INFORMATION

*Services cannot be provided and billed until CMHOC has credentialed the individual listed.*

First and Last Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex:  Male  Female  Unknown

Social Security Number: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Date of Criminal Background Check: \_\_\_\_\_

Date of Medicaid Sanction Check (OIG and SAM): \_\_\_\_\_

Date of Michigan Public Sex Offender Registry Check: \_\_\_\_\_

Date of National Sex Offender Registry Check: \_\_\_\_\_

Date of National Practitioner Databank query (NPDB) (For Professionally Licensed/Certified): \_\_\_\_\_

Date of Central Registry Check (Staff working with children): \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_

Council for Affordable Quality Healthcare ID (CAQH): \_\_\_\_\_

## SECTION II: TYPE OF STAFF

*Check all that applies to the services provided by the individual listed in Section I.*

Treatment Supervisor (specify):  CCS-M  CCS-R  DP-CCS

Specifically Focused Staff (specify): \_\_\_\_\_

Treatment Adjunct Staff (specify): \_\_\_\_\_

Intern – Internship Completion Date: \_\_\_\_\_

Substance Abuse Treatment Specialist (SATS), NPI# \_\_\_\_\_

Substance Abuse Treatment Practitioner (SATP), NPI# \_\_\_\_\_

Other (specify): \_\_\_\_\_

**SECTION III: CREDENTIALS**

*Attach the following documents appropriate to the services provided by the individual listed in Section I.*

Complete the sections below for all types of staff marked in Section II.

1. **Substance Abuse Treatment Specialist:** In order to qualify as a substance abuse treatment specialist an individual must meet the criteria detailed in **any one of** the following three categories **and** be supervised\* by an individual with a CCS-M, CCS-R certification, or who has a registered development plan to obtain one of these certifications.

Please select the appropriate category below and provide the information requested below the item:

|                          |                                                                                                                                                                                                |                                                                                                                                                                                                                                        |                                                     |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> | Possesses one of the following certifications from the Michigan Certification Board of Addiction Professionals <b>or</b> a Development Plan for achievement.                                   | <input type="checkbox"/> CADC <input type="checkbox"/> CCDP<br><input type="checkbox"/> CADC-M <input type="checkbox"/> CCDP-D<br><input type="checkbox"/> CAADC <input type="checkbox"/> Dev. Plan<br><input type="checkbox"/> CCJP-R | MCBAP<br>Certification<br>Expiration Date:<br>_____ |
| <input type="checkbox"/> | Individual has a development plan with MCBAP <b>and</b> possesses one of the following licensures: MD/DO, PA, NP, RN, LPN, LP, LLP, TLLP, LPC, LLPC, LMFT, LLMFT, LMSW, LLMSW, LBSW, or LLBSW. | License #:<br>_____                                                                                                                                                                                                                    | License Expiration<br>Date:<br>_____                |
| <input type="checkbox"/> | Individual possesses one of the following alternative certifications. Please identify which certification:                                                                                     | <input type="checkbox"/> ASAM<br><input type="checkbox"/> APA<br><input type="checkbox"/> UMICAD                                                                                                                                       | Certification<br>Expiration Date:<br>_____          |

2. **Substance Abuse Treatment Practitioner:** In order to qualify as a substance abuse treatment practitioner an individual must have a MCBAP development Plan in place **and** be supervised\* by an individual with a CCS-M, CCS-R certification, or who has a registered development plan to obtain one of these certifications.

MCBAP Development Plan Expected Completion Date: \_\_\_\_\_

3.

| Levels of Care to be provided:                              | Service Categories:                               |
|-------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Outpatient                         | <input type="checkbox"/> Assessment               |
| <input type="checkbox"/> Intensive Outpatient Program (IOP) | <input type="checkbox"/> Individual               |
| <input type="checkbox"/> Detox                              | <input type="checkbox"/> Group                    |
| <input type="checkbox"/> Residential                        | <input type="checkbox"/> Didactic                 |
| <input type="checkbox"/> Methadone                          | <input type="checkbox"/> Case Management *        |
|                                                             | <input type="checkbox"/> Peer Recovery Support ** |

\* This employee has additional education, training, or experience qualifications for performing the duties of this position. *Please describe below (or attach an additional sheet):*

4. This employee has a degree in one of the following:
- Social Work (circle): Masters or Bachelor's
  - Guidance & Counseling (circle): Masters or Bachelor's
  - Clinical Psychology (circle): Masters or Bachelor's

- Physician
- Ph.D. Psychologist
- Other counseling related field (specify): \_\_\_\_\_
- Other (specify): \_\_\_\_\_

**SECTION IV: AGENCY/SUPERVISION SIGNATURE**

*Supervision for SATS and SATP staff must be provided by an individual with a CCS-M, CCS-R certification, or who has a registered development plan to obtain one of these certifications*

By completing the information and signing below, the agency and supervisor listed certify that the Clinical Application has been completed fully for the individual requiring credentialing by CMHOC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**Department of Health and Human Services  
Behavioral & Physical Health and Aging Services Administration**

**CREDENTIALING AND RE-CREDENTIALING PROCESSES**

**Effective: March 24, 2023**

**A. Overview:**

This policy covers credentialing, temporary/provisional credentialing, and re-credentialing processes for those individual practitioners and organizational providers directly or contractually employed by Prepaid Inpatient Health Plans (PIHPs), as it pertains to the rendering of specialty behavioral healthcare services within Michigan's Medicaid program. The policy does not establish the acceptable scope of practice for any of the identified providers or practitioners, nor does it imply that any service delivered by the providers or practitioners identified in the body of the policy is Medicaid billable or reimbursable. PIHPs are responsible for ensuring that each provider and/or practitioner, directly or contractually employed, meets all applicable licensing, scope of practice, contractual, and Medicaid Provider Manual (MPM) requirements. Please reference the applicable licensing statutes and standards, as well as the MPM should you have questions concerning scope of practice or whether Medicaid funds can be used to pay for a specific service.

PIHPs are required to use the uniform community mental health services credentialing program established by the department in accordance with Public Act 282 of 2020.

NOTE: The individual practitioner and organizational provider credentialing process contains two primary components: initial credentialing and re-credentialing. The Michigan Department of Health and Human Services (MDHHS) recognizes that PIHPs may have a process that permits initial credentialing on a provisional or temporary basis while required documents are obtained or performance is assessed. The standards that govern these processes are in the sections that follow.

**B. Credentialing Standards**

1. The PIHP must have a written system in place for credentialing and re-credentialing organizational providers and individual practitioners included in the PIHP's provider network.
2. The PIHP must ensure:
  - a. The credentialing and re-credentialing processes do not discriminate against:
    - i. A health care professional, solely based on license, registration, or certification; or
    - ii. A health care professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.
  - b. Monthly checks are completed for compliance with Federal requirements that prohibit employment or contracts with organizational providers and /or individual practitioners excluded from participation under either Medicare or Medicaid.
    - i. A complete list of Centers for Medicare and Medicaid Services (CMS) sanctioned providers and practitioners is available on their website at <http://exclusions.oig.hhs.gov>. A complete list of sanctioned providers and practitioners is available on the MDHHS website at [www.michigan.gov/MDHHS](http://www.michigan.gov/MDHHS). (Click on Providers, then click on Information for Medicaid Providers, then click on List of Sanctioned Providers). Evidence of monthly checks must be maintained in the organizational provider and individual practitioner credentialing file.



3. If the PIHP delegates to another entity any of the responsibilities of credentialing/re-credentialing or selection of organizational providers and/or individual practitioners that are required by this policy, the PIHP must retain the right to approve, suspend, or terminate from participation in the provision of Medicaid funded services, an organizational provider or individual practitioner selected by that entity, and meet all requirements associated with the delegation of PIHP functions. The PIHP is responsible for oversight regarding delegated credentialing or re-credentialing decisions.
4. Compliance with the standards outlined in this policy must be demonstrated through the PIHPs policies and procedures. Compliance will be assessed based on the PIHPs policies and standards in effect at the time of the credentialing/re-credentialing decision.
5. The PIHPs written credentialing policy must reflect the scope, criteria, timeliness, and process for credentialing and re-credentialing organizational providers and individual practitioners. The policy must be approved by the PIHPs governing body, and:
  - a. Identify the PIHP administrative staff member and/or entity (e.g., credentialing committee) responsible for oversight and implementation of the process and delineate their role.
  - b. Describe any use of participating providers or practitioners in making credentialing decisions.
  - c. Describe the methodology to be used by PIHP staff members or designees to provide documentation that each credentialing or re-credentialing file was complete and reviewed prior to presentation to the credentialing committee for evaluation; and
  - d. Describe how the findings of the PIHPs Quality Assessment Performance Improvement Program (QAPIP) are incorporated into the re-credentialing process.
6. PIHPs must ensure that a complete and separate credentialing/re-credentialing file is maintained for each credentialed organizational provider and individual practitioner. Each file must include:
  - a. The initial credentialing and all subsequent re-credentialing applications.
  - b. Information gained through primary source verification; and
  - c. Any other pertinent information used in determining whether the organizational provider and/or individual practitioner met or did not meet the PIHPs credentialing and re-credentialing standards.
7. The PIHPs must maintain a written process for ongoing monitoring, and intervention, if appropriate, of organizational providers and/or individual practitioners as it relates to sanctions, complaints, and quality issues. This process must include, at a minimum, review of:
  - a. Monthly Medicare/Medicaid sanction checks.
  - b. Monthly State sanction checks
  - c. Any limitations on licensure, registration, or certification.
  - d. Beneficiary concerns which include appeals and grievances (complaints) information.
  - e. Noted quality issues at the PIHP level.

### **C. Credentialing Individual Practitioners:**

The PIHP must have a written system in place for credentialing and re-credentialing individual practitioners included in their provider network who are not operating as part of an organizational provider. The PIHP must ensure that each direct-hire or contractually employed individual practitioner meets all background checks, applicable licensing, scope of practice, contractual, and Medicaid Provider Manual (MPM) requirements.

The PIHP must conduct a search that reveals information substantially similar to information

found on an Internet Criminal History Access Tool (ICHAT) check and a national and state sex offender registry check for each new direct-hire or contractually employed practitioner.

- a. ICHAT: <https://apps.michigan.gov>
- b. Michigan Public Sex Offender Registry: <https://mspsor.com>
- c. National Sex Offender Registry: <http://www.nsopw.gov>

1. Credentialing and re-credentialing must be conducted and documented for at least the following health care professionals:
  - a. Physicians (M.D.s and D.O.s)
  - b. Physician's Assistants
  - c. Psychologists (Licensed, Limited License, and Temporary License)
  - d. Licensed Master's Social Workers
  - e. Licensed Bachelor's Social Workers
  - f. Limited License Social Workers
  - g. Registered Social Service Technicians
  - h. Licensed Professional Counselors
  - i. Nurse Practitioners
  - j. Registered Nurses
  - k. Licensed Practical Nurses
  - l. Occupational Therapists
  - m. Occupational Therapist Assistants
  - n. Physical Therapists
  - o. Physical Therapist Assistants
  - p. Speech Pathologists
  - q. Board Certified Behavior Analysts
  - r. Licensed Family and Marriage Therapists
  - s. Other behavioral healthcare specialists licensed, certified, or registered by the State.

### Initial Credentialing

Policies and procedures for the initial credentialing of individual practitioners must require:

1. A written application that is completed, signed, and dated by the individual practitioner and attests to the following elements:
  - a. Lack of present illegal drug use.
  - b. History of loss of license, registration, certification, and/or felony convictions.
  - c. Any history of loss or limitation of privileges or disciplinary action.
  - d. Attestation by the applicant of the correctness and completeness of the application.
  - e. Attestation by the applicant that they are able to perform the essential functions of the position with or without accommodation.
2. An evaluation of the individual practitioner's work history for the prior five (5) years. Gaps in employment of six (6) months or more in the prior five (5) years must be addressed in writing during the application process.
3. Verification from primary sources of:
  - a. Licensure or certification and in good standing.
  - b. Board Certification, or highest level of credentials attained, if applicable, or completion of any required internships/residency programs, or other postgraduate training.
  - c. Official transcript of graduation from an accredited school and/or LARA license.
  - d. National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all the following must be verified:
    - i. Minimum five (5) year history of professional liability claims resulting in a judgment

- or settlement.
  - ii. Disciplinary status with regulatory board or agency; and
  - iii. Medicare/Medicaid sanctions.
  - e. If the individual practitioner undergoing credentialing is a physician, then physician profile information obtained from the American Medical Association or American Osteopathic Association may be used to satisfy the primary source requirements of (a.), (b.), and (c.) above.
4. The PIHP must ensure that the initial credentialing of all individual practitioners applying for inclusion in the PIHP network must be completed within 90 calendar days of application submission. The start time begins when the PIHP has received a completed signed and dated credentialing application from the individual practitioner. Completion time is indicated when written communication is sent to the individual practitioner notifying them of the PIHP's decision.

#### Temporary/Provisional Credentialing of Individual Practitioners

Temporary or provisional credentialing of individual practitioners is intended to increase the available network of practitioners in underserved areas, whether rural or urban. PIHPs must have written policies and procedures to address granting of temporary or provisional credentials when it is in the best interest of Medicaid Beneficiaries that practitioners be available to provide care prior to formal completion of the entire credentialing process. Temporary or provisional credentialing must not exceed **150 days**.

The PIHP must have up to **31 days** from receipt of a complete application, accompanied by the minimum documents identified below, to render a decision regarding temporary or provisional credentialing:

1. A written application that is completed, signed, and dated by the individual practitioner and attests to the following elements:
  - a. Lack of present illegal drug use.
  - b. History of loss of license, registration, certification, and/or felony convictions.
  - c. Any history of loss or limitation of privileges or disciplinary action.
  - d. Attestation by the applicant of the correctness and completeness of the application.
2. An evaluation of the individual practitioner's work history for the prior five years. Gaps in employment of six (6) months or more in the prior five (5) years must be addressed in writing during the application process.
3. Verification from primary sources of:
  - a. Licensure or certification and in good standing.
  - b. Board Certification, or highest level of credentials attained, if applicable, or completion of any required internships/residency programs, or other postgraduate training.
  - c. Official transcript of graduation from an accredited school and/or LARA license.
  - d. National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all the following must be verified:
    - i. Minimum five (5) year history of professional liability claims resulting in a judgment or settlement.
    - ii. Disciplinary status with regulatory board or agency; and
    - iii. Medicare/Medicaid sanctions.
  - e. If the individual practitioner undergoing credentialing is a physician, then physician profile information obtained from the American Medical Association or American Osteopathic Association may be used to satisfy the primary source requirements of

(a.), (b.), and (c.) above.

The PIHP's credentialing committee must review the information obtained and determine whether to grant provisional credentials. Following approval of provisional credentials, the process of verification, as outlined in this Section, should be completed.

#### Re-credentialing Individual Practitioners

The re-credentialing policies for physicians and other licensed, registered, or certified health care practitioners must identify written procedures that address the re-credentialing process and include requirements for each of the following:

1. Re-credentialing at least every two (2) years.
2. Submission of the current credentialing application.
3. An update of information obtained during the initial credentialing if applicable.
4. Primary Source Verification.
5. Refer to the Initial Credentialing section of this document for additional details.

#### **D. Credentialing and Re-Credentialing Organizational Providers:**

For organizational providers included in the PIHP network:

1. The PIHP must validate and at least every two (2) years that:
  - a. The organizational provider completes the current credentialing application.
  - b. The organizational provider is licensed or certified and in good standing as necessary to operate in the State.
  - c. The organizational provider is approved by an accredited body (if a provider is not accredited, the PIHP must perform an on-site quality assessment).
  - d. There are no malpractice lawsuits that resulted in conviction of criminal neglect or misconduct, settlements, and/or judgements within the last five (5) years.
  - e. The organizational provider is not excluded from participation in Medicare, Medicaid, or other Federal contracts.
  - f. The organizational provider is not excluded from participation through the MDHHS Sanctioned Provider list.
  - g. Current insurance coverage meeting contractual expectations is on file with the PIHP.
  - h. For solely community-based providers (e.g., ABA or CLS in private residences), an on-site review is not required, an alternative quality assessment is acceptable.
  - i. The contract between the PIHP and any organizational provider specifies the requirement that the organizational provider must credential and re-credential their direct employees, as well as subcontracted service providers and individual practitioners in accordance with the PIHPs credentialing/re-credentialing policies and procedures (which must conform to MDHHS credentialing process).
2. The PIHP must ensure that the initial credentialing of all organizational providers applying for inclusion in the PIHP network must be completed within 90 calendar days of application submission. The start time begins when the PIHP has received a completed signed and dated credentialing application from the organizational provider. Completion time is indicated when written communication is sent to the organizational provider notifying them of the PIHP's decision.

#### **E. Deemed Status:**

Individual practitioners or organizational providers may deliver healthcare services to more than one (1) PIHP. A PIHP may recognize and accept credentialing activities conducted by any other PIHP in lieu of completing their own credentialing activities. In those instances where a PIHP

chooses to accept the credentialing decision of another PIHP, they must maintain copies of the credentialing PIHPs decisions in the organizational provider and/or the individual practitioner's credentialing file.

#### **F. Notification of Adverse Credentialing Decision:**

An individual practitioner or organizational provider that is denied credentialing or re-credentialing by the PIHP must be informed of the reasons for the adverse credentialing decision in writing by the PIHP within 30 days of the decision.

#### **G. Appeal of Adverse Credentialing Decision:**

Each PIHP must have a written appeal process that is available when credentialing or re-credentialing is denied, suspended, or terminated for any reason other than lack of need. The written appeal process must be consistent with applicable federal and state requirements. The appeal process must be included as part of an adverse credentialing decision notification letter.

#### **H. Reporting Requirements:**

The PIHP must have written procedures for reporting improper known organizational provider or individual practitioner conduct which could result in suspension or termination from the PIHPs provider network to appropriate authorities (i.e., MDHHS, the provider's regulatory board or agency, the Attorney General, etc.). Such written procedures must be consistent with current Federal and State requirements, including those specified in the MDHHS Medicaid Managed Specialty Supports and Services Contract.


#### **I. Definitions**

**Individual Practitioner:** An individual who is engaged in the delivery of healthcare services and is legally authorized to do so by the State in which he/she delivers the services.

**National Practitioner Databank (NPDB) and the Healthcare Integrity and Protection Databank (HIPDB):** The U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Office of Workforce Evaluation and Quality Assurance, Practitioner Data Banks Branch is responsible for the management of the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. They can be located on the Internet at [www.npdb-hipdb.hrsa.gov/](http://www.npdb-hipdb.hrsa.gov/).

**Organizational provider:** An entity that directly employs and/or contracts with individuals to provide health care services. Examples of organizational providers include, but are not limited to, community mental health services programs (CMHSPs); hospitals; nursing homes; homes for the aged; psychiatric hospitals, units, and partial hospitalization programs; substance abuse programs; and home health agencies.

**PIHP:** A PIHP is a Prepaid Inpatient Health Plan under contract with MDHHS to provide managed behavioral health services to eligible individuals.

|                                                                                                                                    |                                                                                                                                                                                                                                                     |                          |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| CHAPTER: 9                                                                                                                         | SECTION: 2                                                                                                                                                                                                                                          | SUBJECT: HUMAN RESOURCES |
| TITLE:<br><b>CREDENTIALING</b>                                                                                                     |                                                                                                                                                                                                                                                     |                          |
| EFFECTIVE DATE:<br>8/3/95                                                                                                          | REVISED/REVIEWED DATE:<br>3/14/97, 7/6/01, 8/6/04, 5/3/05, 4/21/08, 10/25/10, 01/07/11,<br>1/25/12, 5/2/13, 7/9/13, 6/24/14, 6/10/15, 1/29/16, 4/20/17,<br>11/14/17, 8/9/18, 12/31/19; 09/25/2020; 10/25/2021; 1/20/2022;<br>05/25/2023, 01/10/2024 |                          |
| ISSUED AND APPROVED BY:<br><br>EXECUTIVE DIRECTOR |                                                                                                                                                                                                                                                     |                          |

I. **PURPOSE:** The purpose of this policy is to assure that all Service Providers of Community Mental Health of Ottawa County comply with all applicable, Federal, State, and local laws, and the Michigan Department of Community Health rules and regulations for credentialing and re-credentialing.

II. **APPLICATION:** All Service Providers of Community Mental Health of Ottawa County (CMHOC).

III. **DEFINITIONS:**

- A. **Service Provider:** Persons providing services for Community Mental Health of Ottawa County who are employees, agency contract providers or individual contract providers.
- B. **Credentialed Positions:** Positions that require certain specified credentials.
- C. **Credentialing:** Process by which CMH assures that Providers meet and maintain required criteria in order to be accepted as a Network Provider.
- D. **Re-credentialing:** Process by which CMH assures that Providers meet and maintain required criteria in order to continue as a Network Provider.
- E. **Credentials:** Documented evidence of licensure/registration, education, training, experience or other qualifications, as required by the position/service to be provided.
- F. **Employees:** Persons who are employees of the County of Ottawa.
- G. **Primary Source:** The original source of a specific credential that can verify the accuracy of a qualification reported by an individual health care practitioner. Examples include medical school, graduate medical education programs and state medical board

IV. **POLICY:**

- A. It is the policy of Community Mental Health of Ottawa County to verify all employees and contracted Service Providers to be in compliance with all applicable Federal, State, and local laws, the Michigan Department of Health and Human

Services (MDHHS) and PIHP contract rules and regulations for credentialing and re-credentialing.

- B. CMHOC will assure that the credentialing and re-credentialing process of all members of the individual contracted service provider network and internal CMH staff will include completion of a Certification of Debarment, as well as requirements for compliance with other federal and state licensing requirements for certification, licensure or registration.
- C. CMHOC will ensure that any internal licensed staff and any contracted licensed staff will meet the criteria set forth by CMHOC and Medicaid.
- D. Credentialing and re-credentialing must be conducted for at least the following health care professionals:
  - 1. Physicians (M.D.s and D.O.s)
  - 2. Physician's Assistants
  - 3. Psychologists (Licensed, Limited License, and Temporary License)
  - 4. Licensed Master's Social Workers
  - 5. Licensed Bachelor's Social Workers
  - 6. Limited License Social Workers
  - 7. Registered Social Service Technicians
  - 8. Licensed Professional Counselors
  - 9. Nurse Practitioners
  - 10. Registered Nurses
  - 11. Licensed Practical Nurses
  - 12. Occupational Therapists
  - 13. Occupational Therapist Assistants
  - 14. Physical Therapists
  - 15. Physical Therapist Assistants
  - 16. Speech Pathologists
  - 17. Board Certified Behavior Analysts
  - 18. Licensed Family and Marriage Therapists
  - 19. Other behavioral healthcare specialists licensed, certified, or registered by the State.
- E. CMHOC ensures:
  - 1. That the credentialing and re-credentialing processes do not discriminate against:
    - a) A health care professional, solely on the basis of license, registration, or certification; or
    - b) A health care professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.
  - 2. Compliance with Federal requirements that prohibit employment or contractual relationships with providers excluded from participation under either Medicare or Medicaid regulations and rules.

**V. PROCEDURE:**

- A. The initial credentialing of individual practitioners and CMH staff must require, minimally, the following:
1. A written application that is completed, signed, and dated by the provider that includes the following elements:
    - a) Attestation of lack of present illegal drug use.
    - b) Any history of loss of license, registration, certification, and/or felony convictions.
    - c) Any history of loss or limitation of privileges or disciplinary action.
    - d) Attestation by the applicant of the correctness and completeness of the application.
    - e) A review of the population served according to age and disability, and
    - f) Demographic information sufficient to allow for:
      - i. Ongoing exclusion monitoring checks via Streamline Verify (ongoing) and Office of Inspector General (OIG) checks (initially and at recredential); and
      - ii. Annual National Practitioner Database (NPDB) queries (if applicable).
  2. Evaluation of the provider's work history for the prior five years. Gaps in employment of six months or more in the prior five years must be addressed in writing during the application process.
  3. Verification of the primary sources of:
    - a) Licensure or certification and in good standing.
    - b) Board Certification, or highest level of credentials attained if applicable, or completion of any required internships/residency programs, or other postgraduate training.
    - c) Official transcript of graduation from an accredited school and/or LARA license.
    - d) National Practitioner Databank (NPDB) or Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of either, verification of the following:
      1. Minimum five-year history of professional liability claims resulting in judgment or settlement.
      2. Disciplinary status with regulatory board or agency; and
      3. Medicare/Medicaid sanctions.
    - e) If the individual practitioner is a physician, then physician profile information obtained from the American Medical Association (AMA) or American Osteopathic Association (AOA) may be used to satisfy the primary source requirements for (a), (b), and (c) above.
  4. Must conduct a search that reveals information substantially similar to information found on an Internet Criminal History Access Tool (ICHAT)



check and a national and state sex offender registry check for each new direct-hire or contractually employed practitioner.

- a) ICHAT: <https://apps.michigan.gov>
- b) Michigan Public Sex Offender Registry: <https://mssql.com>
- c) National Sex Offender Registry: <http://www.nsopw.gov>

5. All offers of employment are contingent based on successful background checks, reference checks, verification of last employer, submission of transcripts or diploma and approval of the Human Resources Department.

B. At a minimum, re-credentialing for all Individual Practitioners identified above, will ensure that:

1. Re-credentialing occurs at least every two years, and includes:
  - a) An update of information obtained during the initial credentialing period, including:
    1. Primary Source Verification of licensure or certification.
    2. Primary Source Verification of NPI.
    3. Debarment Attestation.
    4. Record of clear criminal history; and
    5. Compliance with ongoing training requirements.
2. There exists a process for ongoing monitoring, and intervention if appropriate, of provider sanctions, complaints, and quality issues pertaining to the provider, which much include, minimally, review of:
  - a) Medicare/Medicaid Sanctions.
  - b) State Sanctions or limitations on licensure, registration or certification.
  - c) Member concerns, including grievances (complaints) and appeals information; and
  - d) Provider Quality Issues.

C. Organizational Provider Credentialing and Delegation of Credentialing within Provider Network:

1. Practitioners requesting inclusion in the CMHOC provider network will complete the formal CMHOC Credentialing Application. The application will be processed by designated credentialing staff.
2. Community Mental Health of Ottawa County retains the right to approve, suspend, or terminate a provider.
3. Community Mental Health of Ottawa County will accept the PIHP's decision for credentialing and accept the decision of the PIHP to suspend or terminate providers approved by CMHOC.
4. The Executive Director is responsible for the oversight and implementation of the delegated credentialing/re-credentialing decisions and processes.
5. Community Mental Health of Ottawa County shall ensure that an individual credentialing file is maintained for each credentialed service provider. Each file must include:
  - a) The initial credentialing application;

- b) Information gained through primary source verification; and
  - c) Any other pertinent information used in determining whether or not the provider met the affiliate's credentialing/re-credentialing standards.
6. Contractual providers must maintain individual credentialing/re-credentialing files on staff.
  7. Contractual providers residing and providing services in a bordering state must meet all applicable licensing and certification requirements within both states.

#### D. Temporary/Provisional Credentialing of Individual Practitioners

1. Temporary or provisional credentialing of individual practitioners is intended to increase the available network of providers in underserved areas, whether rural or urban. It is the policy of CMHOC to address granting of temporary or provisional credentials when it is in the interest of Medicaid beneficiaries that providers be available to provide care prior to formal completion of the entire credentialing process. Temporary or provisional credentialing shall not exceed 150 days. CMHOC shall have up to 31 days from receipt of a complete application, accompanied by the minimum documents identified from receipt of a complete applications, accompanied by the minimum documents identified below, within which to render a decision regarding temporary or provisional credentialing.
2. For consideration of temporary or provisional credentialing, at a minimum, a provider must complete a signed application that must include the following items:
  - a. Lack of present illegal drug use.
  - b. History of loss of license, registration or certification and/or felony convictions.
  - c. History of loss or limitation of privileges or disciplinary action.
  - d. A summary of the provider's work history for the prior five years.
  - e. Attestation by the applicant of the correctness and completeness of the application.
3. Community Mental Health of Ottawa County must conduct primary source verification of the following:
  - a. Licensure or certification: copy provided and source verification on the MDHHS website.
  - b. Board certification, if applicable, of the highest level of credential attained; and
  - c. Medicare/Medicaid sanctions.

4. Community Mental Health of Ottawa County must review the information obtained and determine whether to grant provisional credentials. Following approval of provisional credentials, the process of verification as outlined in this Section, should be completed.
5. When Necessary Documentation Is Not Received:
  - a. The issue will be addressed through the supervisory and contract management processes.
  - b. In the event, the individual has not produced the necessary documentation; actions can be taken up to terminating employment or contract status.

E. Notification Of Investigation

1. Any CMHOC or contractual employee under investigation for any violations must report the investigation in writing to his/her supervisor.
2. The supervisor shall report the investigation to the Executive Director.
3. In the case of an investigation the Executive Director shall determine the action, if any, to be taken.

F. Notification of Adverse Credentialing Decision

1. A service provider that is denied credentialing or re-credentialing shall be informed of the reasons for the adverse credentialing decision in writing and the appeals process within ten business days of rendering the decision.

G. Appeals of Adverse Credentialing Decision

1. A provider appeal is a written request from a provider for reconsideration of participation on a network panel or additional, pertinent information supporting the provider's perspective of the circumstances.
  - a) The service provider must make a written request for reconsideration within 30 business days of receipt of the notification letter. The written request must include a detailed description of the issues in dispute, the basis for the provider's disagreement, all evidence and documentation supporting the provider's position, and the action the provider desires from Community Mental Health of Ottawa County. The Executive Director in consultation with the Medical Director will review the written request and inform the provider of their decision in writing within 30 days.
  - b) If the service provider is not satisfied with the decision made, the service provider can submit a written request within 30 business days for a hearing with a Credentialing Appeals Board. The Executive Director will appoint the Credentialing Appeals Board which will include Corporate Council, Medical Director and Administrative personnel. The Credentialing Appeals Board would notify the provider in writing of its decision within 15 days of its decision.
  - c) If the provider fails to submit a complete and timely request for reconsideration or a request for a hearing with the Credentialing

Committee or the Credentialing Appeals Board, the service provider will be deemed to have accepted the CMH's determination of the issues raised by the provider and to have waived all further internal or external processes regarding the issues.

#### H. Deemed Status

1. CMHOC will accept the credentialing decisions of other CMHSPs within the Lakeshore Region for individual practitioners and organizational providers, and will maintain copies of credentialing decisions.

#### I. Internal Process

1. The QI Unit representative will be responsible for ensuring the appropriate credentialing and re-credentialing of all CMHOC employees and contracted staff.
2. For CMHOC employees:
  - a) During the initial credentialing process (at time of hire or prior to providing services to CMHOC consumers),
    1. Ottawa County Human Resources (HR) will provide the QI Unit representative:
      - a) Date of hire;
      - b) Verification of education appropriate to the position/credentials required;
      - c) Confirmation of a clean criminal history check;
        - 1) ICHAT (Michigan Criminal Background check that checks the criminal history records of individuals who have been convicted of a crime in Michigan, as well as for individuals who have pending criminal cases).
        - 2) Central Registry checks for staff that work directly with minors. This system checks for CPS reports, Mandated Reporting reports, and criminal history.
        - 3) LEIN/Fingerprints for staff that have unescorted access in the jail.
        - 4) Michigan Public Sex Offender Registry: <https://mspor.com>
        - 5) National Sex Offender Registry: <http://www.nsopw.gov>
      - d) A copy of appropriate licensure; and
      - e) Other confidential personnel records, including previous work history, dependent upon the requirements of the position/role to be held.
  2. The QI Unit Representative will be responsible for:

- a) Source verification of licensure, using the State of Michigan Licensing and Regulatory Affairs (LARA) database;
  - b) Source verification of NPI (or ensuring the provider obtains an NPI);
  - c) Ensuring the individual does not appear on any list of excluded Medicare or Medicaid provider through the Federal OIG registry;
  - d) Reviewing the NPBD or HIDBP (if applicable); and
  - e) Obtaining a signed “A Certification Regarding Debarment, Suspension, and Other Responsibility Matters.”
- b) All credentialing records shall be kept in the organization’s Electronical Health Record (EHR).
  - c) The designated supervisor is responsible for notifying the QI Unit of any service provider no longer providing service or of any changes in licensure/registration.
  - d) It is the responsibility of the QI Unit for the ongoing monitoring of licenses of all credentialed/licensed staff. A thirty (30) day notification will be provided for license expiration dates.
  - e) It is the responsibility of the QI Unit representative to ensure re-credentialing occurs at least every two years as outlined in this policy.
3. For Licensed Individual Practitioners (LIPs) contracting directly with CMHOC
- a) The QI Unit representative is responsible for:
    - 1. Obtaining written authorization from the provider to obtain clean criminal history check;
    - 2. Obtaining a copy of the license/certification;
    - 3. Source verification of license/certification;
    - 4. Source verification of NPI (or ensuring the provider obtains an NPI);
    - 5. Ensuring the individual does not appear on any list of excluded Medicare or Medicaid provider through the Federal OIG registry;
    - 6. Reviewing the NPBD or HIDBP (if applicable); and
    - 7. Obtaining a signed “A Certification Regarding Debarment, Suspension, and Other Responsibility Matters.”
  - b) All credentialing information will be maintained in the appropriate CMHOC administrative folder.
4. For all contracted provider staff
- a) The QI Unit representative is responsible for contacting the agency representative to obtain:
    - 1. Completed Clinical Application, signed by the provider to be credentialed;

2. A copy of the provider license;
  3. Verification of a clean criminal history;
  4. Verification of appropriate educational credentials;
  5. Verification that all required trainings have been completed.
- b) The QI Unit representative will confirm the final credentialing decision prior to submitting the provider to Fiscal Services to be set up as an individual practitioner in the billing system by:
1. Source verifying the license using the State of Michigan LARA database;
  2. Source verifying the NPI.
- c) All credentialing information will be maintained in the appropriate CMHOC administrative folder.

**REQUIREMENTS AND MONITORING: DESIGNATED CMH STAFF WILL MONITOR COMPLIANCE AS DEFINED BELOW:**

- A. CMHOC will maintain a rigorous process for the assurance of the ongoing credentialing of all licensed and credentialed staff within its provider network by:
1. Reviewing all training records of provider staff during the annual contract renewal process;
  2. Conducting regular exclusion monitoring checks via Streamline Verify on all CMHOC staff;
- B. Consequences for failure to comply with the Policy are based in the CMH Boilerplate Contract Standards and Language. The consequences for contract compliance or employment will vary depending upon the classification of the credentialed employee and/or his or her presence on the Medicaid/Medicare Exclusionary List.
1. CMH Contract Management staff/designee will notify Provider of non-compliance plan of correction requirements and timeframes.
  2. CMH Contract Management staff/designee will monitor completion until full compliance is achieved.
  3. CMH may withhold payment or terminate contract.
  4. CMH may terminate employment.
- C. Reporting Requirements
1. The policy will require the reporting of any improper conduct by the service provider that results in suspension or termination from the provider network to the appropriate authorities. Such procedures shall be consistent with current federal and state requirements, including those specified in the MDHHS Medicaid Specialty Supports and Services Contract and the Balanced Budget Act of 1996.

**VI. ATTACHMENTS**

“A Certification Regarding Debarment, Suspension, and Other Responsibility Matters”  
Clinical Application  
Credentialing Process  
Credentialing Documentation

**VII. REFERENCES**

- MDHHS Medicaid Specialty Supports and Services Contract
- Section 1128 of the Social Security Act, “Exclusion of Certain Individuals and Entities from Participation in Medicare and State Health Programs”
- United States Department of Justice, Controlled Substance Registration Department
- CARF: Behavioral Health Standards Manual
- MDHHS Credentialing Technical Requirements, Contract Attachment P 7.1.1
- MDHHS Credentialing and Re-Credentialing Processes
- Ottawa County Human Resource policies

**ATTACHMENT A**

**PROCESS SUMMARY**

|                                        |                                        | <b>EMPLOYER OF RECORD...</b>     |                        |                            |
|----------------------------------------|----------------------------------------|----------------------------------|------------------------|----------------------------|
|                                        |                                        | <b>OTTAWA COUNTY</b>             | <b>CONTRACT AGENCY</b> | <b>CONTRACT INDIVIDUAL</b> |
| <b>Time of Hire</b>                    | 3 written references                   | HR                               | CONTRACT AGENCY        | QI                         |
|                                        | Education (source)                     | HR                               | CONTRACT AGENCY        | QI                         |
|                                        | Work History                           | HR                               | CONTRACT AGENCY        | QI                         |
|                                        | Criminal Background                    | HR                               | CONTRACT AGENCY        | QI                         |
|                                        | Verification of license (source)       | CMH                              | QI                     | QI                         |
|                                        | Application & Attestation              | CMH                              | QI                     | QI                         |
|                                        | National Practitioner Data Bank (NPBD) | CMH                              | QI                     | QI                         |
|                                        | Streamline Verify                      | CMH                              | QI                     | QI                         |
|                                        | OIG                                    | CMH                              | QI                     | QI                         |
|                                        | Medicaid/Medicare sanctions            | CMH                              | QI                     | QI                         |
|                                        | Set up user in Avatar                  | Admin                            | QI                     | QI                         |
|                                        | Set up to bill                         | Finance                          | QI                     | QI                         |
|                                        | <b>Re-</b>                             | Verification of license (source) | QI                     | QI                         |
| National Practitioner Data Bank (NPDB) |                                        | QI                               | QI                     | QI                         |
| OIG                                    |                                        | QI                               | QI                     | QI                         |

**HUMAN RESOURCES**

|  |                             |    |    |    |
|--|-----------------------------|----|----|----|
|  | Medicaid/Medicare sanctions | QI | QI | QI |
|  | Attestation                 | QI | QI | QI |
|  |                             |    |    |    |
|  |                             |    |    |    |