



Community Health & Research Center

<b>Policy Name:</b> <b>Policy Section/ Number:</b>	<b>Created By:</b>	<b>Initial Date:</b>	<b>Current Date:</b>	<b>Pages:</b>
Limited English Proficiency (LEP) Section ___/# ____	Ana Dutcher Quality Assurance Manager	1/1/11	11/4/19	Page 1 of 4

<b>Approved By:</b> Mohamad Khraizat	<b>Title:</b> Health Operations Manager
<b>Signature:</b> <i>Mohamad Khraizat</i>	<b>Date:</b> 11-4-19

I. **POLICY**

The policy of the ACCESS ensures that no individuals on the basis of limited English proficiency are denied benefits or subjected to discrimination by any agency-funded program.

II. **PURPOSE**

This policy establishes procedures to accommodate individuals who have limited English proficiency

III. **APPLICATION**

This policy applies to the agency, its contractors, and their subcontractors.

IV. **DEFINITIONS**

**Contractor:** A legal entity or division of an entity, which contracts with the agency to provide mental health services/supports as defined by the agency

**Interpretation:** The spoken word interpreted from one language into another by a third party

**Limited English Proficient (LEP):** An individual who is unable to speak, read, write or understand the English language at a level that permits him or her to interact effectively with English-speaking people

**Persons Eligible to Be Served or Likely to Be Directly Affected:** Those who either are eligible for the covered entities benefits or services or otherwise might be directly affected by such an entity's conduct

**Safe Harbor:** Written translations must be provided under the following circumstances and ensure that:

- Translated written material, including vital documents, are provided for each eligible LEP language group that constitutes ten (10) percent or 3000, whichever is less, of the population of persons eligible to be served, or likely to be directly affected by the programs, services, or supports required to be provided by the agency, its contractors, or their subcontractors
- At a minimum, that vital documents are translated into the appropriate non-English languages of persons for each LEP language group that constitute five (5) percent or 1,000, whichever is less, of the population of persons eligible to be served, or likely to be directly affected by the programs, services, or supports provided by the agency, its contractors or their subcontractors; translation of other documents, if needed, can be provided orally.

<b>Policy Name: Policy Section/ Number:</b>	<b>Created By:</b>	<b>Initial Date:</b>	<b>Current Date:</b>	<b>Pages:</b>
<b>Limited English Proficiency (LEP)</b> Section ___/# ____	Ana Dutcher Quality Assurance Manager	1/1/11	11/4/19	Page 2 of 4

- Written notice is provided in the primary language of the LEP language group of the right to receive competent oral translation of written materials to eligible LEP language groups that constitute less than 100 persons eligible to be served, or likely to be directly affected by the programs, services, or supports provided by the agency, its contractors, or their subcontractors.

**Service Area:** The geographic areas, from which the agency, contractor, or subcontractor draws or can be expected to draw consumers

**Subcontractor:** A legal entity contracted to perform all or part of a community mental health service that is the contractual obligation of an agency contractor

**Translation:** The written word indicating materials written in one language and translated into another

**Vital Documents:** Applications or consent forms, letters, or notices regarding eligibility or participation criteria, and notices pertaining to reduction, denial, or termination of services or benefits, that require a response. Large documents such as enrollment books may not need to be translated in their entirety. However, vital information contained in large documents must be translated.

## V. PROCEDURES

1. ACCESS follows the standards set by the funding sources while ensuring that all services, programs, or activities shall be accessible and usable to individuals with LEP
2. ACCESS provides adequate information to enable individuals with LEP to understand the types of services and benefits available
3. ACCESS conducts a thorough assessment of the language needs of the service area, following the federal safe harbor rules and identifying:
  - a. The non-English languages that are likely to be encountered in its program and the estimation of the number of LEP individuals that are likely to be directly served by its program
  - b. The language needs of each client and a notation of this information in the client's record
  - c. The points of contact in the program or activity where language assistance is likely to be needed
  - d. The resources that will be needed to provide effective language assistance and the location and availability of these resources
  - e. The arrangement that must be made to access these resources in a timely manner
4. ACCESS provides a range of language assistance which may include:
  - a. Sign language interpreters for individuals with hearing impairments/limitations
  - b. Alternative formats such as large print or Braille for individuals with visual impairments/limitations
  - c. Oral language interpretation for individuals that are non-English speaking

<b>Policy Name: Policy Section/ Number:</b>	<b>Created By:</b>	<b>Initial Date:</b>	<b>Current Date:</b>	<b>Pages:</b>
<b>Limited English Proficiency (LEP) Section ___/# _____</b>	Ana Dutcher Quality Assurance Manager	1/1/11	11/4/19	Page 3 of 4

- d. Testing self-identified bilingual staff for language proficiency
  - e. Hiring trained and competent staff interpreters
  - f. Contracting with outside interpreter service(s) for training and competent interpretation
  - g. Formally arranging for the services of trained and skilled voluntary community interpreter(s)
  - h. Arranging for the use of a telephone language interpreter service; this may be used as a supplemental system or when a language encountered cannot be accommodated by other resources
5. Ensure that the interpreter service is familiar with terminology used in to the provision of mental health services
  6. Ensure that vital documents are available in language(s) other than English in accordance with Federal Safe Harbor Guidelines
  7. Ensure access by, at a minimum, providing notices in writing, in the LEP individual's primary language, of the right to receive free language assistance in language other than English, including the right to competent oral translation of written materials free of cost; notice can be provided by, but not limited to:
    - a. Use of language identification cards, which allow LEP beneficiaries to identify their language needs; a message on the card must invite the LEP person to identify the language he/she speaks. Identification must be included in the individual's record
    - b. Posting signs in regularly encountered languages (in accordance with Federal Safe Harbor Guidelines) other than English in waiting rooms, reception areas, and other initial points of entry; these signs must inform applicants and beneficiaries of their right to free language assistance services and invite them to identify themselves as persons needing services.
    - c. Translation of applications and instructional, information, and other written materials into appropriate non-English languages by competent translators
    - d. Uniform procedures for timely and effective communication between staff and LEP individuals, including instructions for English-speaking employees to obtain assistance from interpreters or bilingual staff when receiving calls from, or initiating calls to LEP individuals
    - e. Language assistance services, in applicable non-English languages, in brochures, booklets, outreach and recruitment information, and other materials routinely disseminated to the public
  8. Disseminate limited English proficiency policy to staff
  9. Provide training to new employees and periodic training to other staff to ensure that staff is:
    - a. Knowledgeable and aware of LEP policy and procedures
    - b. Trained to work effectively with interpreters
    - c. Understand the dynamics of interpretation between consumers and the interpreter
  10. Monitor its language assistance program periodically to assess:

<b>Policy Name: Policy Section/ Number:</b>	<b>Created By:</b>	<b>Initial Date:</b>	<b>Current Date:</b>	<b>Pages:</b>
<b>Limited English Proficiency (LEP) Section ___/# ___</b>	Ana Dutcher Quality Assurance Manager	1/1/11	11/4/19	Page 4 of 4

- a. The current LEP makeup of its service area
- b. The current communication needs of LEP applicants and consumers
- c. Whether existing assistance is meeting the needs of such persons
- d. Whether staff is knowledgeable about policies and methods of implementation
- e. Whether sources of arrangements for assistance are still current and viable
- f. If modifications are needed

#### **VI. QUALITY ASSURANCE & IMPROVEMENT**

The agency shall review and monitor adherence to this policy. The Quality Assessment and Performance Improvement Program (QAPIP) must include measures for monitoring and improvement in the quality of the program or process described in this policy.

#### **VII. COMPLIANCE WITH ALL APPLICABLE LAWS**

Agency staff, contractors, and subcontractors are bound by all applicable local, state, and federal laws; rules, regulations, and policies; all federal waiver requirements, state, and county contractual requirements, policies, and administrative directives as amended.

#### **VIII. LEGAL AUTHORITY AND REFERENCES**

All agency policies refer to the most recent policy at the time of writing and/or other communication devices.

Michigan Mental Health Code, PA 258 of 1974, as amended, Suitable services; treatment environment; setting; rights, MCL 330.1708

Michigan Department of Community Health/Community Mental Health Service Provider Managed Specialty Supports and Services Contract, Section 3.12, Compliance with Civil Rights, 1998-2002

Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d et seq.

Federal Department of Health and Human Services, Office for Civil Rights, LEP Policy Guidance 65 Fed. Reg. 52761 (8/30/00)

Title II, Americans with Disabilities Act of 1990, Public Law 101-336

Michigan Department of Community Health, Application for Participation, 1/03/02

<b>Policy Name: Policy Section/ Number:</b>	<b>Created By:</b>	<b>Initial Date:</b>	<b>Current Date:</b>	<b>Pages:</b>
Credentialing/Re-credentialing Section ___/# ____	Ana Dutcher Quality Assurance Manager	1/1/2011	11/4/19	Page 1 of 13

<b>Approved By: Mohamad Khraizat</b>	<b>Title: Health Operations Manager</b>
<b>Signature:</b>	<b>Date:</b>

### I. POLICY:

It is the policy of ACCESS Mental Health and Family Counseling Division (ACCESS) that employees, interns, contractors and volunteers shall meet all applicable licensing scopes of practice and contractual and Medicaid Provider General Fund Block Grant Manual requirements for appropriate credentialing and re-credentialing.

Credentialing and re-credentialing as described in this policy, shall occur for ACCESS' employees, volunteers, interns and independent contractors at the time of hire and at least every two years thereafter.

### II. PURPOSE:

The purpose of this policy is to delineate, describe, and prescribe the procedures for the credentialing/re-credentialing functions and oversight of ACCESS as an organization and the ACCESS' Staff Development and Training Committee to implement credentialing/re-credentialing functions.

### III. APPLICATION:

This policy applies to ACCESS staff, its Staff Development and Training Committee, its affiliates, and contractors, who provide mental health or substance abuse services, supports, treatment, and utilization review activities on behalf of ACCESS.

### IV. DEFINITIONS:

- A. **Accredited:** MCPN's, CA, and/or their subcontractors, Direct Contractors that have been certified by accrediting agencies including, but, not limited to) COA (Council on Accreditation), JCAHO (Joint Commission on Accreditation of Healthcare Organizations), CARF (Commission on Accreditation of Rehabilitation Facilities) or NCQA (National Committee for Quality Assurance).
- B. **Adverse Action:** Notification by letter to an applicant that his or her application has not been approved.
- C. **Adverse Event:** An injury that occurs while a member is receiving health care services from a practitioner.
- D. **Applicant:** The physician or practitioner who is applying for initial or renewal of membership with ACCESS and/or its contractor through initial or reappointment application.
- E. **Authorized/Certified (or authorization/certification):** The process, conducted by a designated entity, of approving Child Mental Health Professionals (CMHP) or practitioners to perform Pre-Admission Reviews or to determine the level of care or services.
- F. **Child Mental Health Professional (CMHP):** An individual who is trained and has one year of experience in the examination, evaluation, and treatment of minors and their families and who is one of the following:
  1. A physician
  2. A psychologist
  3. A licensed master's social worker or licensed professional counselor
  4. A registered nurse
  5. A person with at least a bachelor's degree in a mental health related field from an accredited school that is trained, and has three years of supervised experience in the examination, evaluation, and treatment of minors and their families.

<b>Policy Name: Policy Section/ Number:</b>	<b>Created By:</b>	<b>Initial Date:</b>	<b>Current Date:</b>	<b>Pages:</b>
Credentialing/Re-credentialing Section ___/# ____	Ana Dutcher Quality Assurance Manager	1/1/2011	11/4/19	Page 3 of 13

license renewal who have been licensed for the three-year period immediately prior to expiration date of their license, to accumulate at least 45 continuing education contact hours (CECH's) approved by the Continuing Education Collaborative.

- b. The Collaborative has been designated by the Michigan Board of Social Work to oversee continuing education guidelines and credit and provider approval. At least five of the 45 hours in each renewal cycle must be in ethics and one hour must be in pain and pain symptom management. Submission of an application for renewal constitutes the applicant's certification of compliance. LMSW's and LBSW's must retain documentation showing their compliance with the rule for four years from the date of application for renewal.
5. A licensed professional counselor licensed under Article 15 of the Occupational Code, Act No. 368 of the Public Acts of 1978.
  6. A marriage and family therapist licensed under Article 15 of the Occupational Code, Act No. 229 of the Public Acts of 1989, being Sections 339.1501 to 339.1511 of the Michigan Compiled Laws.
- P. Qualified Intellectual Disabilities Professional (QIDP): A psychologist, physician or educator with a degree in education from an accredited program, licensed master's or bachelor's social worker, physical therapist, occupational therapist, speech pathologist or audiologist, registered nurse, therapeutic recreation specialist or rehabilitation counselor and has specialized training or one year of experience in treating or working with a person who has intellectual disabilities, and is an individual who meets the qualification under 42 CFR 483.430. (Refer to staff provider qualifications in the Program Requirements Section for specific requirements of the professionals.)
- Q. Michigan Department of Consumer and Industry Services (MDCIS): The State agency responsible for licensing, certification, and registration of professional practitioners
- R. Non-approval: Notification by letter of adverse action received by an applicant that her/his application is not approved. (See attachment)
- S. 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 Databanks Branch is responsible for the management of the National Practitioner Databank and the Healthcare Integrity and protection Databank, HRSA. They can be located on the Internet at [www.npdb-hipdb.hrsa.gov/](http://www.npdb-hipdb.hrsa.gov/).
- T. Practitioner: A professional who has been licensed and/or authorized by the State of Michigan to provide mental health/substance abuse services in accordance with applicable laws and regulations. (For the purposes of this policy, this definition includes ACCESS employees, interns, contractors and volunteers.)
- U. Prepaid Inpatient Health Plan (PIHP): An organization under contract with the Michigan Department of Community Health to provide managed behavioral health care services to Medicaid-eligible individuals. ACCESS is a provider to the PIHP, the Detroit-Wayne County Community Mental Health Agency (referred to as the Agency).
- V. Pre-Admission Reviewer (PAR): Qualified clinicians (i.e., MD, DO, PhD, PsyD, LMSW, LLP, LPC, MSN, Nurse Practitioner and BSN) who have demonstrated experience in the specialty areas in which they are making decisions and may initiate and carry out the pre-admission and utilization review duties.
- W. Primary Source Verification: The confirmation of specific credentials for a network provider applicant such as licensure, education, experience, training, etc., obtained directly from the original source from or by which the applicant received the credential.
- X. Re-credentialing: The process of re-verification of licensure, certification, registration, or evidence of competence and ability to perform designated clinical activities.



<b>Policy Name: Policy Section/ Number:</b>	<b>Created By:</b>	<b>Initial Date:</b>	<b>Current Date:</b>	<b>Pages:</b>
Credentialing/Re-credentialing Section ___/# _____	Ana Dutcher Quality Assurance Manager	1/1/2011	11/4/19	Page 5 of 13

**Clinical Supervisor:** An individual that directly supervises clinical staff and has one of the following credentials:  
 Michigan Certified Clinical Supervisor (CCS-M)  
 Certified Clinical Supervisor (CCS) credential,  
 A registered clinical supervisor development plan with MCBAP and is timely in its implementation

**Prevention Program Supervisor:** An individual responsible for general prevention program oversight and staff supervision and has one of the following credentials:  
 CPC-R  
 CPC-M  
 Or has a registered development plan with MCBAP and is timely in its implementation.

**Prevention Specialist:** An individual with responsibilities for development and implementation of plans and prevention services in service area at regional or local level and has the following credentials  
 CPS-R  
 CPS-M  
 Or has a registered development plan with MCBAP and is timely in its implementation.

- AA. **Utilization Review (UR)/ Utilization Management (UM):** The process of using predetermined criteria to evaluate the appropriateness of clinical services as evidenced by documentation of the delivery of those services. Using established criteria to recommend or evaluate services provided in terms of medical necessity, effective use of resources and cost-effectiveness.

## V. PROCEDURES:

- A. ACCESS staff shall adhere to the Standards and Procedures below.
1. Ensures adherence to the provisions and standards set forth in the MDCH Credentialing policy.
  2. Ensures the credentialing process does not discriminate against a health care professional solely based on license, registration; or certification, to the extent the provider is acting within the scope of the provider's license or certification under applicable state law, or against a health care professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.
  3. Ensures the development and implementation of a Credentialing Committee charged with oversight of the credentialing, re-credentialing process. The committee will have representation of all disciplines involved in the service provision at ACCESS. A prescriber's application will be reviewed by the committee with the final signature of the Medical Director or a delegate representative to the committee. Monitoring of the credentialing files and complaints of discrimination will be reviewed at least annually.
  4. Maintain a Credentialing Committee that reviews all applications submitted and provides oversight of the following activities:
    - a. The credentialing and re-credentialing process for the care providers and entities under contract with the Authority or with the MCPNs, and which collectively form the Authority's provider network.

<b>Policy Name: Policy Section/ Number:</b>	<b>Created By:</b>	<b>Initial Date:</b>	<b>Current Date:</b>	<b>Pages:</b>
Credentialing/Re-credentialing Section ___/# ____	Ana Dutcher Quality Assurance Manager	1/1/2011	11/4/19	Page 7 of 13

(direct or indirect ownership of five percent or more or a managing employee), has not been excluded from participating in federal health care programs.

- c. ACCESS must be prepared to disclose ownership and control information at the time of provider enrollment, re-enrollment, or whenever a change in provider entity ownership or control takes place.
  - d. ACCESS must be prepared for the Agency to search the OIG exclusions database monthly to capture exclusions and reinstatements that have occurred since the last search or at any time providers submit new disclosure information.
  - e. ACCESS must be prepared for the Agency to validate and revalidate at least every two years that ACCESS is licensed as necessary to operate within the state.
6. To ensure the development, revisions, and implementation of the Credentialing/Re-Credentialing Policy, the ACCESS Staff Development and Training Committee, acting as ACCESS Credentialing Committee is charged with the oversight of the credentialing/re-credentialing process.
- a. The ACCESS Staff Development and Training Committee will provide oversight of the following activities:
    - The credentialing and re-credentialing process for ACCESS employees, contractors, interns and volunteers including the right to approve, suspend or terminate a staff's credentials.
    - Rendering decisions regarding the completeness of Staff Applications for Credentialing consistent with established credentialing and re-credentialing criteria:
    - Name & date of birth of employee, contractor, intern or volunteer
    - Current copy of their State Professional License
    - Initial Credentialing Date
    - Copy of Credentialing Certificate(s) with Expiration Dates
    - Copy of the highest degree earned or Official Transcript
    - Current Resume/CV (must include current employer)
    - Signed and dated Notification and Release Form for Background Check
    - Documentation of trainings
    - Copy of current OIG Clearance
    - Copy of DHS Clearance for those working with children

For Psychiatrists:

    - Copy of DEA/State Certificate
    - Proof of Malpractice Insurance
    - Current NPDB Query
    - Confirmation of adherence to organization policies and procedures or contract requirements
    - Development and update of related policies, procedures and credentialing criteria consistent with ACCESS, Agency, CARF, federal or other state requirements and other relevant professional standards
    - Monitoring adherence to established time lines for the credentialing process. See the attached Staff Development and Training Activities Calendar.
- B. ACCESS may recognize and accept credentialing activities conducted by any other Agency authorized organization in lieu of completing its own credentialing activity. Where ACCESS chooses to accept the



<b>Policy Name: Policy Section/ Number:</b>	<b>Created By:</b>	<b>Initial Date:</b>	<b>Current Date:</b>	<b>Pages:</b>
Credentialing/Re-credentialing Section ___/# _____	Ana Dutcher Quality Assurance Manager	1/1/2011	11/4/19	Page 9 of 13

Health site by the Quality Assurance Manager. The information obtained prior to employment will allow for the Temporary Credentialing of the practitioner.

1. Primary source verification of licensure or certification
2. Primary source verification of board certification or highest level of credentials attained, if applicable, or completion of any required internships/residency programs or other postgraduate training
3. Documentation of graduation from an accredited school
4. For Psychiatrists/Physicians, a National Practitioner Databank (NPDB)/Health Integrity and Protection Databank (HIPDB) query, verification of all of the following:
  - a. A minimum five-year history of professional liability claims resulting in a judgment or settlement
  - b. Disciplinary status with a regulatory board or agency
  - c. A Medicare/Medicaid sanctions query
5. ACCESS' Human Resource Department will perform criminal background checks on potential employees, direct contractors, and subcontractors who provide professional or direct care services to persons receiving mental health services to ensure all required staff is in good standing with the law:
  - All employees, contractors, interns and volunteers hired or engaged to provide professional or direct care services to consumers receiving mental health services must be in good standing with the law (i.e., not a fugitive from justice, a convicted felon, or an illegal alien).
  - ACCESS Human Resources will determine the methodology for performing criminal background checks on potential employees in order to avoid employment of those who do not pass such a check, in accordance with federal, State of Michigan or contractual requirements.
  - ACCESS' Human Resources Department will ensure that a signed, dated application includes the following additional items:
    - Reasons for inability to perform the essential functions of the position, with or without accommodations
    - Lack of present illegal drug use
    - History of loss of license, registration, or certification and/felony convictions
    - History of loss or limitation of privileges or disciplinary actions
    - An evaluation of the provider's work history for the prior five years
    - Attestation by the applicant of the correctness and completeness of the application.
      - a. When conferring the credential(s), the ACCESS Staff Development and Training Committee verifies:
        - i. that the qualifications of staff are consistent with national credentialing standards and applicable laws to ensure that staff who provide treatment, services and supports to persons are acting within the scope of practice as determined by their licensure/registration/certification, training and supervised experience
        - ii. that the staff meets the minimum standards that require ongoing population-specific (SMI, SED, DD) in-service training and/or continued education related to the provision of services, supports, treatment and UR/UM activities.

<b>Policy Name: Policy Section/ Number:</b>	<b>Created By:</b>	<b>Initial Date:</b>	<b>Current Date:</b>	<b>Pages:</b>
Credentialing/Re-credentialing Section __/# ____	Ana Dutcher Quality Assurance Manager	1/1/2011	11/4/19	Page 11 of 13

- ii. primary source verification of licensure or certification
  - iii. board certification/highest level of credentials attained
  - iv. completion of any required Psychiatric internships/residency programs/other postgraduate training
  - v. Psychiatrists must be available for face-to-face evaluations.
  - a. Provide a Credential Certificate or inform the staff in writing of the reasons for any adverse credentialing/re-credentialing decision to deny, suspend, or terminate the contract for any reason other than lack of need, and their right to the appeal process (consistent with state and federal regulations).
  - b. Report all staff improper conduct resulting in suspension or termination to the appropriate authorities, which include the Agency, MDCH, Attorney General, etc. These reporting procedures shall be consistent with contractual, federal and state requirements.
  - c. Ensure the provision of supervision to staff members with a bachelor's degree, or less, who have less than three years of experience or a master's degree with less than one year of paid experience in the treatment of consumers in the population group or in the specific service area for which certification is being required.
  - Maintain documentation that shows evidence that staff, including Children's Diagnostic and Treatment Services Program staff receive training and continuing education, and that the practitioner's file reflects the date of training, name of training, and the clock hours of training.
    - a. Process must be completed at least every two years including:
      - i. An update of information obtained during the initial credentialing.
      - ii. A process for ongoing monitoring, and intervention, if appropriate, complaints and quality issues pertaining to the staff, which must include, at a minimum, a review of:
        1. Staff clinical documentation, i.e., case records, progress notes, assessments, etc. by Peer Review and Clinical Manager
        2. Incident Reports involving staff
        3. Performance records
        4. Utilization Review records.
- F. Change of credentialing authorization may happen if justified but not limited to the findings of the credentialing committee, funding sources, Office of Recipient Rights, Bureau of Health Services or other licensing bodies. Practitioners must be given written notice of adverse reactions within five days. Practitioners are given notice of their rights to appeal the decision through the Adverse Action Appeal process
1. Summary suspension of a practitioner is appropriate when immediate action is necessary to protect a service recipient or when a summary is requested by another mental health entity.
  2. An investigation shall commence immediately and the findings shall provide for wither reinstatement of the credentials or notice of adverse reaction.
  3. Negative outcomes of the investigation may require reporting to authorities and/or licensing entities.
  4. Appeals of Adverse Actions are available for all practitioners. The committee will notify the practitioner of the adverse action within five days of the decision. This written notification will

Policy Name: Policy Section/ Number:	Created By:	Initial Date:	Current Date:	Pages:
Credentialing/Re-credentialing Section ___/# ____	Ana Dutcher Quality Assurance Manager	1/1/2011	11/4/19	Page 13 of 13

- a. The State of Michigan Licensing and Regulatory Affairs and Michigan Department of Community Health (MDCH) publishes qualifications and definitions for staff performing specialty services and supports in the Community Mental Health system and qualifications and definitions for staff performing services in Substance Abuse programs. These qualifications are modified from time to time. Therefore, all individuals seeking privileges/credentialing shall be responsible to review and comply with the latest version of the Medicaid Provider Manual, any interim Medicaid bulletins, and all directives and guidance from MDCH and the D-WCCMHA.

**G. LEGAL AUTHORITY AND REFERENCES:**

- a. Health Insurance Portability and Accountability Act of 1996, P.L. 104-191.
- b. Balanced Budget Act of 1997, P.L. 105-83.
- c. HHS-OIG List of Excluded Individuals/Entities, <http://exclusions.oig.hhs.gov>
- d. Michigan Department of Community Health, Administrative Rule 330.2105(b)
- e. Public Act 368 of 1978 as revised – MCL 333.20173.
- f. Michigan Department of Consumer and Industry Services, Requirements for Criminal Background Checks, September 3, 2002, [www.michigan.gov](http://www.michigan.gov)
- g. Department of Community Health Mental Health and Substance Abuse Administration, Credentialing and Re-Credentialing Policy, January 2007
- h. Agency Policy: Complaint Resolution, September 1, 2005
- i. Agency Policy: Certification of Children's Diagnostic and Treatment Services, February 1, 2009

**H. ATTACHMENTS:**

- a. ACCESS Employment Application
- b. ACCESS Annual Credentialing Application/Staff Documentation-& Training Record
- c. DWMHA Credentialing and Re-credentialing policy with Exhibits A-F 4-2017
- d. MCOSA Staff Credentialing Policy 2-28-14