



**JEFFERSON
BEHAVIORAL
HEALTH**

Managed Mental Health Care Organization for Coos, Curry, Douglas, Jackson, Josephine, and Klamath Counties

PART I: POLICY
Credentialing and Recredentialing

Policy Number: 97711	Effective Date: June 26, 2006	Supersedes: JBH Credentialing Policy, dated November 1, 1997, as revised on July 2, 2004
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Approved by:	Date:
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I. POLICY DESCRIPTION

The purpose of this policy is to establish formal policy and procedures that authenticate current licensure, registration, certification, or other type of credentials as applicable for providers of mental health services working for or contracting with Jefferson Behavioral Health (JBH).

This policy shall set a standard for JBH staff, Participating Provider agency staff, OHP Members and/or their Representatives, stakeholders, and regional and/or allied agencies in providing the most expeditious, least formal and least costly process for resolving specific concerns about any aspect of service provided by or through Jefferson Behavioral Health.

II. APPLICABILITY

For the purposes of this policy, the term Jefferson Behavioral Health (JBH) includes the Jefferson Behavioral Health staff and its authorized representatives. JBH shall follow this policy as it applies to the OHP mental health services governed by the Mental Health Organization Agreement between the State of Oregon and JBH. Participating Providers shall follow this policy to the extent that it applies to the mental health services that they provide to JBH Members. The responsibilities outlined in this policy shall also include, but not be limited to, the Local Mental Health Authorities (LMHA) in the JBH service area, and any agency delegated with the responsibility for managing non-inpatient mental health services for JBH members in the LMHA's county.



PART II: PROCEDURES

Credentialing and Recredentialing

Policy Number: 97711	Effective Date: June 26, 2006	Supersedes: JBH Credentialing Policy, dated November 1, 1997, as revised on July 2, 2004
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I. RESPONSIBILITY FOR CREDENTIALING AND APPROVING PROVIDERS

- a. Credentialing standards shall be set by JBH.
- b. The process for credentialing and approving an agency's staff will be the responsibility of the JBH County Local Mental Health Authorities or the JBH Participating Providers.
- c. The Directors of JBH's provider agencies or their designees shall have approval authority in the credentialing and recredentialing process of their own individual practitioners.
- d. JBH shall provide oversight over the credentialing and recredentialing process in each of its provider agencies.
- e. JBH shall maintain a Credentialing and Recredentialing Membership Committee to review and provide recommendations on credentialing and recredentialing applications. The Credentialing and Recredentialing Membership Committee shall consist of five (5) members:
 - i. Three (3) members from the JBH Quality Management Committee. At least one of those members shall be a consumer advocate,
 - ii. One (1) representative from the Regional Operations Committee; and

- iii. One (1) JBH staff member, such as the Executive Director, the Quality Improvement Coordinator or the Children's Regional Coordinator.
- f. The Participating Providers shall ensure that all sub-contractors comply with the requirements set forth in this procedure.
- g. All providers of OHP mental health treatment services shall possess specific minimum qualifications and be credentialed by JBH. JBH will credential agency providers. Each agency provider (i.e., Community Mental Health Programs and Intensive Treatment Providers) shall have a process for credentialing their individual providers.
- h. Certain serious felonies and misdemeanors may increase the risk of exploitation and/or abuse of persons in the care of or receiving services from JBH, its affiliates, or subcontractors. Because of this potential, JBH or its Member CMHPs shall conduct criminal background records' check on all providers of mental health service they credential. Providers must meet state requirements for criminal background checks including OAR 309-018-0000 through OAR 309-018-0190.
- i. Paid Employees of JBH or Member CHMPs: Individuals in paid employment with JBH or Member CMHPs to provide mental health services should meet the requirements of either a Qualified Mental Health Associate (QMHA) or Qualified Mental Health Professional (QMHP) as defined in Exhibit K of the OHP Contract.
- j. Individual Providers: Individuals providing services through a direct subcontract with either JBH or any of its Member CMHPs shall be licensed, registered, or certified in the State of Oregon to provide services within their appropriate field of expertise, and shall be screened through the National Practitioner's DataBank. Specifically, individual medical practitioners (i.e. M.D., N. P., R.N., L.N.P.) must possess and maintain a current license to practice medicine in the State of Oregon.
- k. If an agency is not licensed, registered, or certified and the agency is required to do so, then the provider shall either document the plan to obtain appropriate credentials or justification as to why the provider is not pursuing credentialing. If a provider has been licensed in the past and does not currently hold a license, registration, or certificate, the provider shall document reasons for suspension or lapse of credential, plans for re-credentialing (if any) and/or reasons for not re-credentialing.

- I. JBH Provider Credentialing Body: All Member CMHPs shall have a credentialing body that reviews and makes recommendations regarding provider panel status for those providers of mental health services that contract with either JBH or Member CMHPs within their county. The credentialing committee shall be composed of three clinical staff Members, with one Member from the CMHP Quality Management Committee (QMC). The QM committee Member shall chair the credentialing committee. The credentialing committee shall meet annually at a minimum but may do so more frequently to ensure that providers are credentialed in a timely fashion.
- m. Denials and Appeals: Individuals that have not been credentialed shall be given written notification for the reason of denial. An appeal may be filed through the standard appeal procedures established by JBH.

II. PROVIDERS OF OUTPATIENT SERVICES

1. JBH provides outpatient services through contracts with one or more agencies licensed to provide behavioral health services within each county (sub-region). In each county, the Local Mental Health Authority is responsible for selecting and maintaining a panel of provider agencies and individual practitioners that has sufficient capacity and expertise to provide adequate, timely, and medically appropriate access to covered outpatient mental health services for OHP members.
2. If appropriate and timely services are not available through the agency's employees or contractors, then out-of-network services shall be covered as specified in Section VI, below.
 - a. JBH has written policies and procedures for the provider membership process that includes the initial approval of membership and renewal of membership of agencies and individual practitioners who are providers within the Network, and a grievance process for denial of membership.
 - b. The JBH Quality Management Committee and JBH Board of Directors shall review and approve provider membership policies and procedures.
 - c. Credentialing criteria for an agency new to the Network may be adapted to allow the use of quality information from other sources.

3. The JBH Quality Management Committee (QMC) and the JBH Regional Operations Council shall jointly develop and propose to the JBH Board of Directors the quality measures to be included in the recredentialing review of member agencies. The criteria include both required elements and informational items which evaluate agency or individual practitioner performance on currently targeted quality improvement projects.
4. The QMC shall be responsible for collecting and reporting such data to the JBH Board of Directors.
5. Credentialing criteria for a new agency may be adapted to allow for the use of quality information from other sources in place of JBH data.
6. JBH Credentialing and Recredentialing Membership Committee shall make recommendations regarding credentialing, following the review of the required documentation to satisfy the credentialing process.
7. JBH Credentialing and Recredentialing Membership Committee will review and recommend agencies as providers.
8. **Required Documentation for the Credentialing Process**

The applicant agency shall complete an application for membership and attests to the correctness and completeness of the application. The application shall include the following:

 - a. Letters or Certificates of Approval from Oregon Office of Mental Health and Addiction Services (OMHAS) and any other certified agency, as applicable.
 - b. Current, adequate malpractice insurance according to JBH policy;
 - c. History of professional liability claims which result in settlements or judgments paid by or on behalf of the agency or its practitioners.
 - d. For all clinical staff that have direct service responsibilities within an agency, an agency shall review at a minimum:
 - History of loss of license;
 - History of felony convictions;
 - History of loss or limitation of privileges or disciplinary activity;
 - Level of clinical supervision and frequency;

- Training and experience to provide the services which supports the staff person's position;
 - History of previous sanction activity by Medicare and Medicaid; and
 - History of convictions for a drug or alcohol related offense.
- e. For all JBH Provider Agencies seeking membership, JBH shall review at a minimum:
- A standard application to become a provider organization;
 - Brief history of the organization describing the number of years in business, type of work provided, and types of consumers served;
 - Proof of workers compensation insurance;
 - Proof of professional liability insurance which provides coverage of direct and vicarious liability relating to damages caused by an error, omission, or act of negligence in the amount of \$1,000,000 per person per incident and not less than \$1,000,000 in the aggregate;
 - Proof of general liability insurance;
 - A statement of malpractice history and/or information regarding actions taken by organizations that limited, suspended, or abolished privileges for the last five (5) years;
 - A copy of current license, registration or certification as applicable to the provider;
 - A copy of current business license;
 - A copy of current fire inspection;
 - Medicaid or Medicare provider numbers as appropriate; and
 - A listing of the clinical staff that will be providing mental health services and their educational degrees and or experience.

9. Re-credentialing: JBH Provider Agencies shall monitor performance of its subcontractors at least once a year. The re-credentialing process shall be performed and credentialing information updated at least every two years. Re-credentialing shall be used to determine that the provider continues to offer services within the scope of their respective license, registration, and/or certification, and continues to act in the best interests of JBH and its OHP Enrollees.
10. The QMC Committee and the Regional Operations Council shall review the results of site reviews from OMHAS and JBH to verify the applicant agency's Medicaid provider status.
11. Site Visits and Delegated Activities Review:
 - a. For agencies with a Certificate Approval from the State of Oregon, JBH will accept the findings from the most current site visit conducted by the state or other accreditation body for facility structure and clinical record keeping practices.
 - b. Delegated Activities Review: JBH shall conduct an annual review of the activities delegated to member agencies as required under JBH's Mental Health Organization contract, and issue a report that identifies areas of improvement and deficiency. The agency shall make any required corrections to the satisfaction of JBH within the timeframe specified by JBH.
12. The QMC and Regional Operations Council shall be responsible for reviewing provider agency and membership. Agency membership will be effective for one calendar year from date of approval unless revoked.
13. **Membership Recredentialing Process**: The membership recredentialing process will include the following:
 - a. The provider agency submits any and all changes to the initial application.
 - b. JBH reviews information on the provider from appropriate certifying or licensing organizations.
 - c. JBH reviews data from:
 - i. Quality improvement activities.
 - ii. JBH-administered annual Member Mental Health Services Survey.

- iii. Adverse action reports, as applicable.
 - iv. Site visits and reviews conducted, as applicable
 - v. Other quality improvement efforts, as defined in latest recredentialing criteria approved by JBH.
14. The QMC and Regional Advisory Council review and make recommendations for continued membership to the JBH Board of Directors. The QMC and Regional Operations Council will report their findings related to quality performance to the Board of Directors.
 15. The JBH Board of Directors shall review and approve or reject the QMC and Regional Advisory Council recommendations for continuation of a provider agency's membership in JBH. If approved, the recommendation shall proceed into the contracting phase.
 16. JBH will report evidence of practices which are illegal or unethical to authorities and/or appropriate certifying or licensing organizations.
 17. In the event that the JBH Board of Directors recommends denial or termination of an agency membership, the provider may submit an appeal in writing to the JBH Board of Directors.

III. CREDENTIALING OF INDIVIDUAL PROVIDERS

1. Credentialing of individual practitioners (agency employees or contractors) is delegated to the member agency.
 - a. Chemical dependency agencies shall document staff qualifications consistent with applicable OAR's.
 - b. For agencies subcontracted as mental health outpatient providers:
 - i. Employees and/or subcontractors shall possess valid licenses or certificates if any are required under any federal, state, or local law, rule, or regulation to deliver outpatient OHP Covered Services in the State of Oregon. The agency shall verify possession of such required licenses or certificates.
 - c. If an employee or subcontractor is not required to be licensed or certified by a State of Oregon board or licensing agency, then:
 - i. The individual must meet the definition for Qualified Mental Health Associate or Qualified Mental Health

Professional as defined in OAR 309-016-0005 and provide services under the supervision of a Licensed Medical Practitioner; or

- ii. For individuals not meeting the QMHA or QMHP definition, the agency shall document and certify that the individual's education, experience, competence, and supervision are adequate to permit the individual to perform his or her specific assigned duties. JBH form "Credentialing for Adjunct Service Providers" or its equivalent is used to record this information, which is retained in the individual's personnel file. Credentialing of interns follows this procedure.
- d. Agency credentialing records shall document academic degrees, licenses, certifications, and/or qualifications of the agency's employees and/or subcontractors. Criminal record reviews shall be completed and documented as described in OAR 309-018-0100 through 309-018-0190.
- e. Services to OHP Members may not be rendered by individuals or entities that are currently excluded from Medicaid participation under Section 1128 or Section 1128A of the Social Security Act. The agency shall not refer OHP Members to such Providers and shall not accept billings for Services to OHP Members submitted by such Providers. Any action taken to exclude a provider currently employed by or under contract with a member agency shall be reported to JBH within 15 days.

IV. OUT OF NETWORK OUTPATIENT SERVICES

1. Each Participating Provider is responsible for obtaining covered services for OHP members that cannot be provided by the agency or its contractors. The cost of such services to the member cannot exceed the cost for in-network services. The use of out-of-network services should be monitored to determine the need for additional service capacity within the county.
2. Credentialing of out of panel providers for outpatient services is the responsibility of the Participating Provider.
 - a. Individual practitioners providing out of panel services must be employed by an agency licensed in the State of Oregon for Medicaid and/or insurance billing, or be individually licensed by the State of Oregon for independent practice.

Credentialing files shall include the documentation in IV. 8., and evidence of malpractice insurance.

- b. Out of panel services to OHP Members may not be rendered by individuals or entities that are currently excluded from Medicaid participation.
3. Each Participating Provider is required to authorize any out of panel outpatient services that are medically necessary to provide continuity of care. Each Participating Provider shall specify a representative to whom such requests are submitted. Refusal of such requests may constitute a denial of services and is subject to all Notice of Action rights and procedures.

V. MONITORING OF INPATIENT FACILITIES

1. Employees of inpatient hospitals providing direct mental health services under contract with JBH must be credentialed prior to service delivery or receiving reimbursement for services. JBH will accept the hospital's credentialing process if it follows Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards. Upon request, the hospital will make available to JBH upon request the credentialing files of employees performing work under its contract with JBH.
2. OMHAS reviews hospital seclusion and restraint policies. The Quality Improvement Coordinator shall address any concerns about the care of JBH members directly with the hospital and with OMHAS.

VI. PROCEDURE FOR ADDRESSING CONCERNS WITH PROVIDERS

Concerns about an agency's performance shall be addressed in accordance with the following process:

1. JBH, or an individual authorized by JBH, shall contact the provider regarding the difficulty the provider is experiencing and attempt to provide technical assistance and support to assist in resolving the matter.
2. The provider shall be required to address the difficulty in a fair and reasonable timeframe depending on the severity of the difficulty.
3. The provider shall respond in written format to JBH as to the procedures that will be used to address the situation and the timeframe for resolution of identified performance issues.

4. Non-compliance or a failure to perform according to JBH standards is reported to the QMC in addition to the Executive leadership of JBH, the respective County, and the Board of Directors. Corrective Actions may include:
 - a. Limiting a provider's scope of practice.
 - b. Require timely compliance with standards with an accompanying monitoring plan or
 - c. Modifying a provider's status.
5. Formal written notice with timeframes for required action shall be provided to the provider organization's governing body.
6. A recommendation for termination of provider status shall be made by the JBH Board of Directors. Any termination process will follow the terms of the provider's contract.
7. In the event that the JBH Board of Directors recommends termination, a provider may submit an appeal in writing to the JBH Board of Directors.