

Policies & Procedures

PROVIDER CREDENTIALING AND RE-CREDENTIALING

Section: Administrative Policies

Pages: 7

Subject: Provider Credentialing and Re-Credentialing

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POLICY

Each provider of mental health and substance abuse services, whether intern, volunteer, employed or subcontracted, must be credentialed by the Davis Behavioral Health Department of Human Resources in accordance with its policies and the policies of the Utah State Department of Human Services and The Utah State Division of Professional and Occupational Licensing. Davis

Behavioral Health's certification process also uses as a guideline, standards of the national accreditation agencies i.e. Joint Commission on Accreditation for Healthcare (JCAHO), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA), Council on Quality Leadership (CQL), and/or state certification.

Additionally, relative to the selection and retention of Providers, DBH does not discriminate for the participation, reimbursement, or indemnification of any Provider who is acting within the scope of his/her license or certification, solely on the basis of that license or certification, and does not discriminate against particular Providers who serve high-risk populations or specialize in health care conditions that require costly treatment.

As of March 1, 2008 and annually each Provider must satisfy or provide each of the items under number 1 of this section below; and the items under Procedures below; and will be subject to credentialing and annual re-credentialing; and approved to provide services on behalf of DBH.

If DBH declines to employ health care professionals or groups of health care professionals in its provider network, the Human Resource Specialist will give the affected health care professionals written notice of the reason for its decision. The letter of written notice or rejection is the standard DBH Administrative document that conveys to a candidate, applicant and/or health care professional that DBH is no longer pursuing employment, a contractual agreement, or any affiliation with the health care professional along with the reason why.

All documents, records, lists and correspondences relative to this credentialing and re-credentialing policy and relative to a Provider or prospective Provider must be sent directly to and will reside in the DBH Department of Human Resources.

In addition:

1. DBH will not employ any Provider who is under a current federal debarment, suspension, sanction or exclusion from participation in federal health care programs under either section 1128 or

section 1128A of the Social Security Act (the Act), or who has had his or her license suspended or revoked by the State of Utah or any other state;

- a. As such, DBH will notify to the State about changes in a Network Provider's circumstances that may affect the Provider's eligibility to participate in the managed care program, including termination of the Provider's employment, contract and/or affiliation.
2. DBH will not knowingly have a relationship of the type described in section 3 and, below with any of the following:
 - a. A Provider who is debarred, suspended or otherwise excluded or from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No.12549 or under guidelines implementing Executive Order No.12649 or;
 - b. A Provider who is an affiliate, as defined in the Federal Acquisition Regulation, or a person described in 2.a. above.
 3. DBH will not knowingly have a relationship of the following types and with individuals identified in 2.a. and 2.b. above:
 - a. a director, officer, or partner of DBH.
 - b. a person with beneficial ownership of five percent or more of the DBH's equity.
 - c. a person with an employment, consulting, or other arrangement with DBH for the provision of items and services that is significant and material to DBH's obligations under its contract with Utah Department of Health (DOH).
 4. At any time, the Provider is found to be a person described in 2.a and 2.b the Credentialing Specialist will notify the Utah Department of Health, Bureau of Managed Care, within 30 days of the discovery by completing and submitting the Disclosure of Excluded Provider Form.
 5. At the time, the Provider and DBH enter into a written Contract Agreement, DBH will commence the Initial Credentialing process by checking and verifying each item under number 1 of this section above, and under Procedures below. The credentialing process will commence with the understanding that the Provider may begin providing services, but must successfully pass, have satisfactory results from, and/or have favorable outcomes from verifying each item under number 1 of this section above and each item under Procedures below.
 6. Should the credentialing process either at the initial credentialing or re-credentialing interval result in a Provider's failure to successfully pass, have satisfactory results from, and/or have favorable outcomes from verifying each item under number 1 of this section above and each item under Procedures below, the DBH Human Resource Director will immediately suspend the Provider as an employee and discontinue the Provider's provision of services to DBH clients. Prior to terminating employment, the DBH Human Resource Director will notify and consult with the DBH Executive Director and the Corporate General Counsel. In addition, any information found or discovered on or in the sites specified in Procedures below will be promptly acted upon by the Human Resource Director according to instructions or procedures at that particular site.
 7. Notification, when warranted, will be made by the Human Resource Director in writing to the licensing and disciplinary bodies or other appropriate entities when suspensions or terminations of Provider occur because of quality-of-care deficiencies. The Human Resource Director will not only make the proper notifications to licensing and disciplinary bodies or other appropriate entities, but prior to a decision to suspend or terminate the Provider's employment, the Human Resource Director will notify and consult with the DBH Executive Director and the Corporate General Counsel.

PROCEDURE

1. Providers will find that they will fall into categories for application to this mental health and substance abuse program. The Provider Enrollment Application may be accessed through the Department of Human Resources. Required personnel forms and verifications are:
2. Davis Behavioral Health Employment Application
 - a. The Employment Application is collected during the recruitment process by the Human Resources Director or Human Resources Specialist. It is stored in the employee's personnel file upon hire.
3. BCI Check (if required)
 - a. The Human Resources Specialist completes the BCI application during the initial new hire orientation and annually on the
 - i. employees' anniversary date.
4. National Provider Identifier (NPI)
 - a. The Human Resources Specialist completes the National Provider Identifier checklist during the initial new hire orientation.
 - b. The Credentialing Specialist applies for an NPI using the National Plan & Provider Enumeration System website, if applicable.
 - i. <https://nppes.cms.hhs.gov>.
5. Diploma or Certified copy of transcript
 - a. A copy of the diploma or transcripts are collected with the Employment Application during the recruitment process. They are then stored in the employee's personnel file.
6. Proof of Licensing and Certification
 - a. Copies of licensure are obtained during the application process. Licensure through the State of Utah is verified using the Utah Division of Occupational and Professional Licensing's verification website.
 - i. <https://secure.utah.gov/llv/llv>.
 - b. Copies of state certification for non-licensed providers are obtained during the application process, as applicable.
7. Exclusionary Lists Verifications
 - a. The Human Resource Specialist completes initial verification of no Federal Debarments prior to the action of offering employment.
 - b. The Credentialing Specialist completes a monthly verification.
 - c. Exclusionary lists websites:
 - i. US Government, System for Awards Management (SAM)
<https://sam.gov/SAM/pages/public/searchRecords/search.jsf>
 - ii. US Department of Health and Human Services, Office of Inspector General (OIG), List of Excluded Individuals and Entities (LEIE) <http://exclusions.oig.hhs.gov/>
8. Initial and Continuous Query Enrollment in the National Practitioner Data Bank (NPDB).
 - a. Website: <https://www.npdb.hrsa.gov/>
9. Request for Taxpayer Identification
 - a. Taxpayer identification is obtained during the initial new hire orientation when the W-4 form is completed.

10. Provider's Policy Manual Competency Certification

11. Providers are given copies of Davis Behavioral Health, Inc.'s Professionalism Standards
- a. as well as its Corporate Compliance Policies during the initial new hire orientation. Acknowledgment forms are signed and submitted to the Human Resources department and are stored in each employee's personnel file.
 - b. Employees access the Employee Handbook via Davis Behavioral Health, Inc.'s intranet site <http://www.dbh.utah.net>. Employees are required to access the Handbook and complete acknowledgment forms, which are signed and submitted to the Human Resources department and are stored in each employee's personnel file.
 - i. All updates to the Employee Handbook are communicated via e-mail.
 - c. New employees are also given a copy of the Utah Department of Human Services's Code of Conduct upon hire. The signed acknowledgment form is submitted to the Human Resources Department and included in the employee's personnel file.

12. Electronic Funds Transfer Agreement

- a. Individual providers are not required to complete separate Electronic Funds Transfer Agreements.
- b. An Electronic Funds Transfer Agreement for Davis Behavioral Health, Inc. has been submitted to Medicaid and funds are currently being transferred for Youth in Custody and Capitated Medicaid.

13. Competence Checklist for Electronic Documentation Standards

- a. Davis Behavioral Health, Inc. Finance Department verifies that the agency has met the standards.

14. Provider Electronic Funds Transfer Information with an attached voided check or bank specification sheet.

- a. Funds are not paid directly to individual providers. All funds are paid to Davis Behavioral Health, Inc. and transferred electronically to the agency's accounts.

15. CEU Credits

- a. Individual providers are required to maintain a record and documentation for all CEU credits completed.
- b. Individual providers may choose to have their record of their CEU credits maintained at Davis Behavioral Health. The provider would be responsible to send any CEU credits earned outside the organization to the Credentialing Specialist for record keeping.

16. Re-Credentialing

- a. The Credentialing Specialist completes an annual re-credentialing for all providers.
 - i. Verify annual BCI application approval date, provided by the Human Resources Department to the Credentialing Specialist.
 - ii. Verification of licensure through the State of Utah, Utah Division of Occupational and Professional Licensing's verification website.
 1. <https://secure.utah.gov/llv/llv>.
 - iii. Verify documentation of state certifications for non-licensed providers are current, as applicable.
 - iv. Verification of no Federal Debarments.
 1. US Government, System for Awards Management (SAM) <https://sam.gov/SAM/pages/public/searchRecords/search.jsf>
 2. US Department of Health and Human Services, Office of Inspector General (OIG), List of Excluded Individuals and Entities (LEIE)

17. Documentation of Credentialing/Re-Credentialing Activities

- a. Documentation of credentialing activities (i.e. required personnel forms, verifications, etc.) are maintained using the Credentialing/Re-Credentialing Tracking Log (Appendix A) and stored within the providers' employee personnel file.

Provider Category	Must Submit	Completed By
New Provider	All forms	Human Resource Specialist
Current Provider requesting change of licensing status	<ul style="list-style-type: none"> • #4 – Diploma or Certified Copy of transcript • #5 – Proof of Licensing or Certification • # 9- Documentation Standards 	<ul style="list-style-type: none"> • Submitted by Provider • Verified by HR Specialist • Maintained by HR Department
Current Credentialed Providers	<ul style="list-style-type: none"> • Corporate Compliance Competency certification • Cultural Competency Certification • Annual CEU's • Annual Mandatory Training Proof of Attendance • Any certification or licensing status changes • Annual Re-Credentialing 	<ul style="list-style-type: none"> • Submitted by Provider • Training Provided by DBH Management • Record Maintained by Provider and/or Credentialing Specialist. • Training Record Kept in Personnel File • License/Certificate Submitted by Provider; Verified by HR • Completed by Credentialing Specialist

Authorization Authorities

SERVICE IN STATE PLAN	AUTHORIZATION FOR SERVICES IN STATE PLAN	FURNISHED BY	SUPERVISED BY
Diagnostic/Functional Assessment	Physician, LCSW, Licensed Psychologist, APRN, Physician's Assistant or LPC/LMFT that meets criteria for Licensed Mental Health Professional with documentation of two (2) years supervised clinical/work experience in addictive diseases or working with individuals with SPMI and/or SED.	Physician, LCSW, Licensed Psychologist, APRN, or LPC/LMFT that meets criteria for Licensed Mental Health Professional	Physician or LICENSED MENTAL HEALTH PROFESSIONAL
Clinic-Based Crisis Management	Physician, LCSW, Licensed Psychologist, APRN, Physician's Assistant or LPC/LMFT that meets criteria for Licensed Mental Health Professional with documentation of two (2) years supervised clinical/work experience in addictive diseases or working with individuals with SPMI and/or SED.	LICENSED MENTALHEALTH PROFESSIONAL, LSAC, LSAC or staff under supervision of Licensed Mental Health Professional or LSAC	Physician or LICENSED MENTAL HEALTH PROFESSIONAL
Out-of-Clinic Crisis Management	Physician, LCSW, Licensed Psychologist, APRN, Physician's Assistant or LPC/LMFT that meets criteria for Licensed Mental Health Professional with documentation of two (2) years supervised clinical/work experience in addictive diseases or working with individuals with SPMI and/or SED.	Physician, Licensed Mental Health Professional, LSAC, LSAC or staff under supervision of Licensed Mental Health Professional	Physician or LICENSED MENTAL HEALTH PROFESSIONAL
Crisis Residential Services	Physician	Physician or person under supervision of Physician	Physician
Individual Outpatient Services	Physician, LCSW, Licensed Psychologist, APRN, or LPC/LMFT that meets criteria for Licensed Mental Health Professional with documentation of two (2) years supervised clinical/work experience in addictive diseases or working with individuals with SPMI and/or SED.	Physician, APRN, Licensed Mental Health Professional, LSAC, Case Manager	Physician or LICENSED MENTAL HEALTH PROFESSIONAL
Family Outpatient Services	Physician, LCSW, Licensed Psychologist, APRN, Physician's Assistant or LPC/LMFT that meets criteria for Licensed Mental Health Professional with documentation of two (2) years supervised clinical/work experience in addictive diseases or working with individuals with SPMI and/or SED.	LICENSED MENTALHEALTH PROFESSIONAL, LSAC,	Physician or LICENSED MENTAL HEALTH PROFESSIONAL
Group Outpatient Services	Physician, LCSW, Licensed Psychologist, APRN, Physician's Assistant or LPC/LMFT that meets criteria for Licensed Mental Health Professional with documentation of two (2) years supervised clinical/work experience in addictive diseases or working with individuals with SPMI and/or SED.	LICENSED MENTALHEALTH PROFESSIONAL, LSAC or person under supervision of LICENSED MENTALHEALTH	Physician or LICENSED MENTAL HEALTH PROFESSIONAL
Medication Administration	Physician, APRN, Physician's Assistant	Physician or Licensed Nurse	Physician or APRN
Ambulatory Detoxification	Physician	Physician or Licensed Nurse	Physician

SERVICE IN STATEPLAN	AUTHORIZATION FOR SERVICES IN STATE PLAN	FURNISHED BY	SUPERVISED BY
Physician Assessment	Physician, APRN, Physician's Assistant	Physician	Physician
Nursing Assessment and Care	Physician, APRN, RN, LPN	Licensed Nurse	Physician or RN
Intensive Outpatient Treatment	Physician or Licensed Psychologists, APRN, LMHP	LMHP, LSAC	Physician or LICENSED MENTAL HEALTH PROFESSIONAL
Substance Abuse Day Treatment Services	Physician, APRN, LMHP	Physician, LSAC, LMPH, HST or staff under the supervision of Licensed Mental Health Professional,	Physician or LICENSED MENTAL HEALTH PROFESSIONAL
Rehabilitative Supports for Individuals in Residential Alternatives	Physician, LCSW, Licensed Psychologist, APRN, LPC/LMFT that meets criteria for Licensed Mental Health Professional with documentation of two (2) years supervised clinical/work experience in addictive diseases or working with individuals with SPMI and/or SED.	Physician, Licensed Mental Health Professional, LSAC, Case Manager or staff under the supervision of Licensed Mental Health Professional, including peer support specialist	LICENSED MENTAL HEALTH PROFESSIONAL
Personal recovery oriented /community support services	Physician, LCSW, Licensed Psychologist, APRN, LPC/LMFT that meets criteria for Licensed Mental Health Professional with documentation of two (2) years supervised clinical/work experience in addictive diseases or working with individuals with SPMI and/or SED.	Physician, APRN, RN, Licensed Mental Health Professional, LSAC, Case Manager or staff under the supervision of Licensed Mental Health Professional, including peer support specialist	LICENSED MENTAL HEALTH PROFESSIONAL or LSAC
Community Outreach	Physician and Licensed Psychologists, APRN, LMHP	The team must include a registered nurse, a Licensed Mental Health Professional, a case manager, and/or a Peer Support Specialists. The team leader must be a licensed clinician.	Physician, LCSW or Licensed Psychologist, APRN
Personal Recovery Oriented Services (PROS)	Physician, LCSW, Licensed Psychologist, APRN, Physician's Assistant or LPC/LMFT that meets criteria for Licensed Mental Health Professional with documentation of two (2) years supervised clinical/work experience in addictive diseases or working with individuals with SPMI and/or SED.	LSAC, Licensed Mental Health Professional, peer support specialist or paraprofessional under the supervision of an LSAC or Licensed Mental Health Professional	LICENSED MENTAL HEALTH PROFESSIONAL

SERVICE IN STATEPLAN	AUTHORIZATION FOR SERVICES IN STATE PLAN	FURNISHED BY	SUPERVISED BY
C&A Day Treatment	Physician, LCSW, Licensed Psychologist, APRN, or LPC/LMFT that meets criteria for Licensed Mental Health Professional with documentation of two (2) years supervised clinical/work experience in addictive diseases or working with individuals with SPMI and/or SED.	LICENSED MENTALHEALTH PROFESSIONAL, or persons under the supervision of Licensed Mental Health Professional	LICENSED MENTAL HEALTH PROFESSIONAL
Peer Support	Physician, LCSW, Licensed Psychologist, APRN, or LPC/LMFT that meets criteria for Licensed Mental Health Professional with documentation of two (2) years supervised clinical/work experience in addictive diseases or working with individuals with SPMI and/or SED.	LICENSED MENTALHEALTH PROFESSIONAL, person under the supervision of LICENSED MENTALHEALTH	LICENSED MENTAL HEALTH PROFESSIONAL
Day Treatment for Children and Adolescents with Severe Emotional Disturbances	Physician, LCSW, Licensed Psychologist, APRN, or LPC/LMFT that meets criteria for Licensed Mental Health Professional with documentation of two (2) years supervised clinical/work experience in addictive diseases or working with individuals with SPMI and/or SED.	A Licensed Mental Health Professional, or an individual under the supervision of a Licensed Mental Health Professional, including a Peer Support Specialist	LICENSED MENTAL HEALTH PROFESSIONAL
Intensive Family Intervention	Physician, LCSW, Licensed Psychologist, APRN, LPC/LMFT that meets criteria for Licensed Mental Health Professional with documentation of two (2) years supervised clinical/work experience in addictive diseases or working with individuals with SPMI and/or SED.	A Licensed Mental Health Professional (or a paraprofessional that works under the supervision of a Licensed Mental Health Professional	LICENSED MENTAL HEALTH PROFESSIONAL
Substance Abuse Adolescent Day Treatment	Physician, LCSW, Licensed Psychologist, APRN, or LPC/LMFT that meets criteria for Licensed Mental Health Professional with documentation of two (2) years supervised clinical/work experience in addictive diseases or working with individuals with SPMI and/or SED.	A LMPH, LSAC, or an individual under the supervision of an LMPH	Licensed Mental Health Professional
B-3 Services	Physician, LCSW, Licensed Psychologist, APRN, or LPC/LMFT that meets criteria for Licensed Mental Health Professional with documentation of two (2) years supervised clinical/work experience in addictive diseases or working with individuals with SPMI and/or SED.	A Licensed Mental Health Professional, or an individual under the supervision of an LMHP	LICENSED MENTAL HEALTH PROFESSIONAL

Appendix A



Credentialing/Re-Credentialing Tracking Log

Name _____

Hire Date _____

Previous Credentialing _____

Licensure Type _____

Log Activity Initial Credentialing Re-Credentialing

Documentation

	Date*
Employment/Subcontract Application	
Diploma and/or College Transcripts	
Professional License	
Board Certification**	
NPI Notification***	

Credentialing/Re-Credentialing Activity

	Date*
Professional License Verification (DOPL)	
System for Award Management (SAM)	
Office of Integrity General LEIE (OIG)	
NPDB Enrollment	
BCI (Last Approved Date)	

Human Resources Representative Date

- * All dates for credentialing/re-credentialing activities that do not change from year to year will be documented as the initial credentialing date.
- ** Only required for prescribers (MD, DO, APRN).
- *** NPI notification will be collected for all new hires and new subcontractors who have previously been assigned a NPI. NPI application will be completed by all employees who have not yet received a NPI. It is the responsibility of all subcontractors to obtain a NPI prior to contracting with DBH.