



Wellplace
1333 Brewery Park Blvd., Suite 140, Detroit, MI 48207



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I. POLICY:

To appropriately credential or re-credential provider organizations, including carve-outs, and individuals providing mental health services under guidelines approved by Detroit Wayne Mental Health Authority (DWMHA).

II. PURPOSE:

This policy defines the function of Wellplace as it relates to the credentialing and re-credentialing process and describes the process and standards for evaluating and selecting licensed independent practitioners to provide care/services.

A. **Scope:** Wellplace is the identified Credentialing Verification Organization (CVO) under contract with DWMHA. It is the responsibility of Wellplace to ensure that all DWMHA Contracted Practitioners are in compliance with the credentialing standards set-forth by DWMHA, and the Michigan Department of Health and Human Services (MDHHS). Wellplace has the responsibility for credentialing all individuals from contracted provider agencies who are not accredited. In addition, Wellplace completes a 5% audit annually to verify accurate credentialing of all practitioners through MCPN contracted agencies who are accredited. Wellplace’s credentialing criteria are determined by the Michigan Department of Health and Human Services and the DWMHA contract as follows:

Child Mental Health Professional (CMHP)

- Individual with specialized training and one year of experience in the examination, evaluation, and treatment of minors and their families and who is a physician, psychologist, licensed master’s social worker, licensed or limited-licensed professional counselor, or registered nurse; or an individual with at least a bachelor’s degree in a mental health-related field from an accredited school who is trained and has three years supervised experience in the examination, evaluation, and treatment of minors and their families; or a person with at least a master’s degree in a mental health-related field from an accredited school who is trained and has one year of experience in the examination, evaluation and treatment of minors and their families.

MI Health Link – Part B



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- Individual who is licensed by the state of Michigan and who is working solely with MI Health Link consumers who are a part of the Dual Eligible Demonstration Project. A person receiving this credential would be providing Medicare services only to MI Health Link consumers. Those that are engaged in providing Medicaid services should request the appropriate credential per population served and do not require this additional credential.

Qualified Behavioral Health Professional (QBHP)

- Individual must meet one of the following state requirements:
 - i. Must be a physician or licensed practitioner with specialized training and one year of experience in the examination, evaluation and treatment of children with ASD
OR
 - ii. Hold a minimum of a Master’s degree in a mental health-related field or a BACB approved degree category from an accredited institution who is trained and has one year of experience in the examination, evaluation and treatment of children with ASD. Must be a BCBA certified by 9/30/2020. Works within their scope of practice and have extensive knowledge and training in behavior analysis. Extensive knowledge is defined as having taken documented course work at the graduate level at an accredited university in at least three of the six following areas:
 1. Ethical considerations
 2. Definitions & characteristics and principles, processes & concepts of behavior
 3. Behavioral assessment and selecting interventions, outcomes and strategies
 4. Experimental evaluation of interventions
 5. Measurement of behavior and developing and interpreting behavioral data
 6. Behavioral change procedures and systems supports

Qualified Mental Health Professional (QMHP)

- Individual with specialized training or one year experience in treating or working with a person who has mental illness; and is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech pathologist, audiologist, registered nurse, therapeutic recreation specialist, licensed or limited-licensed professional counselor, physician’s assistant, or an individual with a human services degree hired and performing in the role of a QMHP prior to January 1, 2008.

Qualified Intellectual Disabilities Professional (QIDP)



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- 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, 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.

Substance Abuse Treatment Specialist (SATS)

- An individual providing services with the substance use population who possesses the Certified Alcohol and Drug Counselor (CADC) certification or an approved Development Plan from the Michigan Certification Board of Addiction Professionals (MCBAP) and also possesses a state license or limited license (as applicable) as a physician, psychologist, social worker, professional counselor, registered nurse, etc.

Substance Abuse Treatment Practitioner

- An individual providing services with the substance use population who possesses the Certified Alcohol and Drug Counselor (CADC) certification or an approved Development Plan from the Michigan Certification Board of Addiction Professionals (MCBAP)

B. Oversight of Credentialing Program: Oversight for the credentialing program shall be provided by the Wellplace Medical Consultant or designated Physician. The Medical Consultant participates in the monthly Wellplace Credentialing Committee for credentialing applications. The Medical Consultant gives final approval for all files verified to meet credentialing criteria. Any credentialing applications recommended for denial by Wellplace are forwarded to the DWMHA Credentialing Committee for a final decision regarding approval or denial. The DWMHA Medical Director oversees the DWMHA Credentialing Committee. The current Medical Consultant responsible for the credentialing program for Wellplace is Preeti Venkataraman, MD.

C. Delegation: Wellplace does not delegate any Credentialing processes or functions to any outside entity for completion.

III. APPLICATION:

This policy applies to the Medical Director, Medical Consultant, Chief Operating Officer, Access Center Clinicians, Clinical Services Manager, Customer Service Manager, Substance Use Manager, Credentialing Specialist, and Customer Service Support Specialist(s).



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All agencies, entities, and/or professionals that provide behavioral health care, treatment, and services, or utilization review activities as identified by DWMHA.

IV. DEFINITIONS:

Aide: Individual who is able to perform basic first aid procedures and is trained in the beneficiary’s plan of service, as applicable. Aides serving children on the Children’s Waiver and the Children’s SED Waiver must also be trained in Recipient Rights and emergency procedures. Additionally, aides serving children on the Children’s Waiver must be employees of the MCPN or CA or one of their contracting agencies, or be an employee of the parent who is paid through the Choice Voucher arrangement. Aides serving children on the Autism Benefit must also receive training in the principles of behavior, behavioral measurement and data collection, function of behaviors, basic concepts of ABA, generalization and its importance in sustainability of learned/acquired skills and medical conditions/illness that impact behavior.

Accredited Agencies: MCPN’s, and/or their subcontractors or direct contractors that have been certified by (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).

Adverse Action: Notification by letter to an applicant that his or her application has not been approved.

Adverse Event: An injury that occurs while a member is receiving health care services from a practitioner.

Affiliate: A mental health service provider that is a contracted service provider (carve out) or is a subcontractor with an MCPN.

Applicant: Pertaining to the credentialing process. A physician, practitioner or Mental Health Professional who is applying for initial or renewal of membership with DWMHA and/or its contractor and is processed by Wellplace through initial or re-appointment application processes.

Approval Notification: Pertaining to the credentialing process. A letter of notification delivered to a Mental Health Professional that the applicant has met the minimum standards for credentialing.

Authorized/Certified (or authorization/certification): Pertaining to the credentialing process. The process conducted by a designated entity of approving Child Mental Health Professionals (CMHP) or practitioners to perform services.



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Autism Mental Health Professional: An individual that is a Licensed Psychologist counselor (LP) and/or a Limited –License Psychologist counselor (LLP) that has extensive knowledge and training in Applied Behavior Analysis (ABA). Extensive knowledge is defined as having taken documented course-work, at the graduate level, at an accredited university in at least three (3) of the following six (6) content areas:

1. Ethical considerations.
2. Definitions, characteristics, principles, processes, and concepts of behavior.
3. Behavioral assessment, selecting interventions outcomes, and strategies.
4. Experimental evaluation of interventions.
5. Measurement of behavior, and developing and interpreting behavioral data.
6. Behavioral change procedures and systems supports.

For the Autism Benefit, an Applicant must, at minimum, have a master’s degree and one (1) year of experience in the evaluation and treatment of children with Autism Spectrum Disorder.

Carve-Out Contracted Service Provider: A legal entity or entities contracted to provide community mental health services/supports as defined by DWMHA, and is not an MCPN.

Child and Adolescent Functioning Assessment Scale (CAFAS): A scoring measurement of functioning in the following areas: school/work performance, home role performance, community role performance, behavior towards others, moods/emotions, self-harm behavior, substance abuse, and cognitive processes.

Child Mental Health Professional (CMHP): An individual who is trained and has one year of experience in the examination, evaluation, treatment of minors and their families and who is one of the following:

1. A physician;
2. A psychologist; or temporary limited license or limited license psychologist; or a licensed master’s or limited license social worker, a licensed or limited-license professional counselor, or a registered nurse who has one of the following:
- 3.



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- a. At least a bachelor’s degree in a mental health related field from an accredited school that is trained, and has three (3) years of supervised experience in the examination, evaluation, and treatment of minors and their families; or
- b. At least a master’s degree in a mental health related field from an accredited school, that is trained, and has one year of experience, in the examination, evaluation, and treatment of minors and their families.

Consumer (s): Recipient of mental health services. There are two types:

- 1. Primary Consumer refers to the recipient of services.
- 2. Secondary Consumer refers to family members of the primary recipient.

Contracted County Department: Wayne County Departments that have an agreement with DWMHA to provide behavioral health care services, e.g., Wayne County Jail, Wayne County Juvenile Detention Facility, Clinic for Child Study, etc.

Contractor(s): A legal entity or entities, or division of a legal entity, contracted with DWMHA to provide community mental health services/supports as defined by DWMHA.

Credential: A certificate, license, registration endorsement or letter given to an individual to show that he or she has met the minimum requirements to exercise a certain position or authority.

Credentialing: The process of assessing and validating the qualifications of a practitioner to provide mental health or substance abuse services. The determination is based on an evaluation of the individual’s current license/certification/registration, education, training, experience, competence, and ability to perform designated clinical activities.

Credentialing Committee: A group of behavioral healthcare providers and other staff assigned specific responsibilities for the oversight and management of the credentialing and re-credentialing processes. These responsibilities include the development and review of credentialing criteria, making recommendations for approval of clinical responsibilities, oversight of the implementation of appeal processes for adverse decisions specific to credentialing/re-credentialing.

Credentialing Verification Organization (CVO): An organization contracted with DWMHA to obtain information, including from primary sources, for verifying an individual’s credentials. An accredited organization that performs credentialing services. This organization has systems in place to protect the confidentiality and integrity of the information. A description of CVO responsibilities is attached as Attachment G.



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Criminal History Checks: The method used by the State Police to determine the criminal history of individuals in the State of Michigan.

Deemed Status: The Authority recognizes and accepts the credentialing activities conducted by other PIHPs providers in lieu of the Authority completing necessary credentialing activities. The Authority shall further accept the credentialing of all MCPNs: provided that they comply with the requirements elaborated in this policy. Such PIHPs or MCPN entities are considered to have “Deemed Status” with regard to their credentialing determinations.

Department Licensing and Regulatory Affairs (LARA): The State agency responsible for licensing, certification, and registration of professional practitioners.

Direct Contractor: A legal entity or entities contracted with DWMHA to provide community mental health services/supports as defined by DWMHA and is not an MCPN.

Health Insurance Portability and Accountability Act of 1996, (HIPPA): The statutes that applies to the maintenance and management of all confidential information to prevent unauthorized disclosure of pertinent and private health information of an individual.

Intensity of Service (IS): The provision of care and services identified to meet the least restrictive, essential, safe and effective treatment to the individual.

Level of Care: The appropriate care and services assigned to the treatment of an individual.

Managers of Comprehensive Provider Networks (MCPN): A business entity contracted by the Authority to develop and manage a comprehensive network of providers which can meet the needs of individuals with or at risk of developing serious mental illness, serious emotional disturbance, development disabilities and/or substance abuse.

Medical Necessity: As defined by the MDCH, refers to behavioral health services that are:

1. Necessary for screening and assessing the presence of a mental illness or substance use disorder, as defined by standard diagnostic nomenclature (i.e., DSM-IV-R-T);
2. Required to identify and evaluate a mental illness or substance use disorder that is inferred or suspected;
3. Intended to treat, ameliorate, diminish, or stabilize the symptoms of mental illness or substance use disorder and to prevent or delay relapse;



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4. It is expected to prevent, arrest, or delay the developmental or progression of a mental illness or substance use disorder and to prevent or delay relapse;
5. Designed to provide rehabilitation for the consumer to attain or maintain an optimal level of functioning according to his or her potential, including functioning in important life domains, such as daily activities, social relationships, independent living and employment pursuits;
6. Delivered consistent with national professional standards of practice, including standards in community psychiatry, psychiatric rehabilitation and in substance abuse (treatment), and/or empirical professional experience;
7. Provided in the least restrictive appropriate setting.

Mental Health Professional (MHP): An individual (professional practitioner) who is trained and experienced in the area of mental illness or developmental disabilities and who is one of the following:

1. A physician who is licensed to practice medicine or osteopathic medicine and surgery in this state under Article 15 of the Public Health Code, Act No. 368 of the Public Acts of 1978, being Sections 333.16101 to 333.18838 of the Michigan Compiled Laws.
2. A psychologist licensed to practice in this state under Article 15 of the Public Health Code, Act No. 368 of the Public Acts of 1978.
3. A registered professional nurse licensed to practice in this state under Article 15 of the Public Health Code, Act No. 368 of the Public Acts of 1978.
4. A certified social worker, a social worker, or a social worker technician registered in this state under Article 16 of the Occupational Code, Act No. 299 of the Public Acts of 1980, being Sections 339.1601 to 339.1610 of the Michigan Compiled Law;.
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.



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Michigan Department of Consumer and Industry Services (MDCIS): The State agency responsible for licensing, certification, and registration of professional practitioners. (Professional practitioners are also referred to as MHP).

National Practitioner Databank (NPDB) : 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. The two Data Banks merged 5/6/2013 and are now one: the NPDB. The official website is <http://www.npdb.hrsa.gov>. The Data Bank Customer Service Center can be reached by email or at, 1-800-767-6732.

The Data Bank is a federally mandated program that helps promote quality health care, prevent patient harm, and combat fraud and abuse in health insurance and health care delivery. Querying the Data Bank is an important element in the comprehensive, continuous review of practitioners' professional credentials. This definition of the Data Bank is taken from the above referenced web site.

National Provider Identifier (NPI): Is a unique ten-digit identification number required by Health Insurance Portability and Accountability Act (HIPAA) for all health care providers in the United States. Providers must use their NPI to identify themselves in all HIPAA transactions.

Non-approval: Notification by letter of adverse action received by an applicant that her/his application is not approved.

Non-Accredited: MCPN's and/or their subcontractors, Direct Contractors that have not been certified by an entity listed as an accrediting agency.

Organizational Providers: Entities that directly employ and/or contract with individuals to provide health care services. There are two types: Accredited and Non-Accredited (internal documents)

Examples of organizational providers include, but are not limited to:

1. Community Mental Health Services Programs
2. Hospitals
3. Nursing homes
4. Homes for the Aged
5. Psychiatric hospital units
6. Partial hospitalization programs
7. Substance use programs, and
8. Home health agencies



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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 MHP’s and Pre-Admission Reviewers).

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.

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.

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.

Qualified Mental Health Professional (QMHP): An individual who is trained and experienced in the area of mental illness or developmental disabilities and who is one of the following:

1. A physician who is licensed to practice medicine or osteopathic medicine and surgery in this state under Article 15 of the Public Health Code, Act No. 368 of the Public Acts of 1978, being Sections 333.16101 to 333.18838 of the Michigan Compiled Laws.
2. A psychologist, LLP and TLLP licensed to practice in this state under Article 15 of the Public Health Code, Act No. 368 of the Public Acts of 1978.
3. A registered professional nurse licensed to practice in this state under Article 15 of the Public Health Code, Act No. 368 of the Public Acts of 1978.
4. An individual who possesses Michigan licensure as a master’s social worker (MSW), or Michigan licensure as a bachelor’s social worker (BSW), or has a limited license as a bachelor’s social worker (LLBSW), master’s social worker (LMSW) or Social Service Technician (SST). Limited licensed social workers must be supervised by a licensed MSW (MCL 333.18501-507). The current licensing law, Public Act 61, allows the Board to grant a limited license to recent BSW and MSW graduates to engage in the required two-year (4,000 hrs.), post degree supervised experience.



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- MSWs who did not complete requirements necessary for full licensure should apply for a limited license in order to continue to practice at the master’s level. The rules require applicants for 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.
- 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 or a limited 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

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 mental retardation, 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).

Re-Credentialing: The process of re-verification of licensure, certification, registration, endorsement or evidence of competence and ability to perform designated clinical activities.

Serious Mental Illness (SMI): Diagnosable mental, behavioral, or emotional disorders affecting adults (see Mental Health Code).



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Severity of Illness (SI): Refers to the nature and severity of the signs, symptom, functional impairments, and risk potential related to the consumer’s condition and disorder.

Subcontractor(s): A legal entity or entities, contracted to perform all or part of a community mental health service that is the contractual obligation of an Agency contractor.

Supervision: Pertaining to MHPs. Monitoring and evaluating of the clinical work of a less experienced mental health professional by an experienced mental health professional.

Utilization Management (UM): Using established criteria to recommend or evaluate services provided in terms of medical necessity, effective use of resources and cost-effectiveness.

Utilization Review (UR): The process of using predetermined criteria to evaluate the appropriateness of clinical services as evidenced by documentation of the delivery of those services.

V. STANDARDS:

1. **Discrimination** – Wellplace does not make credentialing decisions based on a practitioner’s race, ethnic/national identity, gender, age or sexual orientation or on type of procedure or patient in which a practitioner specifies.
 - a. Wellplace shall take proactive steps to protect against discrimination occurring in the credentialing and re-credentialing process. Quality manager will review all files deferred to DWMHA at least annually to identify concerns or trends regarding these files.
 - b. Monitoring to ensure discrimination prevention shall occur at least annually by Quality Manager including analysis of data in the Credentialing File Audit Report.

2. **Confidentiality** – information obtained from the credentialing process is considered confidential. Practitioners may access their own information as described in this policy under Practitioner Rights. Mechanisms to ensure confidentiality of credentialing files and documents shall include the following:
 - a. Credentialing files shall be securely located and stored in the follow manner:
 - i. All credentialing files shall be kept in a locked storage room in locked file cabinets.
 - ii. Credentialing file cabinets shall be located in a secure suite at Wellplace.



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- iii. The keys to the credentialing file cabinets shall be maintained in a secure location at all times.
- iv. To uphold security of the files, the Credentialing Specialists, Chief Operating Officer, and Quality Manager shall be the only individuals permitted to unlock the credentialing file cabinets.
- v. Credentialing personnel shall be allowed to have access to the credentialing files on a daily basis except during times of DWMHA and Wellplace Quality audit reviews.

3. Credentialing Criteria Required Documentation – Wellplace shall uphold and verify credentialing criteria as established by the DWMHA contract and MDHHS by annually reviewing 5% of the credentialing files for all practitioners who are licensed or certified by the State to provide services from the accredited MCPN’s and accredited DWMHA Direct Contractors based upon the staffing rosters provided by each entity.

Additionally, Wellplace will conduct all credentialing and re-credentialing activities for Wellplace staff, DWMHA staff, all DWMHA non-accredited providers and all practitioners providing services to consumers in the MI Health Link Dual Eligible demonstration. These credentialing and re-credentialing activities will be completed for all practitioners who are licensed or credentialed by the state to practice. Required credentialing verification documentation from the MCPN or contractor and their individual practitioners being reviewed includes the following.

- a. Documentation of Credentials from MCPN’s
 - i. Current written credentialing policies and procedures for the MCPN and its Sub-Contractors, which guide the credentialing/re-credentialing process for employment of practitioners (MHP) and pre-admission reviewers.
 - ii. Proof of current Accreditation for the MCPN and its Sub-Contractors.
- b. Documentation for all individuals applying for credentialing from non-accredited agencies and individual files being reviewed as a part of 5% verification sample:
 - i. A current resume, with dates, that provides evidence of current place of employment in which the practitioner is attempting to obtain credentialing and required supervised experience in working with the relevant population.



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- ii. In lieu of a resume, a descriptive statement on letterhead from a previous employer will be accepted.
- iii. Copy of State current license or certification
- iv. Documentation that supports having met the MDHHS standard that supervision shall be provided 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.
- v. Board Certification, or highest level of credentials attained if applicable, and
- vi. History of any Medicare/Medicaid sanctions – (all sanctions will be reviewed by DWMHA Credentialing Committee)
- vii. For Child Mental Health Professional (CMHP), documentation that supports the practitioner has completed a minimum of 24 hours, per year, of population specific (SED) training and/or continued education related to the provision of services, supports, treatment and utilization review/utilization management activities. For Qualified Mental Health Professional (QMHP), documentation that supports the practitioner has completed a minimum of 5 hours, per year, of population specific (SMI) training or continued education; for Qualified Intellectual Disabilities Professional (QIDP), documentation that supports the practitioner has completed a minimum of 5 hours, per year, of population specific (DD) training or continued education; for Qualified Behavioral Health Professional (QBHP), documentation supports that the practitioner has completed 24 hours of ABA specific training every two years, 4 hours of which are in Ethics; for Substance Abuse Treatment Specialist (SATS) and Substance Abuse Treatment Practitioner (SATP), documentation that supports the practitioner has completed a minimum of 20 hours per year, of population specific (SUD) training or continued education; for MI Health Link Part B, documentation that the practitioner has completed the Fraud, Waste and Abuse training.
- viii. Documentation of certification to provide special assessments, services or processes [e.g., Child & Adolescent Functioning Assessment Scale (CAFAS), electroconvulsive therapy (ECT), and neuropsychological testing.] Practitioners must be qualified by training and experience to provide services,



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supports, treatment, and utilization review/utilization management activities, as clinically indicated.

- ix. Proof of credentialing with expiration date (copy of Credentialing certificate) (For verifications only).
- x. Date of initial credentialing (For verifications only).
- xi. Any information gained through primary source verification from the Office of the Inspector General (OIG) and National Student Clearinghouse.
- xii. Additional requirements regarding physicians:
 - 1. Documentation of professional and general liability insurance coverage as applicable. No minimum thresholds are required.
 - 2. Reports from the National Practitioner Data Bank (NPDB).
 - 3. Primary Source Verification of completion of residency for physicians is obtained from American Board of Medical Specialties (ABMS Solutions: CertiFACTS On-Line Information).
- xiii. The Wellplace Credentialing Specialist or designee shall provide additional primary source verification for the practitioner/clinician regarding licensure, Medicare/Medicaid sanctions, and NPDB as applicable).

4. Verification Process

- a. Wellplace’s Credentialing Specialist shall directly verify the following credentialing information using the following sources:
 - i. Current and valid license to practice by primary source verification via state of Michigan licensing website within 120 calendar days.
 - ii. Valid DEA or CDS certificate if applicable via state of Michigan licensing website.
 - iii. Education and Training– verification of highest level of education obtained; 1) Board Certification – verified via the American Board of Psychiatry and Neurology (ABPN) website directly or the American Board of Medical Specialties (ABMS), 2) Residency – verified via the institution directly or via National Student Clearinghouse, 3) Graduation from medical or professional



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- school – verified via the institution directly or via National Student Clearinghouse.
- iv. Training hours requirements via receipt of training transcripts or training certificates.
 - v. Work History for the past 5 years by receipt of required resume or documentation from MCPNs or Direct Contractors (within 305 calendar days).
 - 1. Upon review, gaps in work history of 6 months or greater identified by Wellplace will be reviewed for explanations by the applicant either verbally or in writing and will be documented on the application and credentialing checklist. If the explanation is inadequate the file will be forwarded to the DWMHA Credentialing Committee for review.
 - 2. Upon review, gaps in work history of 1 year or more identified by Wellplace will be reviewed for explanation by the applicant in writing and will be documented on the application and credentialing checklist. If the explanation is inadequate the file will be forwarded to the DWMHA Credentialing Committee for review.
 - vi. History of professional liability claims that resulted in judgments paid during the previous 5 years will be obtained by review of The National Practitioner Data Bank (NPDB) and Office of Inspector General (OIG) data completed within 120 calendar days. Any liability claims of any amount identified will require the file to be referred to the DWMHA Credentialing Committee for final determination.
 - vii. Complete History of State licensing sanctions, restrictions and limitations will be obtained by review of state of Michigan Licensing online data base within 120 calendar days. Any identified sanctions or restrictions of any kind will require the file to be referred to the DWMHA Credentialing Committee for final determination.
 - viii. For physicians, History of Medicare or Medicaid sanctions during the previous 5 years will be obtained by review of The National Practitioner Data Bank (NPDB) and Office of Inspector General data within 120 calendar days. Any liability claims identified will require the file to be referred to the DWMHA Credentialing Committee for final determination.
 - ix. Wellplace will review Medicare/Medicaid Program Exclusion Status for all applicants upon credentialing review and annually thereafter. The credentialing process shall ensure that all entities receiving Federal funds check the program exclusion status of individuals and entities. If any sanctions



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are found and/or a practitioner is found to have a negative report or Medicare/Medicaid sanction, Wellplace shall report the finding to DWMHA within 30 days of obtaining information regarding the sanction.

- b. When documentation requested for the 5% verification review or application for credentialing/re-credentialing is received the documentation shall be date stamped by the Credentialing Specialist and a file is created.
- c. The Credentialing Specialist shall review each file for accuracy and completeness.
- d. The Credentialing Specialist shall complete all primary source verification for the practitioner/clinician licensure, Medicare/Medicaid sanctions, and NPDB.
- e. A *Checklist for Verification of Credentials* shall be completed by the Credentialing Specialist and forwarded with the files and supporting documentation to the Credentialing Review Committee for action.
- f. If a file is deferred due to lack of information, further information will be requested in writing, by the Credentialing Specialist, from the MCPN or Direct Contractor within **30 days** of this information being identified as needed.
- g. When a file is denied a letter is mailed, within 7 business days, to the MCPN or Direct Contractor and DWMHA indicating that the practitioner/ clinician did not meet the credentialing criteria for the type of credentialing status in which the practitioner/clinician has applied.
- h. Wellplace shall maintain a current database/master list of all practitioners who have been credentialed including licensures/certifications/ registration numbers and expiration dates.
- i. Wellplace will provide monthly reports to DWMHA on the fifth business day of the month regarding the status of all credentialing activities for the month including any credentialing or re-credentialing that occurred during the month and an updated copy of the master credentialing list.

5. Credentialing Applications

Wellplace Applications for credentialing shall include the following:

- a. Practitioner reasons for inability to perform essential functions with or without accommodations.
- b. Lack of present illegal drug use



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- c. Complete History of loss of license, felony convictions, and history of all past and present issues regarding loss or limitation of clinical privileges at all facilities or organizations with which a practitioner has had privileges.
 - d. Current malpractice insurance coverage.
 - e. Current and signed attestation confirming correctness / completeness of the application within 365 days previous to credentialing being approved.
 - f. Practitioner / Applicant must sign and date the application and any relevant addenda for it to be valid.
6. **Re-credentialing process and cycle.** Wellplace verifies credentials through the MCPNs and completes the credentialing for all required practitioner at minimum every two years.
7. **Credentialing Committee**
- a. The Credentialing Committee.
 - i. The Wellplace committee shall use, at a minimum, the following representative peer practitioners to review and provide advice and expertise for credentialing decisions: Physicians, Social Workers, and Professional Counselors.
 - b. DWMHA Credentialing Committee – the DWMHA credentialing committee shall use at a minimum, the following representative peer practitioners to review and provide advice and expertise for credentialing decisions: Nurses, Psychologists, Social Workers and Physicians.
8. **Credentialing Approval Process.** The Process for making credentialing and re-credentialing decisions shall be as follows:
- a. The Wellplace Medical Consultant or physician designee shall review all files which are confirmed to meet the credentialing criteria as described in this policy and has the authority to approve such files for credentialing by signature. Wellplace shall keep a record of all clean files approved by the Medical Consultant or qualified medical practitioner.
 - b. The Wellplace Credentialing Committee shall at a minimum, review the credentials of all practitioners who do not meet established criteria to make a recommendation regarding decision to forward to the DWMHA Credentialing Committee.
 - c. The Wellplace Medical Consultant or physician designee signs off on the Credentialing Verification Checklist and on the “Wellplace use only” section of the



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Credentialing application indicating approval or deferring of the credentialing status of an applicant to DWMHA.

- d. All deferred applicants will be notified and will be given 30 days to demonstrate compliance with criteria. If compliance is not demonstrated within this time, the applicant name will be placed on the non-compliant list for review and response from DWMHA
- e. Credentialing applications determined to not meet credentialing criteria will be forwarded to DWMHA Credentialing Committee for review and approval or denial.
- f. Wellplace receives and maintains copies of DWMHA Credentialing Committee minutes with documentation of discussion and expertise from participating peer practitioners regarding review of files for final credentialing decisions.
- g. When a file is approved the Credentialing Specialist mails a letter to each MCPN or DWMHA Direct Contractor within **60** calendar days indicating that the requested file is in compliance. The Credentialing Specialist also documents the information on the “Wellplace use only” section of the Credentialing application.

- 9. Practitioner Notification of Rights.** Upon request for credentialing, Wellplace shall notify all practitioners of their rights to the following in the initial information packet:
- a. Practitioner right to review information submitted to support their credentialing application.
 - b. Practitioner right to correct erroneous information.
 - c. Practitioner right to be informed of the status of their credentialing or re-credentialing application upon request.
 - d. The process for completing any of the above actions.

- 10. Notification to authorities.** Wellplace shall ensure that any reporting action taken against a practitioner for quality reasons is reported to the appropriate authorities and that the practitioner is offered a formal appeal process in a timely fashion.
- a. Wellplace defines actions taken against practitioners for quality reasons as actions pertaining to sanctions, a malpractice claim or actions taken against a practitioner license.
 - b. DWMHA maintains responsibility for customer service complaints against practitioners and appropriate follow up pertaining to grievances. Wellplace shall report any grievance identified as a possible rights violation. All consumers have a right to file a grievance at any time with DWMHA.
 - c. If a sanction is identified, a notice is sent to the DWMHA Credentialing Committee within seven (7) business days that includes the practitioner or provider name, sanction identified, and date of sanction.
 - d. The DWMHA Credentialing Committee shall review the sanction and take responsive action which may include disenrollment from the practitioner network. A provider or



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practitioner’s status may be reduced, suspended, or terminated for failure to perform according to the clinical, quality, or other administrative criteria upon the review of objective evidence and DWMHA decision. DWMHA shall send notice to the individual provider or practitioner and the provider agency that includes the sanction, decision for action and the methods to appeal. DWMHA Credentialing Committee will notify authorities including state agencies as appropriate.

- e. Wellplace reviews participation of practitioners whose conduct could adversely affect member health or welfare by completing monthly queries for licensing violations, the National Practitioner Data Bank and Office of Inspector General.
- f. Wellplace may take the following specific range of actions to improve performance before termination of a practitioner: Any practitioner identified as having conduct that could adversely affect member health or welfare shall be immediately reported to DWMHA for follow up.
- g. Wellplace reports Practitioner incidents that include any improper or unethical conduct, licensing actions and sanctions to the DWMHA within 7 days of notification.
- h. Wellplace shall Document all reports of practitioner employment suspensions or termination to appropriate authorities. Wellplace requests updated rosters of staff from MCPN’s biannually. When reviewing rosters Wellplace identifies practitioners who may have been suspended, terminated or who do not have the proper license to provide the services being delivered. All such identified staff are reported monthly to DWMHA. Any practitioner identified as suspended or terminated for unethical, unprofessional or criminal behavior shall be reported to the appropriate state licensing body.

11. Correcting Erroneous Information

- a. If upon notification to an applicant that his or her application has been deferred or denied the applicant reports that the reasons for deferral or denial was based upon erroneous or incorrect information received by Wellplace the following actions will be taken:
 - i. The Credentialing Specialist shall request that the applicant submit via email all relevant documents supporting correct information within 10 business days.
 - ii. Once submitted, if the information received by Wellplace confirms that criteria for credentialing is valid, the Credentialing Specialist shall attach all additional information to the applicant file and make notation on credentialing checklist forms regarding new information received.
 - iii. The applicant file will then be brought back to the credentialing committee for review and final determination.



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- iv. The applicant will be notified of the final determination upon review of the committee via formal letter.

12. Practitioner Appeal Process

- a. Wellplace shall promote a fair and equitable process when reviewing credentialing applications and awarding credentialing certification to applicants who meet all qualifications for credentialing. If an applicant is determined not to meet Wellplace credentialing criteria Wellplace shall ensure that proper notification and an appeals process is in place for the applicant to appeal the decision of the Credentialing Committee. The information is then provided to the DWMHA for final determination. DWMHA will provide information on additional appeal options if a practitioner is denied credentialing by their committee.
- b. Wellplace will conduct the credentialing/re-credentialing process in a timely manner and ensure all files presented to the DWMHA’s Credentialing Committee for review and evaluation are complete.
- c. Wellplace shall ensure that request letters are sent to all credentialing applicants within 30, 45, and 60 day timeframes prior to the credentialing expiration or requirement date as established by DWMHA to request that all needed information is provided.
- d. If needed documentation is still not received, a letter will be sent notifying the practitioner that he or he will be placed on the non-compliant list to be sent to the DWMHA
- e. Individuals that are non-responsive to credentialing and/or re-credentialing requests due to being on active Military Status, Family Medical Leave, or Sabbatical do not apply to this policy and shall be credentialed or re-credentialed within sixty (60) days of their return to active work. Prior to returning to work, Wellplace shall verify the active status of their state licensure. The reasons for delays due to the three instances above shall be documented in the provider or practitioner’s file.
- f. Applicant files that remain incomplete after 90 days from initial request for documentation will be closed with notice sent to DWMHA Credentialing Committee, the applicant and the agency in which they are employed within seven (7) business days.
- g. Wellplace shall notify the provider, applicant, and DWMHA in writing of any decision to forward the applicant to the DWMHA Credentialing Committee for final review and the right to appeal within seven (7) business days.



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- h. Wellplace shall ensure a timely appeal process that includes reconsideration of appeal decisions within the 30 calendar days of receipt and referring of the individual and provider to the DWMHA’s Credentialing Committee for final appeal decisions.
- i. Applicants are able to file complaints with Wellplace. All complaints received are reviewed and responded to by the Wellplace Chief Operating Officer or designee within 10 business days.
- j. All compliments, complaints, or sentinel events received are logged and reported to DWMHA by the 5th business day of the month on the Wellplace Compliments, Complaints, and Sentinel Events Report.
- k. Wellplace shall ensure that all non-responsive / non-compliant credentialing applicants are reported to the DWMHA Credentialing Committee on the 15th of the following month on the Credentialing Roster and also in a separate cumulative report, on the Non-Compliant List.
- l. Wellplace shall respond to Adverse Actions identified through ongoing queries by reporting them to DWMHA within seven (7) business days of the date that Wellplace acquires knowledge of the occurrence of any event requiring notice
- m. Wellplace shall inform affected practitioners of the appeal process including:
 - i. Providing written notice, reasons for notification to authorities and appeal rights
 - ii. The option for a hearing and time period for submitting request
 - iii. Allowing for at least 30 days after notice to request a hearing
 - iv. Allowance for representation
 - v. Appointing of a hearing officer or panel
 - vi. Providing written notice of an appeal decision with reasons

13. Ongoing Monitoring of Credentials

- a. Wellplace shall identify and when appropriate, act on quality and safety issues in a timely manner during the interval between formal credentialing through the following mechanisms.
 - i. Wellplace shall verify practitioners’ Medicaid and Medicare status for sanctions by query from the Office of Inspector General monthly.
 - ii. Wellplace shall review information provided via subscription from the National Practitioner Data Bank monthly to include, Medicaid/Medicare sanctions,



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Malpractice claims, licensing sanction or actions. For any new sanctions, licensing actions or Medicare/Medicaid sanctions that are listed on National Practitioner Data Bank, Wellplace receives notification of the event and the Credentialing Specialist retrieves the information to review within 2 business days.

- iii. Wellplace shall verify practitioners Licensure status and limitations or sanctions by query from the state of Michigan Licensing Website monthly.
- iv. Wellplace shall verify practitioners are not excluded from contracting with the federal government by query on the System for Award Management (SAM) on a monthly basis.
- v. Wellplace shall verify a practitioner’s NPI number on a monthly basis.
- vi. Wellplace shall monitoring and review practitioner or provider complaints and any critical/ adverse events related to a practitioner or provider by collecting and reviewing information on complaints and critical /adverse events related provider appointment times, access and locations through the consumer satisfaction survey on an ongoing basis.
 - o If a complaint or adverse event is identified against a network practitioner or provider, the Support Specialist completing the survey will provide information to the caller regarding his or her right to contact DWMHA directly to file a grievance and provide assistance as needed.
 - o If the caller wishes to log a complaint or adverse / critical event report regarding a Wellplace staff, the information is given immediately to the staff supervisor for follow up.
 - o Follow up results and actions are documented on the satisfaction survey form.
 - o The Wellplace Quality Manager shall complete a quarterly Satisfaction survey report providing data and follow up information regarding all complaints identified.
 - o The Satisfaction Survey report is reviewed quarterly by the QI/UM Committee.
 - o Adverse Events requiring follow up notification to DWMHA within 1 business days include the following:
 - Admission to a state facility within 12 months of discharge
 - Suicide or suspected Suicide
 - Non-suicide death
 - Emergency medical treatment due to injury or medication error
 - Hospitalization due to injury or medication error



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- Arrest
- Environmental injury
- Wellplace shall maintain a tracking log of all adverse events and complaints meeting identified thresholds appropriate interventions and follow up within 30 days.
- vii. If a sanction, licensing action or malpractice claim is identified, a notice is sent to the DWMHA Credentialing Committee within seven (7) business days that includes the practitioner or provider name, sanction identified, and date of sanction.
 - The DWMHA Credentialing Committee shall review the sanction, claim or licensing action and take responsive action which may include disenrollment from the system. A provider or practitioner’s status may be reduced, suspended, or terminated for failure to perform according to the clinical, quality, or other administrative criteria upon the review of objective evidence and DWMHA decision. DWMHA shall send notice to the individual provider or practitioner and the agency that includes the sanction, decision for action and the methods to appeal. DWMHA Credentialing Committee will notify authorities including state agencies as appropriate.

14. Practitioner Directories:

The Wayne County Managed Care Provider Networks (MCPN’s) and DWMHA direct contractors are responsible by contract for ensuring that listing of practitioners in directories and other materials are consistent with credentialing data including education, training, certification and specialty as determined in their credentialing policy. DWMHA currently uses the MHWIN data base to store required information.

15. Practitioner Office Site Quality

DWMHA maintains responsibility for monitoring of practitioner office site quality.

The DWMHA maintains responsibility for review or delegation for the following in their periodic review of provider office sites including:

- a. Physical accessibility - standards for ease of entry and accessibility of space within for physically disabled consumers.
- b. Physical appearance - including cleanliness, lighting and safety areas.
- c. Adequacy of waiting room and examining space – including standards for appropriate size and seating for waiting rooms related to number of patient visits, number of patients per hour and number of practitioners.



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- d. Adequacy of treatment record keeping – including standards for orderliness, security, confidentiality and documentation practices

16. Site Visits and Ongoing Monitoring -

DWMHA maintains responsibility for monitoring of practitioner office site quality. Wellplace reports all identified complaints or concerns regarding office sites directly to DWMHA for follow up.

- a. DWMHA implements appropriate interventions for ongoing monitoring and site visits through:
 - i. Ongoing monitoring and investigation of member complaints related to practices through its customer services department.
 - ii. Continually monitoring of consumer complaints for all practitioner sights and follow up monitoring including standard site review forms.
 - iii. Conducting site visits of offices with 60 calendar days of determining its complaint threshold is met
 - iv. Instituting actions to improve offices that do not meet thresholds
 - v. Evaluating effectiveness of the actions at least every 6 months, until successful
 - vi. Documenting follow up visits for offices that had subsequent deficiencies

17. Assessment of Organizational Providers

Wellplace provides initial and ongoing assessment of providers for which it contracts through the following mechanisms:

a. Prior to Contracting

- i. Wellplace verifies that the provider has met all state, licensing and regulatory requirements by collecting a copy of the organizations license, confirming licensure through the state of Michigan Website, or collecting a letter from the regulatory body regarding the organizations status.
- ii. Verifies whether a recognized accrediting body has approved the provider by collecting a copy of an accreditation report or a letter from the accrediting body regarding the status of the provider.
- iii. Conducts an onsite quality assessment, if there is no accreditation status.

b. Ongoing Review and Approval of Provider: at least every 3 years (36 months):

- i. Wellplace confirms that the provider organization is in good standing with state and federal regulatory bodies by collecting a copy of the organizations license,



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confirming licensure through the state of Michigan Website, or collecting a letter from the regulatory body regarding the organizations status.

- ii. Confirms that that provider organization has been reviewed and approved by an accrediting body by collecting a copy of an accreditation report or a letter from the accrediting body regarding the status of the provider.
- iii. Conducts an onsite quality assessment if there is no accreditation.

c. Wellplace recognizes the following accreditation bodies for accreditation of provider organizations:

- i. National Council on Quality Assurance (NCQA)
- ii. Commission on Accreditation of Rehabilitation Facilities (CARF)
- iii. Council on Accreditation (COA)
- iv. Joint Commission

VI. QUALITY ASSURANCE:

1. Review and Revision of Credentialing Program

The Wellplace Quality Improvement Committee shall monitor adherence to the policy as one element of its overall quality processes. The Wellplace Policy and Procedure Manual is reviewed and revised on an annual basis and is approved annually by the Wellplace Board of Managers. When applicable, the Wellplace subcontractor to whom this policy is applicable shall monitor adherence to this policy as part of a program of ongoing quality management.

VII. COMPLIANCE WITH ALL APPLICABLE LAWS:

Wellplace Michigan is 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 in effect at the time of the writing of this policy, or as amended.

VIII. RESPONSIBILITIES OF THE INDIVIDUAL PROFESSIONAL:

The MDHHS 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 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 MDHHS and the DWMHA.



Wellplace
1333 Brewery Park Blvd., Suite 140, Detroit, MI 48207



Standards: CARF: 2.G.3, 1.I.2, 1.I.9

Revision Date: 9/22/08; 12/16/09; 5/7/10; 4/7/11;
4/21/2011; 7/20/11; 1/17/12; 1/25/2012; 3/30/2012;
10/18/12; 3/21/2013, 11/21/2013, 12/19/2013;
8/28/14, 10/3/2014, 7/27/2015; 11/1/16

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Subject: A. Credentialing Program and Policies

IX. LEGAL AUTHORITY AND REFERENCES:

- A. Health Insurance Portability and Accountability Act of 1996, P.L. 104-191.
- B. HHS-OIG List of Excluded Individuals/Entities, <http://exclusions.oig.hhs.gov>
- C. Michigan Department of Health and Human Services, Administrative Rule 330.2105(b)
- D. Public Act 368 of 1978 as revised – MCL 333.20173.
- E. Michigan Department of Consumer and Industry Services, Requirements for Criminal Background Checks, September 3, 2002, www.michigan.gov

X. EXHIBITS:

- A. *Credentialing Application Packets*
- B. *Letter for Additional Information*
- C. *Letter of non-approval*
- D. *Notification of Credentialing*
- E. *A letter of Notification to the Agency to reflect changes*
- F. *Credential Appeal Request Form*
- G. *CVO Responsibilities*