

## POLICIES AND PROCEDURE MANUAL

<b>Chapter:</b>	<b>Provider Network Management</b>		
<b>Title:</b>	<b>Non-Licensed/Non-Board-Certified Provider Qualifications (CMHSP)</b>		
<b>Policy:</b> <input type="checkbox"/> <b>Procedure:</b> <input checked="" type="checkbox"/> <b>Page:</b> 1 of 3	<b>Review Cycle:</b> Biennial  <b>Author:</b> Deputy Director	<b>Adopted Date:</b>  <b>Review Date:</b> 03.05.2024	<b>Related Policies:</b> <ul style="list-style-type: none"> <li>• Background Check Procedure</li> <li>• Disqualified Providers</li> </ul>

**Purpose**

The purpose of this operating procedure is to detail the process for evaluating the qualifications of non-licensed or non-Board-certified staff to ensure compliance with the Michigan Department of Health & Human Services (MDHHS) provider qualification requirements.

**Procedure**

All Community Mental Health Service Participants (CMHSPs) under contract with Mid-State Health Network (MSHN) providing Medicaid and Healthy Michigan shall have policies and procedures that are updated as needed (not less than biennially), to meet Michigan Department of Health and Human Services (MDHHS) provider qualifications requirements and any other pertinent regulatory requirements.

Provider qualifications must be verified by primary source, prior to any consumer contact, generally within a few days of hire. Valid qualifications are a condition of employment/contract and ongoing participation in the provider network. As applicable, the following require primary source verification – refer to Attachment A for *Best Practices in Primary Source Verification (PSV)*:

- Certification or registration;
- Educational and academic status;
- Medicaid/Medicare Sanctions;
- Criminal History;
- Specialized trainings.

Subsequent verification(s), as applicable, must be conducted, documented, dated, and verified by the agency designee upon expiration/renewal of credential.

In addition, all providers must be:

- at least 18 years of age;
- able to prevent transmission of communicable disease;
- able to communicate expressively and receptively in order to follow individual plan requirements and beneficiary-specific emergency procedures, and to report on activities performed; and
- in good standing with the law (refer to MSHN Background Check procedure).

**Applies to:**

All MSHN Staff

Selected MSHN Staff, as follows:

MSHN CMHSP Participants:     Policy Only     Policy and Procedure

Other: CMHSP Subcontracted Providers

**Definitions:**

**CMHSP:** Community Mental Health Services Participant in the MSHN Region with delegated authority to manage a network of behavioral health providers; responsible for conducting credentialing and recredentialing activities.

**MDHHS:** Michigan Department of Health and Human Services

**MSHN:** Mid-State Health Network, the Pre-Paid Inpatient Health Plan responsible for oversight of delegated functions, including credentialing activities.

**PSV:** Primary Source Verification

**References/Legal Authority:**

MDHHS Behavioral Health Code Sets, Charts, and Provider Qualifications

MDHHS Medicaid Provider Manual

MDHHS SUD Policy – Credentialing and Staff Qualification Requirements

MSHN Disqualified Provider Policy

MSHN Background Check Procedure

**Change Log:**

<b>Date of Change</b>	<b>Description of Change</b>	<b>Responsible Party</b>
08.2019	New Procedure	PNMC
11.2021	Biennial Review	PNMC
5.2023	Clarification	Compliance Administrator/Deputy Director
12.2023	Biennial Review	PNMC, Compliance Administrator

## Attachment A - Best Practices in Primary Source Verification (PSV)

A primary source is the original source of a specific credential that can verify the accuracy of qualifications reported by an individual health care practitioner. PSV is received directly from the issuing source.

PSV can be performed in several ways:

- Electronically through agency website (i.e. State licensure, NPDB, etc.). If verified electronically, a screenshot or PDF version of the screen shall include the date the information was verified.
- Letters requesting the appropriate information are written to the primary source and responses are received directly from the primary source.
- Documentation of verification via telephone including the name of the agency called, date, the person contacted, the questions asked and responses, the name, date, and signature of the person receiving the response.

Information to Verify	Verification Source	When
<b>Education from an accredited school and other training, if applicable</b>	Verification of highest level of credentials attained as required for services provided. Verification can include sealed official transcript sent directly from the institution to verifying agency or verification through the National Student Clearinghouse	<input checked="" type="checkbox"/> Upon Hire
<b>Certifications/Registrations, if applicable</b>		<input checked="" type="checkbox"/> Upon Hire <input checked="" type="checkbox"/> Expiration
<b>Medicaid/Medicare Sanctions</b>	List of Excluded Individuals and Entities maintained by the OIG; SAM, and MDCH List of Sanctioned Providers	<input checked="" type="checkbox"/> Upon Hire <input type="checkbox"/> Monthly
<b>Criminal History</b>	<a href="#">iChat</a> for Michigan  <i>Refer to MSHN CBC procedure</i>	<input checked="" type="checkbox"/> Upon Hire <input checked="" type="checkbox"/> Biennial
<b>Sex Offender Registry</b>	<a href="#">Michigan Public Sex Offender Registry</a>  <a href="#">National Sex Offender Registry</a>  <i>Refer to MSHN CBC procedure</i>	<input checked="" type="checkbox"/> Upon Hire
<b>Central Registry Check</b>	<a href="#">MDHHS Central Registry Check</a>  *only if working directly with children <i>Refer to MSHN CBC procedure</i>	<input checked="" type="checkbox"/> Upon Hire
<b>Training</b>	Training logs/transcripts; certificate of specialized training as required by MDHHS.	<input checked="" type="checkbox"/> Upon Hire <input checked="" type="checkbox"/> Annually or as required