

Governing Body:		Pages: 8
Mid-Valley Behavioral Care Network (MVBCN)		Date: 03/16/2011
Subject:	Prepared By:	Approved By:
Credentialing and Recredentialing	MVBCN Clinical Director	Department of Human Services – Addictions and Mental Health Division

I. PROVIDERS OF OUTPATIENT SERVICE

The MVBCN 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 that has sufficient capacity and expertise to provide adequate, timely, and medically appropriate access to covered outpatient mental health services for OHP members. If appropriate and timely services are not available through the agency’s employees or contractors, out-of-network services shall be covered as specified in Section III, below. If identified gaps in chemical dependency services cannot be met by current member agencies, the MVBCN Council may accept applications for additional member agencies to meet that need.

- 1.0 The MVBCN has written policies and procedures for the provider membership process that include the initial approval of membership and renewal of membership of agencies who are providers within the Network, and a grievance process for denial of membership.
- 2.0 The MVBCN Council reviews and approves provider membership policies and procedures.
 - 2.1 The Quality Management Committee (QMC) and the Membership Committee shall jointly develop and propose to the Regional Advisory Council 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 performance on currently targeted quality improvement projects.
 - 2.2 The QMC shall be responsible for collecting and reporting such data to the Membership Committee.
 - 2.3 Credentialing criteria for an agency new to the Network may be adapted to allow the use of quality information from other sources in place of MVBCN data.
- 3.0 The MVBCN Council designates a Membership Committee that makes recommendations regarding credentialing, following review of the documentation itemized below.
- 4.0 The MVBCN Council reviews and approves or rejects agencies as providers within the Network.
- 5.0 The applicant agency completes an application for membership and attests to the correctness/completeness of the application. The application includes the following:

Original:	xxx	Revised:	03/15/2005	01/01/2007	03/14/2009	03/16/2011
-----------	-----	----------	------------	------------	------------	------------

- 5.1 Letters or Certificates of Approval from Oregon Addictions and Mental Health Division (AMHD).
- 5.2 Current, adequate malpractice insurance according to the MVBCN policy;
- 5.3 History of professional liability claims which result in settlements or judgments paid by or on behalf of the agency or its practitioners.
- 5.4 For all staff within an agency:
 - 5.4.1 History of loss of license;
 - 5.4.2 History of loss or limitation of privileges or disciplinary activity; and
 - 5.4.3 History of previous sanction activity by Medicare and Medicaid.
- 5.5 For Licensed Medical Practitioners: Agency personnel files include a valid DEA certificate.
- 6.0 The Membership Committee reviews the results of site reviews from AMHD, and MVBCN verifies the applicant agency's Medicaid provider status.
- 7.0 Site Visits and Delegated Activities Review:
 - 7.1 For agencies with a Certificate Approval from the State of Oregon, MVBCN 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.
 - 7.2 Delegated Activities Review: MVBCN shall conduct an annual review of the activities delegated to member agencies as required under MVBCN'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 MVBCN within the timeframe specified by MVBCN.
- 8.0 The Membership Committee is responsible for the process of review for provider agency membership. Agency membership will be of two-year duration from date of approval unless revoked.
- 9.0 The membership recredentialing process will include the following:
 - 9.1 The provider agency submits any and all changes to the initial application as stated in I.5.0;
 - 9.2 The MVBCN reviews information on the provider from appropriate certifying or licensing organizations;
 - 9.3 The MVBCN reviews data from:
 - 9.3.1 Information from quality improvement activities;
 - 9.3.2 Results from the MVBCN-administered Customer Satisfaction Survey;
 - 9.3.3 Adverse action reports as applicable in I.5.3 and I.5.4;
 - 9.3.4 Site visits and reviews conducted as applicable in I.7.0, and

9.3.5 Other quality improvement efforts as defined in latest recredentialing criteria approved by the MVBCN Council.

- 10.0 The Membership Committee reviews and makes recommendations for continued membership to the MVBCN Council based on I.9.0.
 - 10.1 The Membership Committee will report its findings related to quality performance to the Quality Management Committee. The QMC will provide technical assistance to providers as needed. Further action to address concerns about a provider's performance would follow the steps outlined in "Holding Ourselves Accountable" (Appendix A).
- 11.0 The MVBCN Council reviews and approves or rejects Membership Committee recommendations for continuation of a provider agency's membership in the MVBCN, and, if approved, forwards the recommendation to the Board of Directors for contracting.
- 12.0 Concerns about agency performance are addressed through the steps described in "Holding Ourselves Accountable", which describes the processes which could result in a change in the agency's status as a provider member of the MVBCN.
- 13.0 In the event the MVBCN Council recommends denial or termination of agency membership, the provider may submit an appeal in writing to the MVBCN Board of Directors, whose decision is final.
- 14.0 The MVBCN will report evidence of practices which are illegal or unethical to authorities and/or appropriate certifying or licensing organizations.
- 15.0 An outpatient provider agency credentialed by MVBCN must notify the MVBCN Executive Manager in writing at least 60 days prior to the effective date of a significant change in the agency's program or policies and procedures that affect MVBCN Members served by the agency. Examples include but are not limited to: opening, closing or relocation of a service location; change in agency ownership; change in the age range for clients served by the agency; and change in the agency's provision of services due to moral or religious reasons.
 - 15.1 When MVBCN is notified about a significant change in an agency's program or policies and procedures that affect MVBCN Members, MVBCN will consult with AMHD to determine whether the change requires notification of MVBCN Members. MVBCN will notify Members accordingly and do so at least 30 days before the effective date of the change.
 - 15.1.1 When notification to Members is required, MVBCN will document its method for determining the Member population to be notified.

II. CREDENTIALING OF INDIVIDUAL PROVIDERS

- 1.0 Credentialing of individual practitioners (agency employees or contractors) and administrators/managers/supervisors in clinical oversight roles is delegated to the member agency.
 - 1.1 Chemical dependency agencies shall document staff qualifications consistent with applicable OAR's.
 - 1.2 MVBCN shall follow the practices described below for administrators/managers/supervisors in clinical oversight roles, and for any contracted or employed staff providing clinical services.
 - 1.3 For agencies subcontracted as mental health outpatient providers:
 - 1.3.1 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.
 - 1.3.2 If an employee or subcontractor is not required to be licensed or certified by a State of Oregon board or licensing agency, then:
 - a) The individual must meet the definition for Qualified Mental Health Associate or Qualified Mental Health Professional as defined in OAR 309-016-0605 and provide services under the supervision of a Licensed Medical Practitioner; or
 - b) 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. The MVBCN form "Credentialing for Adjunct Service Providers" (Appendix B) or its equivalent is used to record this information, which is retained in the individual's personnel file. Credentialing of interns follows this procedure.
 - 1.3.3 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 407-007-0200 through 410-007-03700.
 - 1.3.4 Services to OHP Members may not be rendered by individuals or entities who 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 the MVBCN within 15 days.

III. OUT OF NETWORK OUTPATIENT SERVICES

- 1.0 Each Local Mental Health Authority is responsible for obtaining covered services for OHP members which 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.
- 2.0 Credentialing of out of panel providers of outpatient services is the responsibility of the Local Mental Health Authority. (See III.4.0 below for exception in the case of out of area mental health agency services to youth residing in Behavioral Rehabilitation Services programs.)
 - 2.1 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 II.1.3.3, evidence of malpractice insurance, and the results of a criminal background check.
 - 2.2 Out of panel services to OHP Members may not be rendered by individuals or entities who are currently excluded from Medicaid participation, as described in II.1.3.4.
- 3.0 Each Local Mental Health Authority is required to authorize any out of panel outpatient services that are medically necessary to provide continuity of care. Each Local Mental Health Authority will specify a representative to whom such requests are submitted. Refusal of such requests constitutes a denial of services and is subject to all Notice of Action rights and procedures.
- 4.0 MVBCN will credential out of area mental health agencies providing outpatient services for youth residing in Behavioral Rehabilitation Services programs. Agencies must hold a Certificate of Approval from the State of Oregon for Outpatient Mental Health Services or for Intensive Community-based Treatment and Support Services. They must certify that they follow Oregon Health Plan requirements for clinical documentation, mandatory abuse reporting, and confidentiality. Their credentialing files shall include documentation of criminal back ground checks and verification that professional staff are not excluded from Medicaid participation. They must provide evidence of professional liability insurance and agree to MVBCN Critical Incident and grievance reporting requirements.

IV. CREDENTIALING PROVIDERS OF INTENSIVE SERVICES FOR CHILDREN

- 1.0 Providers of Psychiatric Day Treatment Services must be certified by the State of Oregon under OAR 309-032-1500 through 309-032-1565.
 - 1.1 Contractor's personnel records for Licensed Medical Practitioners shall contain (in addition to documentation of the requirements in OAR 309-032-1505 (71)):
 - 1.1.1 Verification of academic credentials

- 1.1.2 The MVBCN Staff Adverse Actions Report Staff Disclosure Form, current within the last 3 years, or a current Oregon Practitioner Credentialing Application
 - 1.1.3 A valid DEA certificate.
- 2.0 Providers of Psychiatric Residential Treatment Services must be certified by the State of Oregon under 309-032-1500 through 309-032-1565. All employees providing direct mental health services to MVBCN members must be credentialed by MVBCN prior to service delivery or receiving reimbursement for services. MVBCN will accept the contractor's credentialing process if such process follows JCAHO standards. The facility shall have available to MVBCN upon request credentialing files of employees delivering services to MVBCN members.
- 3.0 Providers of Intensive Community-Based Treatment and Support Services must be certified by the State of Oregon under 309-032-1500 through 309-032-1565
 - 3.1 Contractor's personnel records for Licensed Medical Practitioners shall contain (in addition to the requirements in (in addition to documentation of the requirements in OAR 309-032-1505 (71))):
 - 3.1.1 Verification of academic credentials
 - 3.1.2 The MVBCN Staff Adverse Actions Report Staff Disclosure Form, current within the last 3 years, or a current Oregon Practitioner Credentialing Application
 - 3.1.3 A valid DEA certificate.

V. MONITORING OF INPATIENT FACILITIES

- 1.0 Employees of inpatient hospitals providing direct mental health services under contract with MVBCN must be credentialed prior to service delivery or receiving reimbursement for services. MVBCN will accept the hospital's credentialing process if it follows Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards. The hospital will make available to MVBCN upon request the credentialing files of employees performing work under its contract with MVBCN.
- 2.0 MVBCN receives the results of AMHD reviews of hospital policies on the use of seclusion and restraints. The Quality Improvement Coordinator reviews these reports and addresses any concerns about the care of MVBCN members with the hospital directly and with AMHD.

VI. ANNUAL REVIEW

- 1.0 MVBCN shall review this policy at least annually. Any policy revisions must be submitted to AMHD for review and approval.

APPENDIX A

Approved by MVBCN Regional Advisory Council on December 18, 2009

This is the process to be followed if an MVBCN contractor fails to meet a performance expectation, including but not limited to contract compliance, Quality Management Committee (QMC) requirements, and data submission:

PRINCIPLES: MVBCN representatives requesting information or communicating contractual expectations need to make the process user friendly. Complex data requests should be designed with input from the people responsible for responding.

Notification to providers and an opportunity for problem solving and assistance to the provider should be incorporated at every stage of this process. All steps should be documented. Grievance procedures are outlined in the contract signed by the MVBCN and provider organizations.

STEP 1: The provider is contacted by someone authorized by the MVBCN with responsibility for the specific task, who can explore with them what difficulty they are having, problem solve, offer technical assistance (TA), and set new timelines if needed. Information gathered can be used to improve the process.

STEP 2: If there is an inadequate response from the provider a report is made to the Clinical Director, who can review whether the problem is related to the request itself and is affecting a number of providers, or if it seems related to specific provider difficulties. If the latter, a written work plan is developed, which describes the expected corrective action. In either case, the MVBCN staff take a “provider relations”, technical assistance role in attempting to assist the provider in solving the difficulty. The Clinical Director consults with QMC prior to requiring a written work plan and reports to QMC on the response to any work plan.

STEP 3: If the matter(s) is (are) not fully resolved, the Clinical Director reports the efforts to-date and the unresolved problems to the Executive Manager, the agency director, the county agency of the affected provider and MVBCN Council. Failure to complete an agreed-upon work plan is documented in the provider’s recredentialing file and copied to the executive of the provider organization.

STEP 4: The Executive Manager may take any or all of the following actions:

- Require timely compliance with a final work plan and inform the provider’s governing body;
- Initiate sanctions appropriate to the deficiency;
- Report the matter to the Oregon DHS Addictions and Mental Health Division or Oregon Health Authority as required by the MHO Contract

STEP 5: After expiration of the time allowed for completion of this final work plan, the MVBCN Executive Manager and Clinical Director will evaluate the adequacy of the response.

STEP 6: If the fulfillment of the final work plan is deficient, the Executive Manager will consult with the Regional Advisory Council prior to any recommendation for termination of provider status being taken to the MVBCN Board of Directors. Any termination process will follow the terms of the contract between the MVBCN and the provider organization.



MID-VALLEY BEHAVIORAL CARE NETWORK **APPENDIX B**
Credentialing for Adjunct Service Providers

PURPOSE: The purpose of this form is to document and certify that a person who provides QMHA or QMHP services and who cannot be qualified as defined in OAR Chapter 309 for the corresponding certification, has the education, experience, competence, and supervision adequate to permit the person to perform his/her specific assigned duties. In these cases, this form fulfills the requirement that MVBCN participating providers maintain documentation of relevant licenses, degrees, certifications, and/or qualifications in each person's file.

Use of this form to credential a person to provide mental health services applies *only to his/her services to MVBCN members*. It does not apply to services provided to members of other public or private health plans, nor does it apply to services paid for directly by the State of Oregon or any other funding source.

INSTRUCTIONS: This form must be completed and maintained for each individual employee, intern/student, volunteer, and contractor who provides mental health services to MVBCN members if the person:

- Is not required to be licensed or certified by a State of Oregon board or licensing agency, as is the requirement for an Licensed Medical Practitioner or a Licensed Health Care Professional; and
- Cannot be qualified as a QMHP, QMHA, or Peer Support Specialist (whichever certification is applicable to services provided) as defined in OAR Chapter 309.

Examples of persons for whom use of this form may be appropriate include: paraprofessionals; peer counselors; vocational trainers; interns/students in a bachelor's or master's degree program.

NOTE: If an individual has been granted a variance by the State to provide QMHP or QMHA services, a copy of the State application and documentation that the variance has been granted may be attached to this form in lieu of completing the table below.

LEGAL NAME: _____ **DATE HIRED:** _____

COMPETENCY ASSESSMENT		<i>Level of Assigned Duties:</i>
<i>Job Title:</i>		<input type="checkbox"/> QMHP <input type="checkbox"/> QMHA
Required skills	Description of the person's education, experience and competence for each skill	

SUPERVISION & TRAINING PLAN _____

CERTIFIED BY _____

Supervisor's Printed Name
Supervisor's Signature
Date

ATTACH ADDITIONAL PAGES IF NECESSARY

Original:	02/12/1998	Revised:	12/01/2006	7/23/2008	12/30/2010	
-----------	------------	----------	------------	-----------	------------	--