

Attachment I

Child and Adolescent Mental Health Division Credentialing Policy and Procedure Re-Credentialing Policy and Procedure

The attachments for these Policy and Procedures may be requested from CAMHD by contacting

the nkmeyers@camhmis.health.state.hi.us

**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
POLICY AND PROCEDURE MANUAL**

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| SUBJECT: Initial Credentialing of Licensed Health Care Professionals | Number: | 80.308 |
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| REFERENCE: HRS; HI QUEST; QARI; HI State; Licensing Boards; CMSS; CAMHD QAIP; NCQA Standards for Credentialing & Re-credentialing: 42CFR; §438.12, § 438.200, § 438.204, § 438.206, § 438.214, §438.224; HSAG Audit Tool; HAR, Title 11, Department of Health, Chapter 98, Special Treatment Facilities | APPROVED: | |
| | <i>Signature on File</i> | 02/22/05 |
| | Chief | Eff. Date |

PURPOSE

To assure competent, safe, and effective practices by licensed qualified mental health professionals serving Child and Adolescent Mental Health Division (CAMHD’s) consumers.

DEFINITIONS

See Glossary of Credentialing Terms (**See Attachment A**)

POLICY

1. Credentialing Policies

A. Practitioner Credentialing Guidelines

1. Any State of Hawaii licensed practitioners who either have an independent contract with CAMHD, employed with CAMHD, or is employed or subcontracted by CAMHD Contracted Provider Agencies, hereafter referred to as CAMHD Contract Agency, is covered under this policy.
2. Credentialing of the following State of Hawaii Licensed practitioners are covered under this policy: Medical Doctor (M.D.), Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Licensed Psychologist (Ph.D. or Psy.D.); Advanced Practice Registered Nurse (APRN), and Osteopathic Doctor (D.O.)
3. *Licensed Practitioners who do not need to be credentialed by CAMHD:*
 - a. Practitioners who practice exclusively within the inpatient setting and who provide care for CAMHD consumers only as a result of the consumers being directed to the hospital or another inpatient setting. These practitioners need to be credentialed by the hospital or the inpatient setting they provide services.
 - b. Practitioners who do not provide care for CAMHD consumers in a treatment setting (consultants).

B. Criteria and Primary Source Verification used to verify licensure:

1. State of Hawaii licensure must be primary source verified with the State of Hawaii Department of Commerce and Consumer Affairs (DCCA),

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Professional and Vocational Licensing Division at <http://www.ehawaii.gov/serv/pvl> to ensure that practitioner is licensed in the State of Hawaii.

2. Primary verification of CAMHD Credentialing requirements as outlined in the “*CAMHD Licensed Provider Initial Credentialing Checklist*” hereafter referred to as “*CAMHD LPIC Checklist*” must be satisfied by using acceptable verification methods within the specified timelines. **(See Attachment B)**

C. Policies and Procedures

1. Initial credentialing decision process.
 - a. The credentials of applicants are evaluated against pre-determined criteria in conjunction with the National Committee of Quality Assurance (NCQA) and state licensing requirements. This policy outlines the criteria used to approve applicants.
 - b. The “*CAMHD LPIC Checklist*” incorporates these criteria to facilitate auditing of primary source verifications in the practitioner’s credential chart.
 - c. Committee members are required to use their professional and personal knowledge of the applicant’s business practices, ethics, and ability to provide quality services to CAMHD consumers in a safe treatment environment in the decision making process.
2. Non-Discrimination

The CAMHD Credentialing Committee does not make credentialing decisions based solely on the applicant’s race, ethnic/national identity, gender, age, sexual orientation, or the types of procedures or patients the practitioner (e.g., Medicaid) specializes in.
3. The process of notification to a practitioner of any information obtained during the credentialing process that varies substantially from the information provided to CAMHD and or the CAMHD Contract Agency by the provider:

CAMHD and or the CAMHD Contract Agency must notify the applicant of any information obtained during the credentialing process vary substantially from the information provided to them in writing via regular mail. The applicant must respond within 15 business days from the date of the notification letter with a letter of explanation for the varying information. Additional documents may be submitted to CAMHD and or

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the CAMHD Contract Agency to substantiate or explain the variations. CAMHD has fifteen (15) business days from the date of receipt of the letter of explanation to review Documents and render a decision. The decision letter includes the reconsideration and appeal process stated below.

4. The Request for Reconsideration & Appeal Process
 - a. If the applicant does not agree with the CAMHD Credentialing Committee’s decision, they have the right to request for reconsideration. Reconsideration requests must be submitted with additional documentation to support the request. These must be received at CAMHD within fifteen (15) business days from the decision letter, unless otherwise stated.
 - b. The CAMHD Credentialing Committee will review the submitted documents and issue a reconsideration decision to the applicant or through the CAMHD Contract Agency via facsimile or mail within fifteen (15) business days from the date of receipt of the reconsideration request.
 - c. The applicant, either directly or through the CAMHD Contract Agency, has the option to file a formal complaint with CAMHD’s Grievance Office at 733-8495 in the event the CAMHD Credentialing Committee holds to its original decision.

5. The process to ensure that practitioners are notified of the credentialing or re-credentialing decision within sixty (60) calendar days of the committee’s decision:

A CAMHD Credentialing Committee letter is sent to the applicant through the CAMHD Contract Agency within fifteen (15) business days of the decision. If the applicant does not agree with the decision they are entitled to request for reconsideration through the “*Request for Reconsideration & Appeal Process*” outlined above.

6. The medical director or other designated health care professional’s direct responsibility and participation in the CAMHD credentialing program:
 - a. The CAMHD Credentialing Committee Chairman, a Medical Director from one of CAMHD’s Family Guidance Centers, has direct oversight of the CAMHD Credentialing program. His primary role is to ensure that the committee functions within its defined role, evaluates its projected goals through committee approved performance measures, as well as report the committee’s

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activities and accomplishments to the CAMHD Performance Improvement Steering Committee.

b. The CAMHD Medical Director sits in the CAMHD Credentialing Committee as an ex-officio member to provide guidance and feedback to the committee.

7. The process used to ensure confidentiality of all information obtained in the credentialing process, except otherwise provided by law:
The CAMHD Credentialing Committee and CAMHD Agencies' Credentialing Specialists and other personnel that have access to credential information must sign the "*CAMHD Credentialing Committee Member Confidentiality Form*" to ensure confidentiality of all information gathered during the credentialing process, except otherwise provided by law, and are used for the sole purpose of credentials evaluation. **(See Attachment C)** In addition, any discussions held during the CAMHD Credentialing Committee must remain confidential except when otherwise provided by law.

8. The process to delegate initial credentialing.
The primary source verification portion of the initial credentialing process is delegated to the CAMHD Agencies for their employees and subcontractors. This function is delegated to a contracted credentialing verification service for CAMHD employees and contractors. Refer to the "*CAMHD Credentialing Delegation Policies and Procedures*" for specific delegated activities and CAMHD monitoring of those activities.

D. Practitioner Rights

1. The right of practitioner's right to review submitted information in support of their credentialing applications:

The following statement is included in the "*CAMHD Licensed Provider Initial Credentialing Application Form*" **(See Attachment D)** to notify them of this right:

a. The applicant has the right to request and review primary source verifications obtained on their behalf. A written request must be sent to the CAMHD Credentialing Specialist, CAMHD Credentialing Unit, 3627 Kilauea Avenue, Room 101, Honolulu, HI 96816.

b. The CAMHD Credentialing Unit has 30 days to forward copies of primary source documents to the applicant via regular mail. In the

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event that the primary source verification function has been delegated to the CAMHD Contract Agency, the written request must be sent to the attention of the CAMHD Contract Agency Credentialing Specialist.

- c. The CAMHD Contract Agency Credentialing Specialist has 30 days to forward the copies of the primary source documents to the applicant via regular mail.
2. The practitioner’s right to correct erroneous information:
- a. In the event that credentialing information obtained from other sources varies substantially from that provided by the practitioner, CAMHD must notify the applicant in writing within 15 business days from date of discovery. Notification may be sent directly to the applicant or through the CAMHD Contract Agency Credentialing Specialist.
 - b. The applicant has the right to correct erroneous information by sending a letter directly to the CAMHD Credentialing Committee to the following address: CAMHD Credentialing Specialist, CAMHD Credentialing Unit, 3627 Kilauea Avenue, Room 101, Honolulu, HI 96816 or through the CAMHD Contract Agency in writing within 15 business days from date of receipt of the notification letter from CAMHD. Additional documents may be submitted to CAMHD and or the CAMHD Contract Agency to substantiate or explain the erroneous information.
 - c. CAMHD has thirty (30) days from the date of receipt of the letter of explanation to review documents and render a decision. The decision letter includes the reconsideration and appeal process stated in the “*Request for Reconsideration & Appeal Process*” section of this policy.
3. The right of practitioners, upon request, to be informed of the status of their credentialing application.
- a. The applicant has the right to request, in writing or through telephone, the status of their credentialing application. CAMHD must respond to such inquiry within ten (10) business days either in writing, through telephone, or electronic mail.
 - b. Applicants may not review peer-review protected information, references, and letters or recommendations.

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4. Notification of provider rights.

The applicants are notified of their rights through the *CAMHD Licensed Provider Initial Credentialing Application Form*.

2. Credentialing Committee

A. The Credentialing Committee

The standing Child and Adolescent Mental Health Division (CAMHD) credentialing committee is designated to provide oversight over CAMHD’s credentialing processes. Membership shall be representative of various disciplines from CAMHD’s various sections with preference given, but not limited to licensed professionals. Membership for the CAMHD Credentialing Committee is outlined in the CAMHD Credentialing Committee Membership Policies and Procedures.

B. Credentialing Committee Decisions

1. The committee has granted the authority to the CAMHD Credentialing staff to conduct a preliminary review of each provider’s credentials in accordance with the *CAMHD LPIC Checklist* to ensure all primary source verifications being submitted meet CAMHD’s established criteria. Files that meet established criteria are available at the CAMHD Credentialing Office for the CAMHD Credentialing Committee members to review prior to the scheduled meetings. A list of the names of all these practitioners who meet the established criteria is presented at the next credentialing committee meeting.
2. Practitioners may not provide care to CAMHD consumers until the final approval from the CAMHD Credentialing Committee.
3. CAMHD reserves the right to make the final determination about which practitioners may participate in its network. If unfavorable information is obtained for a practitioner during the credentialing process, CAMHD reserves the right to ask for additional information and render a decision to approve the provider with or without restrictions or disapprove the provider. The decision letter includes the reconsideration and appeal process stated in the “*Request for Reconsideration & Appeal Process*” section of this policy.
4. The reasons for those providers that did not meet the criteria will be discussed during the committee meeting. The applicant will be notified either directly or through the CAMHD Contract Agency of the

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deficiencies and corrective action requested through regular or electronic mail. The response deadline will be included in the notification.

5. The CAMHD Credentialing Committee has CAMHD has 30 days from the date of receipt of the letter of explanation to review documents and render a decision. The decision letter includes the reconsideration and appeal process stated in the “*Request for Reconsideration & Appeal Process*” section of this policy.

3. Initial Credentialing

A. Method of Verification

1. CAMHD or its CAMHD Agencies may verify information through oral contacts, or written verification directly from primary sources, or Internet website data to verify information.
 - a. Oral verifications require a written statement to CAMHD stating the verification date, the name of the primary source person who verified the information, the name and dated signature of the CAMHD or CAMHD Contract Agency staff that conducted the query.
 - b. Internet website verification requires the dated signature of the CAMHD or CAMHD Contract Agency staff that conducted the query on all printed pages. Electronic signatures are allowed provided they are password protected. CAMHD Agencies and other agencies designated as primary source verifiers must send a written report to CAMHD of their electronic signature password protection policies.
 - c. Written verifications may take the form of a letter that is received via regular mail or facsimile.

B. Verification Time Limit

To prevent the CAMHD Credentialing Committee from considering a provider whose credentials may have changed since they were verified, primary source verification should be no more than 180 days old (unless otherwise stated) at the time of the credentialing committee decision. For written verifications, the 180-day time limit begins with the date that the credentials were verified (the date on the letter or the signature date) not when CAMHD or the CAMHD Contract Agency received the information.

C. Credentialing Cycle

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The two-year credentialing cycle begins with the date of the initial credentialing decision. Providers are considered credentialed after the committee has made its decision. Once providers are credentialed, they are able to carry their full credential status for all CAMHD Agencies. They are not required to be re-credentialed every time they change employment as long as it occurs within the two year approved timeframe. There are requirements for interagency credential status transfer. Refer to the Interagency Transfer section of this policy for those requirements.

D. Practitioner Suspension of Participation

1. The CAMHD Credentialing Committee has the authority to recommend suspension of a practitioner’s participation in providing services to CAMHD youths to CAMHD’s Executive Management Team (CAMHD EMT). Suspension during investigation is an immediate consideration in cases where potential risk or harm exists to CAMHD clients by the practitioner. These risks are determined from preliminary reports to the CAMHD Credentialing Committee from any of the following:
 - a. Sentinel Events Unit
 - b. Grievance Office
 - c. Performance Monitoring Unit
 - d. Facility Certification Unit
 - e. Possible abuse as indicated in the CAN Check Results
2. The Performance Management Section or CAMHD designee(s), shall immediately determine, per Level I criteria, if the allegation warrants a joint Provider/CAMHD investigative inquiry. Level I Criteria include:
 - a. One (1) allegation of sexual abuse of a client
 - b. One (1) allegation of physical abuse of a client
 - c. One (1) allegation of substandard, inappropriate or harmful services
 - d. Two (2) corroborated and/or three (3) uncorroborated allegation of verbal abuse of a client
 - e. One (1) report of a client injured by a staff member during a seclusion or restraint
 - f. Two (2) reports within a three-month period of time of a medication error

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- g. Four (4) reports within a six-month period of time of a medication error
 - h. Breach of the Interagency Performance Standards and Practice Guidelines in providing required:
 - Access
 - Assessments
 - Service Plans
 - Supervision and training
 - Records
 - Service quality
 - Reporting
 - Management of risk and safety for consumers as described in the IPSPG, including mandated reporting for child abuse and neglect
 - Community focus as described in the IPSPG
 - Adherence to general professional practice, State of Hawaii statues and licensing requirements Consumer rights and confidentiality
3. If Level I criteria are met, the Credentialing Committee shall be asked to formally request that the CAMHD EMT impose an immediate 30-day maximum suspension of practitioner credentials resulting in removal of practitioner from direct youth services pending the outcome of the investigation.
 4. A joint investigative probe shall consist of up to three (3) persons representing the Child and Adolescent Mental Health Division and up to three (3) persons representing the contracted provider agency. The investigation shall follow established procedures set forth by the CAMHD Safety and Risk Management Policies and Procedures.
 5. As a result of a CAMHD investigation a Limitation or Reduction of a practitioner’s participation may include, but is not limited to any of the following:
 - a. The number of credentialed days to quarterly increments depending on severity of issues involved.

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- b. The number of agencies a practitioner would be eligible to work for.
 - c. The number of hours a practitioner would be able to work.
 - d. The number of employees a licensed practitioner may be able to supervise.
 - e. The type of CAMHD clients a certain practitioner may be eligible to work with.
 - f. The type of function a certain practitioner may be eligible to perform.
 - g. Other related limitations and restrictions determined on an individualized basis.
6. The CAMHD Credentialing Committee makes a final recommendation to the CAMHD EMT regarding the practitioner’s participation with CAMHD.
7. The CAMHD EMT decision letter is issued within five (5) working days of the decision.
8. The decision from the CAMHD EMT letter includes the reconsideration and appeal process stated in the *“Request for Reconsideration & Appeal Process”* section of this policy.
- E. Reduction or Limitation of Participation
1. The CAMHD Credentialing Committee has the authority to recommend limitation or restriction of a practitioner’s participation in the CAMHD Provider Network to the CAMHD EMT. Limitation and restriction may be considered in any of the following cases:
- a. Previous Grievance, Sentinel Events, or Performance Monitoring report involving any of the events outlined in the Level 1 Criteria while previously employed with another CAMHD Contracted agency.
 - b. Previous Criminal Record within the past 10 years
 - c. Reported Prior Termination due to poor performance
 - d. Prior Malpractice Claims within the past 10 years
 - e. Positive CAN Check Results within the past 10 years
 - f. Prior Drug Abuse Record within the past 10 years

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2. As a result of a CAMHD investigation Limitation or Reduction of a practitioner’s participation may include, but is not limited to any of the following:
 - a. The number of credentialed days to quarterly increments depending on severity of issues involved.
 - b. The number of agencies a practitioner would be eligible to work for.
 - c. The number of hours a practitioner would be able to work.
 - d. The number of employees a licensed practitioner may be able to supervise.
 - e. The type of CAMHD clients a certain practitioner may be eligible to work with.
 - f. The type of function a certain practitioner may be eligible to perform.
 - g. Other related limitations and restrictions determined on an individualized basis.
3. The CAMHD Credentialing Committee reviews the facts and makes a final recommendation to the CAMHD EMT regarding the practitioner’s participation with CAMHD.
4. The CAMHD EMT decision letter is issued within five (5) working days of the decision.
5. The decision from the CAMHD EMT letter includes the reconsideration and appeal process stated in the “*Request for Reconsideration & Appeal Process*” section of this policy.

F. Practitioner Termination

1. The CAMHD Credentialing Committee has the authority to recommend termination of a practitioner’s participation in the CAMHD Provider Network to the CAMHD EMT. Termination may be considered in any of the following cases:
 - a. Loss of License
 - b. Exclusion from the Medicare / Medicaid program
 - c. Misrepresentation of credentials and / or other pertinent information

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- d. Involvement in a malpractice claim that involves client safety
 - e. Criminal indictment of any type
 - f. Failure to adhere to established as part of the suspension investigations and reduction or limitation of participation investigations.
2. The CAMHD Credentialing Committee reviews the facts and makes a final recommendation to the CAMHD EMT regarding the practitioner’s participation with CAMHD.
 3. The CAMHD EMT decision letter is issued within five (5) working days of the decision.
 4. The decision from the CAMHD EMT letter includes the reconsideration and appeal process stated in the “*Request for Reconsideration & Appeal Process*” section of this policy.

G. Practitioner Reinstatement

1. If a CAMHD or CAMHD Contract Agency employee or subcontractor is voluntary or involuntarily terminated and the practitioner wishes to be reinstated, the practitioner must again be initially credentialed if the break in service is *thirty (30) calendar days* or more. CAMHD and/or the CAMHD Contract Agency must re-verify credential factors that are no longer within the credentialing time limits. The CAMHD Credentialing Committee must review all credentials and makes a final determination prior to the practitioner’s re-entry into the organization. The CAMHD Credentialing Committee makes a final determination prior to the practitioner’s re-entry into the organization and issues a decision letter within five (5) working days of its decision. The decision letter includes the reconsideration and appeal process stated in the “*Request for Reconsideration & Appeal Process*” section of this policy
2. An interagency transfer is allowed after termination provided it is within thirty (30) calendar days of the termination date and there are no negative incidents that led to the termination from the previous CAMHD Contract Agency. The CAMHD Credentialing Committee must review presented facts and makes a final determination prior to the practitioner’s re-entry into the organization.
3. If prior termination was due to negative incidents, the CAMHD or CAMHD Contract Agency employee or subcontractor must submit a written statement of explanation with the interagency transfer request or

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re-application request. The CAMHD Credentialing Committee must review all facts related to the negative discharge including performance of the CAMHD or CAMHD Contract Agency employee or subcontractor while employed or subcontracted with CAMHD or the CAMHD Contract Agency. The CAMHD Credentialing Committee makes a final determination which may include imposing limitations and restrictions on the practitioner’s participation with CAMHD prior to the practitioner’s re-entry into the organization and issues a decision letter within five (5) working days of its decision. The decision letter includes the reconsideration and appeal process stated in the “*Request for Reconsideration & Appeal Process*” section of this policy.

B. CAMHD Network Participation Requirements

To be eligible to become a member of the CAMHD network provider, the applicant must be an employee or direct contractor of CAMHD or an employee or subcontractor of a CAMHD Contract Agency.

C. Initial Credentialing Documents and Primary Source Verification Requirements

The *CAMHD LPIC Checklist* outlines the CAMHD required primary source verifications, verification timeline requirements, and methods of accepted primary source verification including the following criteria items:

1. Attestation Letter (See Attachment D)

Verification time limit: 180 days

The CAMHD Contract Agency or CAMHD designated primary source verification agency representative must complete the “*CAMHD Attestation Letter.*”

2. License Number

The practitioner’s license number must be entered in the *CAMHD LPIC Checklist*. Verification of the license is done in the license verification portion of the policy.

3. Application Form

Verification time limit: 180 days

All sections of the “*CAMHD Licensed Provider Initial Credentialing Application Form*” must be completed. **(See Attachment E)** Work History information may be listed in the resume if not listed in the application form. The application form must include the following items:

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- a. Reasons for inability to perform the essential functions of the position, with or without accommodation.
Verification time limit: Attestation on application must be signed no earlier than 180 days prior to CAMHD Credentialing Committee approval.

CAMHD and its Agencies must ensure that the following question in the credentialing application form contains a “No” answer:

"Do you have any physical and/or mental condition which would interfere with the performance of those privileges which you are requesting and/or the essential functions of the contractual arrangement for which you are applying, with or without accommodation?"

In the event an applicant answers “Yes” a letter of explanation must accompany the application. The CAMHD Credentialing Committee must review the letter of explanation and weigh the implications of any health conditions stated as it pertains to the applicant’s ability to perform the functions of the position that the provider is being credentialed for. The CAMHD Credentialing Committee may consider approval of the applicant with or without restrictions.

- b. Lack of present illegal drug use.
Verification time limit: Attestation on application must be signed no earlier than 180 days prior to CAMHD Credentialing Committee approval.

CAMHD and its Agencies must ensure that the restrictive actions questions pertaining to illegal drug use in the credentialing application form contains a “No” answer.

In the event an applicant answers “Yes” a letter of explanation must accompany the application. The CAMHD Credentialing Committee must review the letter of explanation and weigh the implications of any illegal drug use reported as it pertains to the applicant’s ability to perform the functions of the position that the provider is being credentialed for. The CAMHD Credentialing Committee may consider approval of the applicant with or without restrictions.

- c. History of loss of license and felony convictions.

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Verification time limit: Attestation on application must be signed no earlier than 180 days prior to CAMHD Credentialing Committee approval.

CAMHD and its Agencies must ensure that the restrictive actions questions pertaining to loss of license and felony convictions in the credentialing application form contains a “No” answer. In addition, the Hawaii Justice Center Check results would also be considered to satisfy the felony conviction verification requirements of this criterion.

In the event an applicant answers “Yes” a letter of explanation must accompany the application. The CAMHD Credentialing Committee must review the letter of explanation and weigh the implications of any loss of license and or felony convictions it relates to the applicant’s ability to perform the functions of the position that the provider is being credentialed for. The CAMHD Credentialing Committee may consider approval of the applicant with or without restrictions.

- d. History of loss or limitation of privileges or disciplinary activity.
Verification time limit: Attestation on application must be signed no earlier than 180 days prior to CAMHD Credentialing Committee approval.

CAMHD and its Agencies must ensure that the restrictive actions questions pertaining to limitation of privileges or disciplinary actions in the credentialing application form contains a “No” answer

In the event an applicant answers “Yes” a letter of explanation from the applicant must accompany the application. The CAMHD Credentialing Committee must review the letter of explanation and weigh the implications of any loss or limitation of privileges or disciplinary activity it relates to the applicant’s ability to perform the functions of the position that the provider is being credentialed for. The committee reserves the right to ask for a letter from the applicant’s supervisor and or agency to ensure that proper mechanisms are in place to prevent a similar situation from occurring while practitioner is around CAMHD consumers. The CAMHD Credentialing Committee may consider approval of the applicant with or without restrictions.

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- e. Attestation as to the correctness and completeness of the application.

Verification time limit: Attestation on application must be signed no earlier than 180 days prior to CAMHD Credentialing Committee approval.

The applicant must sign and date the following attestation statement in the application:

“I represent that information provided in or attached to this credentialing application form is accurate. I understand that a condition of this application is that any misrepresentation, misstatement or omission from this application, whether intentional or not, is cause for automatic and immediate rejection of this application and may result in the denial of appointment and clinical privileges. In the event of my termination for this reason, I will not be entitled to any hearing, appeal, or other due process rights. Upon subsequent discovery of such misrepresentation, misstatement, or omission, the <NAME OF AGENCY> may immediately terminate my appointment.”

4. Resume

Verification time limit: 180 days

CAMHD does not require primary source verification of work history to be submitted as part of the credentialing requirement but defers employment verification activities as part of the intra agency human resource functions performed by CAMHD Agencies or CAMHD in the case of CAMHD personnel.

For work history requirement, a minimum of 5 years of work history must be obtained through the practitioner’s application or resume. If it is obtained from the resume, the resume must state a date of preparation so that the CAMHD Credentialing Committee is able to determine the 180-day time limit for this criterion. The applicant must submit a written explanation of any gaps over 6 months.

5. Education, Residency, Internship, Fellowship, Board Certification

- a. Education and training including board certification if the practitioner states on the application that he/she is board certified.

Verification time limit: None. This means that old verifications would be considered acceptable provided it verifies the education

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that is applicable to the licensure the applicant is being credentialed for.

CAMHD or the CAMHD Contract Agency must verify only the highest level of credentials attained. If a physician is board certified, verification of that board certification fully meets this element, because specialty boards verify education and training. For practitioners, who are not board certified, verification of completion of residency fully meets this requirement. For those who have not completed a residency program, verification of graduation from medical school meets this standard.

b. Education Verification Requirements for Different Specialties:

For Board Certified Physicians:

Verification of board certification fully meets education verification requirements because medical boards already verify education and training. Separate verification of education and residency training is not required for board certified medical doctors.

For Non-Board Certified Physicians:

Conduct verification by doing one of the following:

Verification of completion of residency training meets this requirement through any of the following primary source verification methods:

- Confirmation from the residency training program.
- Entry in the American Medical Association (AMA) Physician Master File.
- Entry in the American Osteopathic Association (AOA) Physician Master File.

Verification of graduation from medical school through any of the following primary source verification methods:

- Confirmation from the medical school.
- Entry in the American Medical Association (AMA) Physician Master File.
- Entry in the American Osteopathic Association (AOA) Physician Master File.

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- Confirmation from the Educational Commission for Foreign Medical Graduates (ECFMG) for international medical graduates after 1986.

Non-Physician Behavioral Healthcare Professionals

Confirmation from the university specifically stating name of applicant, degree and date conferred. Written verifications must be received directly from the university attended. Telephone verifications are acceptable provided the name of the person verifying the information; the date of verification, and the person's name at the primary source is identified in a memo.

- c. Board certification, if designated by the practitioner on the application.

Verification Time Limit: Any NCQA recognized source is valid up to one year but if it is a document source (e.g. ABMS Compendium), verification must also be based on the most current edition.

If an applicant states in their application form that they are board-certified, the board certification must be queried. Acceptable methods of verification includes any of the following:

Physicians

Completion of one of these:

- Entry in the ABMS Compendium.
- Entry in the AOA Physician Master File.
- Entry in the AOA Directory of Osteopathic Physicians.
- Entry in the AMA Master File.
- Confirmation from the specialty board

Non-Physician Behavioral Healthcare Professionals

Confirmation from the specialty board

Foreign Trained Physicians

Foreign trained physicians that graduated and obtained licensed after 1986 must submit a copy of their ECFMG certificate.

6. Controlled Substance Certificates

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Verification time limit: Certificate must be effective at the time of the credentialing committee decision.

If the applicant is a medical doctor, a copy of the current DEA and state NED certificate must be present at the time of credentialing approval.

A provider with a pending DEA application may be credentialed provided that another practitioner with a valid DEA certificate write all prescriptions requiring a DEA number for the practitioner until the practitioner has a valid DEA certificate. The name of the practitioner with the valid DEA number must be noted clearly on the credentialing file of the provider without a DEA number.

7. Malpractice Insurance

- a. Current malpractice insurance coverage.

Verification time limit: Coverage must be effective at the time of the credentialing decision.

CAMHD and / or its Agency must obtain a letter confirming current malpractice coverage from the insurer. The letter must state the name of the provider, policy number, dates of coverage, and 1 million / 3 million aggregate of coverage. Copies of face sheets from the practitioner will not satisfy this requirement unless it has been received from the insurer.

- b. History of professional liability claims that resulted in settlements or judgments paid by or on behalf of the practitioner.

Verification time limit: 180 days

CAMHD or its Agency must obtain written confirmation of malpractice settlements from the current malpractice carrier and for all malpractice carriers in the past 10 years. These years may include residency years. In some instances, practitioners may have been covered by a hospital insurance policy during residency. In these cases, CAMHD or its Agency does not need to obtain confirmation from the carrier.

8. State of Hawaii License Verification

Verification time limit: 180 days

- a. Applicant possesses a current license to practice in the State of Hawaii.

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CAMHD must confirm that the applicant holds a valid, current State of Hawaii license to practice. The license must be primary source verified with the State of Hawaii Department of Commerce and Consumer Affairs, Professional and Vocational Licensing Division at <http://www.ehawaii.gov.org/serv/pvl>. A printout of the license must be completed. The person conducting the query must date and sign all the pages of the printout results.

- b. State sanctions, restrictions on licensure and or limitation on scope of practice.

The practitioner’s license limitations and restrictions must be primary source verified with the State of Hawaii Department of Commerce and Consumer Affairs, Professional and Vocational Licensing Division at <http://www.ehawaii.gov.org/serv/pvl> A printout of the complaints history must be completed. The person conducting the query must date and sign all the pages of the printout results.

- 9. Out of State License Verification
Verification time limit: 180 days

- a. If the Applicant possesses a current or expired license in another state, it must be queried.

For active licenses, CAMHD must confirm that the applicant’s license is valid and current in the state reported. This query must be primary-source-verified with that state’s licensing board. The person conducting the query must date and sign all the pages of the printout results.

If the license has expired, CAMHD must query the prior complaints history on such license. (See below.)

- b. State sanctions, restrictions on licensure and or limitation on scope of practice – for both active and expired out of state licenses:

The practitioner’s license limitations and restrictions must be primary-source-verified with the other state’s licensing board. The person conducting the query must date and sign all the pages of the complaints history printout results.

- 10. Medicare/Medicaid Sanctions
Verification time limit: 180 days

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The Office of the Inspector General at <http://exclusions.oig.hhs.gov/search.html> must be queried for the existence of any Medicare/Medicaid sanctions against the applicant. A printout of the results must be done. The person conducting the query must initial all printout results. The query results must indicate “no records” query result. In the event that there is a record on file, the applicant must provide a letter of explanation of the record. The committee will review the implications of the record as it pertains to the applicant’s ability to provide quality services to CAMHD consumers.

11. Hawaii Justice Center Data Bank Verification:

Verification time limit: 180 days

The Hawaii Justice Center Data Bank must be queried for any criminal record. The query results must indicate “no records found”. In the event that a record is found within the past ten (10) years, the applicant must provide a written explanation of the record. Rehabilitative or self-improvement programs attended to help improve whatever issues there may be at the time of offense shall be listed. In addition, the CAMHD Contract Agency must also submit to CAMHD a written supervision plan that outlines the position and overall function of the applicant, supervision structure, and any other mechanisms in place to prevent similar offenses from occurring while the applicant is employed with the CAMHD Contract Agency or around CAMHD consumers. Traffic violations that are non-alcohol related do not need a letter of explanation provided that the practitioner does not drive CAMHD consumers.

12. National Practitioner Data Bank Query

Verification time limit: 180 days

The National Practitioner Data Bank (NPDB) must be queried for previous malpractice claims history and or state licensure sanctions. CAMHD, the CAMHD Agencies or their delegated primary source verification contractor must become registered users of the NPDB to be able to request verifications. The query results must indicate “no records” query result. In the event that there is a record on file, the applicant must provide a letter of explanation of the record. The committee will review the implications of the record as it pertains to the applicant’s ability to provide quality services to CAMHD consumers.

13. Child and Abuse Neglect Verification.

Verification time limit: 180 days

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The Department of Human Services Child Protective Services Database would be queried for child abuse and neglect records. The "CAMHD CAN Request Form" (See Attachment F) and "CAMHD CAN Authorization Form" must be completed. (See Attachment G) The query results must indicate "no records found". In the event that a record is found, CAMHD must notify the applicant through the CAMHD Contract Agency of the record. Please refer to the generic "CAMHD CAN Negative Result Check Generic Letter". (See Attachment H)

14. Letters of Good Standing from Hospitals with Current Privileges
Verification time limit: 180 days

CAMHD must obtain a letter from any and all hospitals with which the practitioner has current privileges.

15. Central Database Check for Sentinel Events, Grievance, and Medicare / Medicaid Exclusion
Verification time limit: 180 days

CAMHD must check the central database to determine if the provider applicant has had previous reports pertaining to Sentinel Events or Grievance or has been excluded from participating in Medicare programs.

II. Initial Credentialing Site Visits

Time Limit: Onsite audit conducted within one year of credentialing approval

Onsite visits shall be conducted on an annual basis for all practitioner sites. These sites shall include treatment offices located within CAMHD including Family Guidance Centers, or CAMHD Contract Agency Headquarters, community treatment offices, residential facilities, and any other locations as reported by the practitioner applicant. The *CAMHD Treatment Office Site Visit Tool* will be used for these treatment office site visits. (See Attachment I)

III. Performance Standards and Thresholds

- a. Treatment Office Evaluation

The "CAMHD Treatment Office Site Visit Tool" tool would be used for this review. A designated CAMHD staff will conduct the onsite visit. (See Attachment 9) A minimum score of 80% for the office site section is required. For practitioners providing services in a special treatment facility (STF) or therapeutic group home (TGH), the license to operate issued to the agency by the Office of Health Care Administration (OHCA) will be accepted as

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verification that the facility is in compliant with all state laws pertaining to the type of service.

b. Treatment Record-keeping Practices

The “*CAMHD Treatment Office Site Visit Tool*” tool would be used for this review. A designated CAMHD staff will conduct the onsite visit. Since the review of medical record-keeping practices does not have to include clinical elements during the initial visit; therefore, clinical personnel do not need to conduct the site visit. A minimum score of 80% for the office site section is required.

c. Medication Storage and Log Requirements

The “*CAMHD Treatment Office Site Visit Tool*” tool would be used for this review. A designated CAMHD staff will conduct the onsite visit. Since the review of medication storage and log practices does not have to include clinical elements during the initial visit; therefore, clinical personnel do not need to conduct the site visit. A minimum score of 80% for the office site section is required.

d. Availability of Emergency Equipment

The “*CAMHD Treatment Office Site Visit Tool*” tool would be used for this review. A designated CAMHD staff will conduct the onsite visit since. The review of medical record-keeping practices does not have to include clinical elements; therefore, clinical personnel do not need to conduct the site visit. A minimum score of 80% for the office site section is required.

1. Identification of high volume practitioners

All providers in the CAMHD network are subject to all the rules set forth in this policy regardless of the volume of CAMHD consumers they treat. Information from the utilization management threshold outliers will be reviewed during re-credentialing.

2. New Practitioner joins existing site

An additional site visit is not necessary when a new practitioner joins and office site that has already has a site visit and is part of the CAMHD Contract Agency, provided the site visit was conducted within the 180 days of the new practitioner's approval. When a new practitioner joins an existing office site, CAMHD will include documentation of the site visit for that office in the new practitioner’s credentialing file. This

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documentation must be in the file prior to the CAMHD credentialing committee decision.

3. Relocations and additional sites

When notified upon any agency's application to open a new site, the CAMHD Credentialing Specialist or designated CAMHD staff will conduct a readiness site visit. Instances when CAMHD must visit new sites include, but are not limited to when a practitioner opens an additional office or moves to offices from one location to another.

4. Follow-Up Actions for Initial Onsite Visit Findings / Deficiencies

a. Reporting of Initial Onsite Audit Deficiencies and Corrective Action Activities

If the provider scores lower than 80% on any of the criteria in the "Treatment Office Visit Tool" during the initial visit, the CAMHD staff conducting the visit will request for a corrective action plan from the practitioner through the CAMHD Contract Agency during the exit interview. A written notification will also be sent to the practitioner through the CAMHD Contract Agency via regular mail or electronic mail.

Credentialing of the practitioner will be deferred until all deficiencies in the onsite visit are addressed and a score of 80% or higher is obtained.

Corrective action plans or other required documents must be submitted to the CAMHD Credentialing Specialist no later than 30 days from the date of onsite visit. CAMHD will review the corrective action plan and submitted documents. All primary source verifications in the deferred file would have to be within acceptable timelines at the time of review and approval by the CAMHD Credentialing Committee.

b. Follow-up Onsite Visit

CAMHD reserves the right to conduct a follow up onsite visit prior to approving the practitioner to ensure that initial deficiencies noted are now within acceptable thresholds.

5. Ongoing Monitoring of Sanctions and Complaints

a. State sanctions or limitations on licensure

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On a yearly basis the status of practitioner’s State of Hawaii licensure, sanctions, or limitations thereof are verified with the State of Hawaii Department of Commerce and Consumer Affairs, Professional and Vocational Licensing Division at <http://www.ehawaii.gov/org/serv/pvl>. In addition, CAMHD compiles all listing of Medicaid suspended or terminated practitioner letters from the Med-Quest Division. In the event that the name being reported by Medicaid is a current member of the CAMHD provider network, the issue will be brought to the CAMHD Credentialing Committee within 24 hours of receipt to conduct an emergency meeting to formalize the suspension or termination of the practitioner from the network. The decision letter is issued within five (5) working days and includes the reconsideration and appeal process stated in the “*Request for Reconsideration & Appeal Process*” section of this policy.

b. Grievance Office

The Credentialing Unit maintains a database of information obtained from sentinel events, grievance, and Medicaid sanction wherein information from the CAMHD Grievance Office (GO) regarding a specific practitioner is inputted. This file is checked for a name match at the time of initial credentialing. Below is the process of how Credentialing Committee is informed of grievances:

Grievances relative to a specified staff filed with the GO are reported to the Credentialing Unit. A brief synopsis of the grievance is included in the notification. The Performance Management Section will conduct an investigation and report their findings to the CAMHD Credentialing Committee. The CAMHD Credentialing Committee will review the recommendations and make its final determination whether to suspend or permanently terminate the practitioner’s credentialing status. The decision letter is issued within five (5) working days and includes the reconsideration and appeal process stated in the “*Request for Reconsideration & Appeal Process*” section of this policy.

c. Sentinel Events Office

The Credentialing Unit maintains a database of information obtained from sentinel events, grievance, and Medicaid sanction wherein information from the Sentinel Events Unit regarding a

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specific practitioner is inputted. This file is checked for a name match at the time of initial credentialing. Below is the process of how Credentialing Committee is informed of sentinel events:

Information from the CAMHD Sentinel Events Office regarding specific practitioner is reported to the Credentialing Unit. The nature of the event is included in the notification. The Performance Management Section may conduct an investigation and report their findings to the CAMHD Credentialing Committee. The CAMHD Credentialing Committee will review the recommendations and make its final determination whether to suspend or permanently terminate the practitioner’s credentialing status. The decision letter is issued within five (5) working days and includes the reconsideration and appeal process stated in the “*Request for Reconsideration & Appeal Process*” section of this policy.

d. Medicaid Suspension/Termination Rights

The Credentialing Unit maintains a database of information obtained from sentinel events, grievance, and Medicaid sanction wherein information from the Medicaid Office is inputted. This file is checked for a name match at the time of initial credentialing. Below is the process of how Credentialing Committee is informed of Medicaid suspensions:

Information from the Medicaid Suspension/Termination Report is reviewed to determine if the practitioner applicant has been previously suspended or terminated from Medicaid Programs participation. If the practitioner's name is found in the list, the information will be reported to the CAMHD Credentialing Committee for discussion and decision. The CAMHD Credentialing Committee will immediately terminate the practitioner’s credentialing status. The decision letter is issued within five (5) working days and includes the reconsideration and appeal process stated in the “*Request for Reconsideration & Appeal Process*” section of this policy.

IV. Notification to Authorities and Practitioner Appeal Rights

a. Range of actions

CAMHD reserves the right to rescind the full credentialing status of any practitioner that does not comply with State Ethics Standards, CAMHD standards, and State and Federal laws.

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- b. Reporting of serious quality deficiencies that could result in a practitioner’s suspension, termination, and/or reporting to appropriate authorities. The decision letter is issued within five (5) working days and includes the reconsideration and appeal process stated in the “*Request for Reconsideration & Appeal Process*” section of this policy.

Discovery of any misrepresentation of credentials or other illegal activities will be discussed in the CAMHD Credentialing Committee meeting. Results of the discussion may warrant reporting the clinician’s name and situation and will be referred to the CAMHD Compliance Committee for investigation, with a copy to the Provider Relations Officer. If warranted, licensed clinician’s name may be referred to the designated Medicaid Investigator. CAMHD reserves the right to retain, suspend, or terminate any clinician that has misrepresented his or her credentials in any way that compromises services to the CAMHD children.

The CAMHD Fraud and Abuse Program outlines CAMHD’s procedure for reporting serious quality deficiencies that could result in a provider’s suspension or termination to the Medicaid Fraud Investigator as well as other appropriate authorities.

- c. CAMHD has an appeals process for instances in which it chooses to alter the conditions of the practitioner’s participation based on issues of quality of care and/or service.

The “*Request for Reconsideration & Appeals Process*” applies for at any time the applicant disagrees with the CAMHD Credentialing Committee Decision. This process is included in all decision letters.

V. Interagency Transfer of Credential Status

Clinician transfers occurring during active credentialing periods shall require verification of items within timeframes as listed in “*CAMHD Licensed Provider Interagency Transfer Checklist*” as applicable. (See **Attachment J**) The CAMHD Credentialing Committee has authorized the CAMHD Credentialing Specialist to approve transfers if all criteria are satisfied. The names of the providers approved to transfer will be reported in the next CAMHD Credentialing Committee meeting and the Credentialing.

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If a transfer was denied for any reason, the decision letter is issued within five (5) working days and includes the reconsideration and appeal process stated in the “*Request for Reconsideration & Appeal Process*” section of this policy.

VI. MIS Registration of Credentialed Practitioner

All approved practitioner credential information are reported on a weekly basis by the CAMHD Credentialing Unit to CAMHD MIS to be registered in accordance to the established MIS clinician registration guidelines.

VII. Credentialing Reports

a. Medicaid Reports

CAMHD must submit to the Department of Human Services Med-QUEST Division (DHS-MQD), if required, a listing of its provider network. At a minimum, the list must include the name of the provider, their title, site address, and telephone number.

b. CAMHD Performance Improvement Steering Committee (PISC) Reports

The CAMHD Credentialing Committee must submit to PISC for review its performance measures for timeliness, quality, and effectiveness according to the PISC reporting schedule. The Chair or designated representative attends the PISC meetings.

c. CAMHD Contracted Agencies are required to submit electronic monthly reports of their current credentialed licensed staff in the format required by CAMHD.

ATTACHMENTS:

- A. CAMHD Glossary of Credentialing Terms - July 17, 2003
- B. CAMHD Licensed Provider Initial Credentialing Checklist, Rev. 10-4-04
- C. CAMHD Credentialing Committee Member Confidentiality Form; Version July 2003
- D. CAMHD Attestation Letter, 7-11-03
- E. CAMHD Licensed Provider Initial Credentialing Application Form, Rev. 7-11-03
- F. CAMHD Child Abuse and Neglect Request Form, Rev. 7-11-03
- G. CAMHD Child Abuse and Neglect Authorization Form, Rev. August 2004

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- H. CAMHD Child Abuse and Neglect Negative Findings Generic Letter Format, Rev. July 2004
- I. CAMHD Treatment Office Site Visit Tool; Rev. 11-1-04
- J. CAMHD Licensed Provider Interagency Transfer Checklist; Rev. 8-9-04

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| | <i>Signature on File</i> | 02/22/05 |
| | Chief | Eff. Date |

PURPOSE

To assure competent, safe, and effective practices by licensed qualified mental health professionals serving Child and Adolescent Mental Health Division (CAMHD) consumers.

DEFINITIONS

See Glossary of Credentialing Terms (**See Attachment A**)

POLICY

1. Re-credentialing Policies
 - A. Any State of Hawaii licensed practitioner considered by CAMHD as a QMHP that either, is employed with CAMHD, has an independent contract with CAMHD or is employed or subcontracted by a CAMHD Contracted Provider Agency, hereinafter referred to as CAMHD Agency, exclusive of hospital inpatient contracts, is covered under this policy.
 - B. Re-credentialing of the following State of Hawaii Licensed practitioners are covered under this policy: Medical Doctor (M.D.), Licensed Social Worker (LSW), Licensed Marriage and Family Therapist (LMFT), Licensed Psychologist (Ph.D. or Psy.D.), Advanced Practice Registered Nurse (APRN), and Osteopathic Doctor (D.O.).
 1. Licensed Practitioners that do not need to be re-credentialed:
 - a. Practitioners who practice exclusively within the inpatient setting and who provide care for CAMHD consumers only as a result of the consumers being directed to the hospital or another inpatient setting. These practitioners need to be credentialed by the hospital or the inpatient setting they provide the services.
 - b. Practitioners who do not provide care for CAMHD consumers in a treatment setting (consultants).
 - C. Criteria and Primary Source Verification used to satisfy criteria:
 1. State of Hawaii licenses must be primary source-verified with the State of Hawaii Department of Commerce and Consumer Affairs, Professional and Vocational Licensing Division (DCCA) at

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<http://www.ehawaii.gov/serv/pvl> to ensure that practitioners are licensed in the State of Hawaii.

2. Primary verification of CAMHD Credentialing requirements as outlined in the “CAMHD Licensed Provider Re-credentialing Checklist” must be satisfied by using acceptable verification methods within the specified timelines. **(See Attachment B)**

D. Policies and Procedures

1. CAMHD shall used the following processes to determine re-credentialing decisions:
 - a. The CAMHD Credentialing Committee (Committee) shall evaluate the credentials of each applicant against pre-determined criteria in conjunction with National Commission of Quality Assurance (NCQA) and state licensing requirements.
 - b. The predetermined criteria listed in the “CAMHD Licensed Provider Re-credentialing Checklist” shall facilitate auditing of primary source verified documents in the practitioner’s credential chart.
 - c. The Committee members shall use their professional and personal knowledge of the applicant’s business practices, ethics, and ability to provide quality services to CAMHD consumers in a safe treatment environment in the decision making process.
2. Non-discrimination

The Committee does not make credentialing decisions based on the applicant’s race, ethnic / national identity, gender, age, sexual orientation, or the types of procedures or types of patients the practitioner (e.g., Medicaid) specializes in.
3. The CAMHD shall notify the practitioner via regular mail of any information obtained during the credentialing process that varies substantially from the information provided to CAMHD and or to the CAMHD Agency by the practitioner.
 - a. The applicant must respond within fifteen (15) business days from the date of receipt of the notification letter with a letter of explanation explaining the discrepancy or variance. Additional documents may be submitted to CAMHD or to the CAMHD Agency to substantiate or explain the variations.

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- a. CAMHD has fifteen (15) business days from the date of receipt of the applicant’s letter of explanation to review documents and render a decision. The decision letter includes the reconsideration and appeal process stated below.
- 4. *The Request for Reconsideration & Appeal Process*
 - a. If an applicant does not agree with the Committee’s decision, he/she may request a re-consideration.
 - b. Re-consideration requests must be submitted with additional documentation of new information to support the request.
 - c. The applicant must submit any additional documents to CAMHD within fifteen (15) business days from the decision letter, unless otherwise stated.
 - d. The Committee will review the submitted documents and issue a reconsideration decision to the applicant or through the Agency via facsimile or mail within fifteen (15) business days from the date of receipt of the reconsideration request.
 - e. The applicant, either directly or through the CAMHD Agency, has the option to file a formal complaint with CAMHD’s Grievance Office (GO) at 733-8495 in the event the Committee holds to its original decision.
- 5. The process to ensure that notified applicants have the credentialing or re-credentialing decision within sixty (60) calendar days of the Committee’s decision.
 - a. A Committee *letter of decision* shall be sent to the applicant through the CAMHD Agency within fifteen (15) business days of the decision.
 - b. If the applicant does not agree with the decision he/she is entitled to request for reconsideration through the “*Request for Reconsideration & Appeal Process*” outlined above.
- 6. The medical director or other designated health care professional’s direct responsibility and participation in the CAMHD credentialing program:
 - a. The Committee Chairman, a Clinical Director from one of CAMHD’s Family Guidance Centers (FGC), has direct oversight of the CAMHD Credentialing program.

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- b. His primary role shall be to ensure that the committee functions within its defined role, evaluates its projected goals through committee-approved performance measures, as well as to report the committee’s activities and accomplishments to the CAMHD Performance Improvement Steering Committee (PISC).
 - c. The CAMHD Medical Director sits on the Committee as an ex-officio member to provide guidance and feedback to the committee.
7. The process used to ensure confidentiality of all information obtained in the re-credentialing process, except otherwise provided by law.
- a. The Committee and CAMHD Agencies’ Credentialing Specialists and other personnel that have access to credential information must sign the “*CAMHD Credentialing Committee Member Confidentiality Form*” to ensure confidentiality of all information gathered during the re-credentialing process, except otherwise provided by law, used for the sole purpose of credentials evaluation. **(See Attachment C)**
 - b. In addition, any discussions held during the Committee shall remain confidential except when otherwise provided by law.
8. The process to delegate re-credentialing:
- a. The primary source verification portion of the re-credentialing process is delegated to the Agency for their employees and subcontractors.
 - b. This function is delegated to a contracted credentialing verification service for CAMHD employees and contractors.
 - c. Refer to the “*CAMHD Credentialing Delegation Policies and Procedures*” for specific delegated activities and CAMHD monitoring of those activities.

E. Practitioner Rights

- 1. The practitioner has the right to review submitted information in support of his/her credentialing application. The following statement is included in the “*Licensed Provider Re-credentialing Application Form*” **(See Attachment D)** to notify the applicant of this right:
 - a. The applicant has the right to request and review primary source verifications obtained on their behalf. A written request must be sent to the CAMHD Credentialing Specialist, CAMHD

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Credentialing Unit, 3627 Kilauea Avenue, Room 101, Honolulu, Hawaii 96816.

- b. The CAMHD Credentialing Specialist has thirty (30) days to forward copies of primary source documents to the applicant via regular mail. In the event that the primary source verification function has been delegated to the Agency, the written request must be sent to the attention of the Agency Credentialing Specialist.
 - c. The CAMHD Credentialing Specialist has thirty (30) days to forward the copies of the primary source documents to the applicant via regular mail.
2. The practitioner has the right to correct erroneous information.
- a. In the event that credentialing information obtained from other sources varies substantially from that provided by the applicant, CAMHD must notify the applicant in writing within fifteen (15) business days from date of discovery. Notification may be sent directly to the applicant or through the CAMHD Agency Credentialing Specialist.
 - b. The applicant has the right to correct erroneous information by sending a letter directly to the Committee to the following address: CAMHD Credentialing Specialist, CAMHD Credentialing Unit, 3627 Kilauea Avenue, Room 101, Honolulu, HI 96816 or through the CAMHD Agency in writing within 15 business days from date of receipt of the notification letter from CAMHD. Additional documents may be submitted to CAMHD and or its Agency to substantiate or explain the erroneous information.
 - c. CAMHD has thirty (30) days from the date of receipt of the letter of explanation to review documents and render a decision. The decision letter includes the reconsideration and appeal process stated in the “*Request for Reconsideration & Appeal Process*” section of this policy.
3. The practitioner has the right, upon request, to be informed of the status of his/her credentialing or recredentialing application.
- a. The applicant has the right to request, in writing or through telephone, the status of his/her credentialing or recredentialing application. The CAMHD Credentialing Specialist must respond to

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such inquiry within ten (10) business days either in writing or through telephone.

- b. The applicant may not review peer-review protected information, references, and letters or recommendations.
- c. Notification of practitioner’s rights shall be included in the credentialing application form.

2. Credentialing Committee

A. The Credentialing Committee

The standing Child and Adolescent Mental Health Division (CAMHD) credentialing committee is designated to provide oversight over CAMHD’s credentialing processes. Membership shall be representative of various disciplines from CAMHD’s various sections with preference given, but not limited to licensed professionals. Membership for the CAMHD Credentialing Committee is outlined in the CAMHD Credentialing Committee Membership Policies and Procedures.

B. Credentialing Committee Decisions

- 1. The Committee may grant authority to the CAMHD Credentialing Specialist to conduct a preliminary review of each practitioner’s credentials in accordance with the “CAMHD *Licensed Provider Re-credentialing Checklist*” to ensure all primary source verifications being submitted meet CAMHD’s established criteria. The CAMHD Credentialing Specialist shall:
 - a. Make available applicant files that meet established criteria at the Credentialing Unit office for the Committee members to review prior to the scheduled meetings.
 - b. Submit the list of the applicants who meet the established criteria at the next Committee meeting.
- 2. If re-credentialing did not occur prior to the expiration of the initial credentialing date the practitioner may not see consumers until the date of final approval from the Committee.
- 3. CAMHD reserves the right to make the final determination about which practitioners may participate in its network. If unfavorable information is obtained about a practitioner during the credentialing process, CAMHD reserves the right to ask for additional information and render a decision to approve the practitioner with or without restrictions or to disapprove the practitioner with reasons as discussed during the Committee meeting. The

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decision letter shall include the reconsideration and appeal process as stated in the “*Request for Reconsideration & Appeal Process*” section of this policy.

4. The applicant will be notified either directly or through the Agency of the deficiencies and corrective action requested through regular or electronic mail. The response deadline shall be included in the *decision letter*.
5. The Committee has thirty (30) days from the date of receipt of the *letter of explanation* to review documents and render a decision. The *decision letter* includes the rationale for the decision and the reconsideration and appeal process stated in the “*Request for Reconsideration & Appeal Process*” section of this policy.

3. Re-credentialing

A. Method of Verification

1. CAMHD or its Agencies may use oral, written, and Internet website data to verify information. Oral verifications require a note stating the date of verification, the name of the person from the primary source who verified the information, the name and dated signature of the CAMHD or the CAMHD Agency staff that verified the information.
2. Internet website verification requires the dated signature of the CAMHD or its Agency staff that conducted the query on all printed pages. Written verifications may take the form of a letter that is received via regular mail or facsimile.

B. Verification Time Limit

To prevent the Committee from considering a practitioner whose credentials may have changed since they were last verified, primary source verification must be no more than 180 days old (unless otherwise stated) at the time of the credentialing committee decision. For written verifications, the 180-day time limit begins with the date that the credentials were verified (the date on the letter or the signature date) not when CAMHD or the Agency received the information.

C. Re-credentialing Cycle

1. Upon approval of re-credentialing, the two (2)-year full approval cycle begins. Practitioners are considered re-credentialed after the committee has made its decision. Once a practitioner is re-credentialed, they are able to carry their full re-credentialed status for all CAMHD Agencies. They are not required to be re-credentialed every time they change employment as long as it occurs within the two year approved timeframe. There are

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requirements for interagency credential status transfer. Refer to the Interagency Transfer section of this policy for those requirements.

D. Practitioner Suspension of Participation

The CAMHD Credentialing Committee has the authority to recommend suspension of a practitioner's participation in providing services to CAMHD youths to CAMHD's Executive Management Team (CAMHD EMT). Suspension during investigation is an immediate consideration in cases where potential risk or harm exists to CAMHD clients by the practitioner. These risks are determined from preliminary reports to the CAMHD Credentialing Committee from any of the following:

- Sentinel Events Unit
- Grievance Office
- Performance Monitoring Unit
- Facility Certification Unit
- Possible abuse as indicated in the CAN Check Results

The Performance Management Section or CAMHD designee(s), shall immediately determine, per Level I criteria, if the allegation warrants a joint Provider/CAMHD investigative inquiry.

Level I Criteria:

- a. One (1) allegation of sexual abuse of a client
- b. One (1) allegation of physical abuse of a client
- c. One (1) allegation of substandard, inappropriate or harmful services
- d. Two (2) corroborated and/or three (3) uncorroborated allegation of verbal abuse of a client
- e. One (1) report of a client injured by a staff member during a seclusion or restraint
- f. Two (2) reports within a three-month period of time of a medication error
- g. Four (4) reports within a six-month period of time of a medication error
- h. Breach of the Interagency Performance Standards and Practice Guidelines in providing required

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- Access
- Assessments
- Service Plans
- Supervision and training
- Records
- Service quality
- Reporting
- Management of risk and safety for consumers as described in the IPSPGs, including mandated reporting for child abuse and neglect
- Community focus as described in the IPSPGs
- Adherence to general professional practice, State of Hawaii statutes and licensing requirements Consumer rights and confidentiality

If Level I criteria are met, the Credentialing Committee shall be asked to formally request that the CAMHD EMT impose an immediate 30-day maximum suspension of practitioner credentials resulting in removal of practitioner from direct youth services pending the outcome of the investigation.

A joint investigative probe shall consist of up to three (3) persons representing the Child and Adolescent Mental Health Division and up to three (3) persons representing the contracted provider agency. The investigation shall follow established procedures set forth by the CAMHD Safety and Risk Management Policies and Procedures.

As a result of a CAMHD investigation a Limitation or Reduction of a practitioner's participation may include, but is not limited to any of the following:

- The number of credentialed days to quarterly increments depending on severity of issues involved.
- The number of agencies a practitioner would be eligible to work for.
- The number of hours a practitioner would be able to work.
- The number of employees a licensed practitioner may be able to supervise.
- The type of CAMHD clients a certain practitioner may be eligible to work with.

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- The type of function a certain practitioner may be eligible to perform.
- Other related limitations and restrictions determined on an individualized basis.

The CAMHD Credentialing Committee makes a final recommendation to the CAMHD EMT regarding the practitioner’s participation with CAMHD.

The CAMHD EMT’s decision letter is issued within five (5) working days of the decision.

The decision from the CAMHD EMT letter includes the reconsideration and appeal process stated in the “*Request for Reconsideration & Appeal Process*” section of this policy.

E. Reduction or Limitation of Participation

1. The CAMHD Credentialing Committee has the authority to recommend limitation or restriction of a practitioner’s participation in the CAMHD Provider Network to the CAMHD EMT. Limitation and restriction may be considered in any of the following cases:

- Previous Grievance, Sentinel Events, or Performance Monitoring report involving any of the events outlined in the Level 1 Criteria while previously employed with another CAMHD Contracted agency.
- Previous Criminal Record within the past 10 years
- Reported Prior Termination due to poor performance
- Prior Malpractice Claims within the past 10 years
- Positive CAN Check Results within the past 10 years
- Prior Drug Abuse Record within the past 10 years

2. As a result of a CAMHD investigation Limitation or Reduction of a practitioner’s participation may include, but is not limited to any of the following:

- The number of credentialed days to quarterly increments depending on severity of issues involved.
- The number of agencies a practitioner would be eligible to work for.
- The number of hours a practitioner would be able to work.

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- The number of employees a licensed practitioner may be able to supervise.
- The type of CAMHD clients a certain practitioner may be eligible to work with.
- The type of function a certain practitioner may be eligible to perform.
- Other related limitations and restrictions determined on an individualized basis.

The CAMHD Credentialing Committee reviews the facts and makes a final recommendation to the CAMHD EMT regarding the practitioner’s participation with CAMHD.

The CAMHD EMT’s decision letter is issued within five (5) working days of the decision.

The decision from the CAMHD EMT letter includes the reconsideration and appeal process stated in the “*Request for Reconsideration & Appeal Process*” section of this policy.

F. Practitioner Termination

1. The CAMHD Credentialing Committee has the authority to recommend termination of a practitioner’s participation in the CAMHD Provider Network to the CAMHD EMT. Termination may be considered in any of the following cases:
 - Loss of License
 - Exclusion from the Medicare / Medicaid program
 - Misrepresentation of credentials and / or other pertinent information
 - Involvement in a malpractice claim that involves client safety
 - Criminal indictment of any type
 - Failure to adhere to established as part of the suspension investigations and reduction or limitation of participation investigations. s.

1. The CAMHD Credentialing Committee reviews the facts and makes a final recommendation to the CAMHD EMT regarding the practitioner’s participation with CAMHD.

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2. The CAMHD EMT’s decision letter is issued within five (5) working days of the decision.
3. The decision from the CAMHD EMT letter includes the reconsideration and appeal process stated in the “*Request for Reconsideration & Appeal Process*” section of this policy.

G. Practitioner Reinstatement

1. If a CAMHD or CAMHD Contract Agency employee or subcontractor is voluntary or involuntarily terminated and the practitioner wishes to be reinstated, the practitioner must again be initially credentialed if the break in service is *thirty (30) calendar days* or more. CAMHD and/or the CAMHD Contract Agency must re-verify credential factors that are no longer within the credentialing time limits. The CAMHD Credentialing Committee must review all credentials and makes a final determination prior to the practitioner’s re-entry into the organization. The CAMHD Credentialing Committee makes a final determination prior to the practitioner’s re-entry into the organization and issues a decision letter within five (5) working days of its decision. The decision letter includes the reconsideration and appeal process stated in the “*Request for Reconsideration & Appeal Process*” section of this policy
2. An interagency transfer is allowed after termination provided it is within thirty (30) calendar days of the termination date and there are no negative incidents that led to the termination from the previous CAMHD Contract Agency. The CAMHD Credentialing Committee must review presented facts and makes a final determination prior to the practitioner’s re-entry into the organization.

If prior termination was due to negative incidents, the CAMHD or CAMHD Contract Agency employee or subcontractor must submit a written statement of explanation with the interagency transfer request or re-application request. The CAMHD Credentialing Committee must review all facts related to the negative discharge including performance of the CAMHD or CAMHD Contract Agency employee or subcontractor while employed or subcontracted with CAMHD or the CAMHD Contract Agency. The CAMHD Credentialing Committee makes a final determination which may include imposing limitations and restrictions on the practitioner’s participation with CAMHD prior to the practitioner’s re-entry into the organization and issues a decision letter within five (5) working days of its decision. The

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decision letter includes the reconsideration and appeal process stated in the “*Request for Reconsideration & Appeal Process*” section of this policy.

H. CAMHD Network Participation Requirements

To be eligible to become a member of the CAMHD Provider Network, the applicant must be an employee or direct contractor of CAMHD or an employee or subcontractor of an Agency.

I. Re-credentialing Documents and Primary Source Verification Requirements

The “CAMHD *Licensed Provider Re-credentialing Checklist*” outlines the CAMHD required primary source verifications, verification timeline requirements, and methods of accepted primary source verification including the following criteria items:

1. Attestation Letter (**See Attachment E**)

Verification time limit: 180 days

The Agency or CAMHD designated primary source verification agency representative must complete the “CAMHD Attestation Letter”.

2. License Number

The practitioner’s license number must be entered in the CAMHD “*Licensed Provider Initial Re-credentialing Checklist.*” Verification of the license is done in the license verification portion of the policy.

3. Application Form

Verification time limit: 180 days

All sections of the “CAMHD Licensed Provider Re-credentialing Application Form” must be completed. Work History information may be listed in the resume in lieu of the application form. The application form must include the following items:

- a. Reasons for inability to perform the essential functions of the position, with or without accommodation.

Verification time limit: Attestation on application must be signed no earlier than 180 days prior to Committee approval.

CAMHD and its Agency must ensure that the following question in the credentialing application form contains a “No” answer:

Do you have any physical and/or mental condition which would interfere with the performance of those privileges

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which you are requesting and/or the essential functions of the contractual arrangement for which you are applying, with our without accommodation?

In the event an applicant answers “Yes” a *letter of explanation* must accompany the application. The Committee must review the letter of explanation and weigh the implications of any health conditions stated as it pertains to the applicant’s ability to perform the functions of the position that the practitioner is being credentialed for. The Committee may consider approval of the applicant with or without restrictions.

b. Lack of present illegal drug use.

Verification time limit: Attestation on application must be signed no earlier than 180 days prior to Committee approval.

CAMHD and its Agency must ensure that the restrictive actions questions pertaining to illegal drug use in the credentialing application form contains a “No” answer.

In the event an applicant answers “Yes” a letter of explanation must accompany the application. The Committee must review the letter of explanation and weigh the implications of any illegal drug use reported as it pertains to the applicant’s ability to perform the functions of the position that the applicant is being credentialed for.

c. History of loss of license and felony convictions.

Verification time limit: Attestation on application must be signed no earlier than 180 days prior to Committee approval.

CAMHD and its Agency must ensure that the restrictive actions questions pertaining to loss of license and felony convictions in the credentialing application form contains a “No” answer. In addition, the Hawaii Justice Center Check results would also be considered to satisfy the felony conviction verification requirements of this criterion.

In the event an applicant answers “Yes” a letter of explanation must accompany the application. The Committee must review the letter of explanation and weigh the implications of any loss of license and or felony convictions it relates to the applicant’s ability

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to perform the functions of the position that the applicant is being credentialed for.

- d. History of loss or limitation of privileges or disciplinary activity.

Verification time limit: Attestation on application must be signed no earlier than 180 days prior to Committee approval.

CAMHD and its Agency must ensure that the restrictive actions questions pertaining to limitation of privileges or disciplinary actions in the credentialing application form contains a “No” answer

In the event an applicant answers “Yes” a *letter of explanation* from the applicant must accompany the application. The Committee must review the *letter of explanation* and weigh the implications of any loss or limitation of privileges or disciplinary activity it relates to the applicant’s ability to perform the functions of the position that the applicant is being credentialed for. The Committee reserves the right to ask for a letter from the applicant’s supervisor and or Agency to ensure that proper mechanisms are in place to prevent a similar situation from occurring while practitioner is serving CAMHD consumers.

- e. Attestation as to the correctness and completeness of the application.

Verification time limit: Attestation on application must be signed no earlier than 180 days prior to Committee approval.

The applicant must sign and date the following attestation statement in the application:

“I represent that information provided in or attached to this credentialing application form is accurate. I understand that a condition of this application is that any misrepresentation, misstatement or omission from this application, whether intentional or not, is cause for automatic and immediate rejection of this application and may result in the denial of appointment and clinical privileges. In the event of my termination for this reason, I will not be entitled to any hearing, appeal, or other due process rights. Upon subsequent discovery of such misrepresentation, misstatement, or omission, the <NAME

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OF AGENCY> may immediately terminate my appointment.”

4. Resume

Verification time limit: 180 days

CAMHD does not require primary source verification of work history. A minimum of five (5) years of work history must be obtained through the practitioner’s application or curriculum vitae. If it is obtained from the resume, the resume must state a date of preparation so that the Committee is able to determine the 180-day time limit for this criterion. The applicant must submit a written explanation of any gaps over 6 months.

5. Education, Residency, Internship, Fellowship, Board Certification if obtained higher education since last credentialed.

a. Education and training including board certification if the practitioner states on the application that he/she is board certified.

b. *Verification time limit: None. This means that old verifications would be considered acceptable provided it verifies the education that is applicable to the licensure the applicant is being credentialed for.*

CAMHD or its Agency must verify *only the highest level of credentials attained*. If a physician is board certified, verification of that board certification fully meets this element, because specialty boards verify education and training. For practitioners, who are not board certified, verification of completion of residency fully meets this requirement. For those who have not completed a residency program, verification of graduation from medical school meets this standard.

c. Education Verification Requirements for Different Specialties:

For Board Certified Physicians:

Verification of board certification fully meets education verification requirements because medical boards already verify education and training. Separate verification of education and residency training is not required for board certified medical doctors.

For Non-Board Certified Physicians:

Conduct verification by doing one of the following:

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Verification of completion of residency training meets this requirement through any of the following primary source verification methods:

- Confirmation from the residency-training program.
- Entry in the American Medical Association (AMA) Physician Master File.
- Entry in the American Osteopathic Association (AOA) Physician Master File.

Verification of graduation from medical school through any of the following primary source verification methods:

- Confirmation from the medical school.
- Entry in the American Medical Association (AMA) Physician Master File.
- Entry in the American Osteopathic Association (AOA) Physician Master File.
- Confirmation from the Educational Commission for Foreign Medical Graduates (ECFMG) for international medical graduates after 1986.

Non-Physician Behavioral Healthcare Professionals

Confirmation from the university specifically stating name of applicant, degree and date conferred. Written verifications must be received directly from the university attended. Telephone verifications are acceptable provided the name of the person verifying the information; the date of verification, and the person's name at the primary source is identified in a memo.

- d. Board certification, if designated by the practitioner on the application.
- e. *Verification Time Limit: Any NCQA recognized source is valid up to one year but if it is a document source (e.g. ABMS Compendium), verification must also be based on the most current edition.*

If an applicant states in their application form that they are board-certified, the board certification must be queried. Acceptable methods of verification includes any of the following:

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Physicians

Completion of one of these:

- Entry in the ABMS Compendium.
- Entry in the AOA Physician Master File.
- Entry in the AOA Directory of Osteopathic Physicians.
- Entry in the AMA Master File.
- Confirmation from the specialty board

Non-Physician Behavioral Healthcare Professionals

Confirmation from the specialty board.

Foreign Trained Physicians

Foreign trained physicians who graduated and obtained license after 1986 must submit a copy of their ECFMG certificate.

6. Controlled Substance Certificates

Verification time limit: Certificate must be effective at the time of the credentialing committee decision.

If the applicant is a medical doctor, a copy of the current DEA and state NED certificate must be present at the time of credentialing approval.

A practitioner with a pending DEA application may be credentialed provided that another practitioner with a valid DEA certificate write all prescriptions requiring a DEA number for the practitioner until the practitioner has a valid DEA certificate. The name of the practitioner with the valid DEA number must be noted clearly on the credentialing file of the practitioner without a DEA number.

1. Malpractice Insurance

- a. Current malpractice insurance coverage.

Verification time limit: Coverage must be effective at the time of the credentialing decision.

CAMHD and / or its Agency must obtain a letter confirming current malpractice coverage from the insurer. The letter must state the name of the practitioner, policy number, dates of coverage, and 1 million/3 million aggregate of coverage. Copies of face sheets

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from the practitioner will not satisfy this requirement unless it has been received from the insurer.

- b. History of professional liability claims that resulted in settlements or judgments paid by or on behalf of the practitioner.

Verification time limit: 180 days

CAMHD or its Agency must obtain written confirmation of malpractice settlements from the current malpractice carrier and for all malpractice carriers since last credentialed. These years may include residency years. In some instances, practitioners may have been covered by a hospital insurance policy during residency. In these cases, CAMHD or its Agency does not need to obtain confirmation from the carrier.

7. State of Hawaii License Verification

Verification time limit: 180 days

CAMHD must confirm that the applicant holds a valid, current State of Hawaii licensure to practice. The license must be primary source verified with the State of Hawaii DCCA, Professional and Vocational Licensing Division at <http://www.ehawaii.gov/org/serv/pvl>. A printout of the license must be completed. The person conducting the query must date and sign all the pages of the printout results.

8. State sanctions, restrictions on licensure and or limitation on scope of practice.

The practitioner’s license limitations and restrictions must be primary source verified with the State of Hawaii Department of Commerce and Consumer Affairs, Professional and Vocational Licensing Division at <http://www.ehawaii.gov/org/serv/pvl> A printout of the complaints history must be completed. The person conducting the query must date and sign all the pages of the printout results.

9. Medicare / Medicaid Sanctions

Verification time limit: 180 days

The Office of the Inspector General at <http://exclusions.oig.hhs.gov/search.html> must be queried for the existence of any Medicare / Medicaid sanctions against the applicant. A printout of the results must be done. The person conducting the query must initial all printout results. The query results must indicate “no records” query result. In the event that there is a record on file, the applicant must provide a

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letter of explanation of the record. The committee will review the implications of the record as it pertains to the applicant’s ability to provide quality services to CAMHD consumers.

10. Hawaii Justice Center Data Bank Verification:

Verification time limit: 180 days

The Hawaii Justice Center Data Bank must be queried for any criminal record. The query results must indicate “no records found”. In the event that a record is found within the past ten (10) years, the applicant must provide CAMHD a written explanation of the record. Rehabilitative or self-improvement programs attended to help improve whatever issues there may be at the time of offense should be listed. In addition, the Agency must also submit to CAMHD a written supervision plan that outlines the position and overall function of the applicant, supervision structure, and any other mechanisms in place to prevent similar offenses from occurring while the applicant is employed with the Agency or around CAMHD consumers. Traffic violations that are not alcohol related do not need a letter of explanation provided that the practitioner does not drive CAMHD consumers.

11. National Practitioner Data Bank Query

Verification time limit: 180 days

The National Practitioner Data Bank (NPDB) must be queried for previous malpractice claims history and or state licensure sanctions. CAMHD or its delegated primary source verification contractor and or the Agency must become registered users of the NPDB to be able to request verifications. The query results must indicate “no records found” query result. In the event that there is a record on file, the applicant must provide a letter of explanation of the record. The committee will review the implications of the record as it pertains to the applicant’s ability to provide quality services to CAMHD consumers.

12. Child and Abuse Neglect Verification.

Verification time limit: 180 days

The Department of Human Services Child Protective Services Database shall be queried for child abuse and neglect records. The “CAMHD CAN Request Form” (See Attachment F) and “CAMHD CAN Authorization Form” must be completed. (See Attachments G) The query results must indicate “no records found”. In the event that a record is found, CAMHD

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must notify the applicant or the Agency of the record. Please refer to the generic “*CAMHD CAN Negative Result Check Generic Letter*” format.
(See Attachment H)

4. Re-credentialing Site Visits

Time Limit: Onsite audit conducted within one year of credentialing approval

Onsite visits shall be conducted on an annual basis for all practitioner sites. These sites shall include treatment offices located within CAMHD including Family Guidance Centers, or CAMHD Contract Agency Headquarters, community treatment offices, residential facilities, and any other locations as reported by the practitioner applicant. The CAMHD Treatment Office Site Visit Tool will be used for these treatment office site visits. **(See Attachment I)**

A. Performance Standards and Thresholds

1. Treatment Office Evaluation

The “*Treatment Office Visit Tool*” shall be used for this review. A designated CAMHD staff will conduct the on-site visit. A minimum score of 80% for the office site section is required. For practitioners providing services in a Special Treatment Facility (STF) or Therapeutic Group Home (TGH), the license to operate issued by the OHCA will be accepted as verification that the facility is in compliance with all state laws pertaining to the type of service.

2. Treatment Record-keeping Practices

The “*Treatment Office Visit Tool*” shall be used for this review. A designated CAMHD staff will conduct the onsite visit. A minimum score of 80% for the office site section is required.

3. Medication Storage and Log Requirements

The “*Treatment Office Visit Tool*” shall be used for this review. A designated CAMHD staff will conduct the onsite visit. A minimum score of 80% for the office site section is required.

4. Availability of Emergency Equipment

The “*Treatment Office Visit Tool*” shall be used for this review. A designated CAMHD staff will conduct the onsite visit since. A minimum score of 80% for the office site section is required.

5. Identification of high volume practitioners

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All practitioners in the CAMHD network are subject to all the rules set forth in this policy regardless of the volume of CAMHD consumers they treat. Information from the utilization management threshold outliers will be reviewed during re-credentialing.

6. Follow-Up Actions for Annual On-site Visit Findings / Deficiencies

Reporting of Annual On-site Audit Deficiencies and Corrective Action Activities

If the practitioner scores lower than 80% on any of the criteria in the “*Treatment Office Visit Tool*” during the initial visit, the CAMHD staff conducting the visit will request a corrective action plan from the practitioner through the Agency during the exit interview. A written notification will also be sent to the practitioner through the Agency via regular mail or electronic mail. Credentialing of the practitioner will be deferred until all deficiencies in the onsite visit are addressed and a score of 80% or higher is obtained. Corrective action plans or other required documents must be submitted to the CAMHD Credentialing Specialist no later than thirty (30) days from the date of onsite visit. CAMHD will review the corrective action plan and submitted documents. All primary source verifications in the deferred file must be within acceptable timelines at the time of review and approval by the Committee.

7. Follow-up On-site Visit

- a. CAMHD reserves the right to conduct a follow up onsite visit prior to approving the practitioner to ensure that deficiencies noted are now within acceptable thresholds.

8. Performance Monitoring and Sanctions

- a. State sanctions or limitations on licensure

On a yearly basis, at the time of provider network reporting to the Med-QUEST Division, the status of practitioner’s State of Hawaii licensure, sanctions, or limitations thereof are verified. In addition, CAMHD compiles all listing of Medicaid suspended or terminated practitioner’s letters from the Med-Quest Division. In the event that the name being reported by Medicaid is a current member of the CAMHD provider network, the issue will be brought to the Committee within 24 hours of receipt to conduct an emergency

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meeting to formalize the suspension or termination of the practitioner from the network.

b. Grievance Office Information

The Grievance Office must be queried for any substantiated complaints against a practitioner since the last credentialing date. “*No complaints*” query results must be noted in the practitioner’s credential file. If there is a complaint, the CAMHD Credentialing Unit must request a copy of the Grievance Office letter of findings. This must be included in the practitioner’s credential file and taken into consideration during the re-credentialing decision-making process as well as an ongoing provider network participation criteria during the period of approved full re-credential participation.

c. Sentinel Events Office Information

The Sentinel Events Office must be queried for reported sentinel events for the specific practitioner. The Sentinel Event Provider Incident Count Database in the Credentialing Unit will also be queried to establish any patterns of reported sentinel events during the credential period. This must be included in the practitioner’s credential file and taken into consideration during the re-credentialing decision-making process as well as an ongoing provider network participation criteria during the period of approved full re-credential participation.

d. Medical Suspension/Termination Rights

Information from the Medicaid Suspension/Termination Report is reviewed to determine if the practitioner applicant has been previously suspended or terminated from Medicaid Programs participation. If the practitioner’s name is found in the list, the information will be reported to the Committee for discussion and decision.

5. Notification to Authorities and Practitioner Appeal Rights

A. Range of actions

CAMHD reserves the right to rescind the full credentialing status of any practitioner that does not comply with State Ethics Standards, CAMHD standards, and State and Federal laws.

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- B. Reporting of serious quality deficiencies that could result in a practitioner’s suspension, termination, and/or reporting to appropriate authorities. The decision letter is issued within five (5) working days and includes the reconsideration and appeal process stated in the “*Request for Reconsideration & Appeal Process*” section of this policy.

Discovery of any misrepresentation of credentials or other illegal activities will be discussed in the CAMHD Credentialing Committee meeting. Results of the discussion may warrant reporting the clinician’s name and situation and will be referred to the CAMHD Compliance Committee for investigation, with a copy to the Provider Relations Officer. If warranted, licensed clinician’s name may be referred to the designated Medicaid Investigator. CAMHD reserves the right to retain, suspend, or terminate any clinician that has misrepresented his or her credentials in any way that compromises services to the CAMHD children.

The CAMHD Fraud and Abuse Program outlines CAMHD’s procedure for reporting serious quality deficiencies that could result in a provider’s suspension or termination to the Medicaid Fraud Investigator as well as other appropriate authorities.

- C. CAMHD has an appeals process for instances in which it chooses to alter the conditions of the practitioner’s participation based on issues of quality of care and/or service.

The “*Request for Reconsideration & Appeals Process*” applies for at any time the applicant disagrees with the CAMHD Credentialing Committee Decision. This process is included in all decision letters.

1. Interagency Transfer of Credential Status

Practitioner transfers occurring during active credentialing periods shall require verification of items within timeframes as listed in the “*CAMHD Licensed Provider Interagency Transfer Checklist*” as applicable. (**See Attachment J**) The Committee has authorized the CAMHD Credentialing Specialist to approve transfers if all criteria are satisfied. The names of the applicants approved to transfer will be reported in the next Committee meeting

If a transfer was denied for any reason, the decision letter is issued within five (5) working days and includes the reconsideration and appeal process stated in the “*Request for Reconsideration & Appeal Process*” section of this policy.

2. MIS Registration of Credentialed Practitioner

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All approved practitioner credential information are reported on a weekly basis by the CAMHD Credentialing Unit to CAMHD Management Information System (MIS) section to be registered in accordance to the established MIS clinician registration guidelines.

3. Credentialing Reports

a. Medicaid Reports

CAMHD must submit to the Department of Human Services Med-QUEST Division (DHS-MQD), if required, a listing of its provider network. At a minimum, the list must include the name of the provider, their title, site address, and telephone number.

b. CAMHD Performance Improvement Steering Committee (PISC) Reports

The CAMHD Credentialing Committee must submit to PISC for review its performance measures for timeliness, quality, and effectiveness according to the PISC reporting schedule. The Chair or designated representative attends the PISC meetings.

c. CAMHD Contracted Agencies are required to submit electronically monthly reports of their current credentialed licensed staff in the format required by CAMHD.

ATTACHMENTS:

- A. CAMHD Glossary of Credentialing Terms
- B. CAMHD Licensed Provider Re-credentialing Checklist, Rev. 10-01-04
- C. CAMHD Credentialing Committee Member Confidentiality Statement; Version July 2003
- D. CAMHD Licensed Provider Re-credentialing Application Form, Rev. 7-11-03
- E. CAMHD Attestation Letter, 7-11-03
- F. CAMHD Child Abuse and Neglect Request Form, Rev. 7-11-03
- G. CAMHD Child Abuse and Neglect Authorization Form, Rev. 8-9-04
- H. CAMHD Child Abuse and Neglect Negative Findings Generic Letter Format, July, 2004
- I. CAMHD Treatment Office Visit Tool; Rev. 11-01-04
- J. CAMHD Licensed Provider Interagency Transfer Checklist; Rev. 8-09-04

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| REFERENCE: Child and Adolescent Mental Health Division Quality Assurance Improvement Plan (QAIP) | APPROVED: | |
| | <i>Signature on File</i> | 15 Jul 03 |
| | Chief | Eff. Date |

PURPOSE

To assure competent, safe, and effective practices of unlicensed mental health professionals (MHP) and paraprofessionals serving Child and Adolescent Mental Health Division (CAMHD’s) consumers.

DEFINITIONS

See Glossary of Credentialing Terms (**Attachment 1**)

POLICY

I. Background Verification and Re-verification Policies

A. Applicant Credentialing Guidelines

Any unlicensed MHP or paraprofessionals who is employed with CAMHD, or is employed or subcontracted by any CAMHD Contracted Provider Agencies (Agency) providing mental health services to CAMHD consumers is covered under this policy.

B. Policies and Procedures

1. CAMHD shall used the following processes to making background verification and re-verification decisions.
2. The CAMHD Credentialing Committee (Committee) shall evaluate the background verification and re-verification of each applicant against the pre-determined criteria listed in the “CAMHD MHP & Paraprofessional Initial Background Verification Checklist” and the “CAMHD MHP and Paraprofessional Background Re-Verification Checklist” shall facilitate auditing of primary source verifications in the applicant’s background verification and re-verification chart. (**See Attachments 2 and 3**)
3. The Committee members shall use their professional and personal knowledge of the applicant’s business practices, ethics, and ability to provide quality services to CAMHD consumers in a safe treatment environment in the decision making process. This policy outlines the criteria used to approve applicants.
4. Non-Discrimination

The Committee does not make background verification and re-verification decisions based solely on the applicant’s race, ethnic/national identity,

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gender, age, sexual orientation, or the types of procedures or types of patients the applicant (e.g., Medicaid) specializes in.

5. The CAMHD or its Agency shall notify the applicant of any information obtained during the background verification and re-verification process that varies substantially from the information provided to CAMHD and or the Agency by the applicant.

The applicant must respond within fifteen (15) business days from the date of the notification letter with a *letter of explanation* for the varying information. Additional documents may be submitted to CAMHD and or its Agency to substantiate or explain the variations. CAMHD must respond within fifteen (15) business days from the date of receipt of the *letter of explanation* to review documents and render a decision. The *decision letter* includes the *reconsideration and appeal process* stated below.

6. The Request for Reconsideration & Appeal Process
 - a. If the applicant does not agree with the Committee’s decision, he/she has the right to request for reconsideration. Reconsideration requests must be submitted to CAMHD with additional documentation to support the request within fifteen (15) business days from the *decision letter*, unless otherwise stated.
 - b. The Committee will review the submitted documents and issue a *reconsideration decision letter* to the applicant or through the Agency via facsimile or mail within fifteen (15) business days from the date of receipt of the reconsideration request.
 - c. The applicant, either directly or through the CAMHD Agency, has the option to file a formal complaint with CAMHD’s Grievance Office (GO) at 733-8495 in the event the Committee holds to its original decision.
7. The process to ensure that applicants are notified of the background verification and re-verification decision within sixty (60) calendar days of the committee’s decision.
 - a. A Committee letter is sent to the applicant through the CAMHD Agency within fifteen (15) business days of the decision.
 - b. If the applicant does not agree with the decision they are entitled to request for reconsideration through the “*Request for Reconsideration & Appeal Process*” outlined above.
8. The medical director or other designated health care professional’s direct responsibility and participation in the CAMHD credentialing program:

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- a. The Committee Chairman, a Medical Director from one of CAMHD’s Family Guidance Centers, has direct oversight of the CAMHD Credentialing program. His primary role is to ensure that the committee functions within its defined role, evaluates its projected goals through committee approved performance measures, as well as report the committee’s activities and accomplishments to the CAMHD Performance Improvement Steering Committee.
 - b. The CAMHD Medical Director sits in the Committee as an ex-officio member to provide guidance and feedback to the committee.
9. The process used to ensure confidentiality of all information obtained in the background verification and re-verification process, except otherwise provided by law.
- a. The Committee and CAMHD Agencies’ Credentialing Specialists and other personnel that have access to background verification information must sign the “*CAMHD Credentialing Committee Member Confidentiality Form*” to ensure confidentiality of all information gathered during the background verification process, except otherwise provided by law, and are used for the sole purpose of background verification. **(See Attachment 4)**
 - b. In addition, any discussions held during the Committee must remain confidential except when otherwise provided by law.
10. The process to delegate background verification and re-verification.
- The primary source verification portion of the background verification process is delegated to the CAMHD Contracted Provider Agencies for their employees and subcontractors. This function is delegated to a contracted credentialing verification service for CAMHD employees and contractors. Refer to the “*CAMHD Credentialing Delegation Policies and Procedures*” for specific delegated activities and CAMHD monitoring of those activities.

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C. Applicant Rights

1. The applicant has the right to review submitted information in support of their background verification and re-verification applications. The following statement is included in the “*MHP and Paraprofessional Initial Background Verification Application Form*” and the “*MHP and Paraprofessional Background Re-verification Application Form*” (See **Attachments 5 and 6**) to notify them of this right:

The applicant has the right to request and review primary source verifications obtained on their behalf. A written request must be sent to the CAMHD Credentialing Specialist, CAMHD Credentialing Department, 3627 Kilauea Avenue, Room 101, Honolulu, HI 96816.

- a. The CAMHD Credentialing Department shall forward copies of primary source documents to the applicant via regular mail within thirty (30) days of the receipt of the written request from the applicant.
 - b. In the event that the primary source verification function has been delegated to the CAMHD Agency, the written request must be sent to the attention of the Agency Credentialing Specialist. The Agency Credentialing Specialist has thirty (30) days to forward the copies of the primary source documents to the applicant via regular mail.
2. The applicant has the right to correct erroneous information.
 - a. Should the background verification or re-verification information obtained from other sources vary substantially from that provided by the applicant, CAMHD must notify the applicant either directly in writing or through the Agency Credentialing Specialist within fifteen (15) business days from the date of discovery of the discrepancy.
 - b. The applicant has the right to correct erroneous information by submitting a *letter of explanation* including any additional supporting documents to substantiate or explain the erroneous information directly to the CAMHD Credentialing Committee at the following address: *CAMHD Credentialing Specialist, CAMHD Credentialing Department, 3627 Kilauea Avenue, Room 101, Honolulu, HI 96816* or through the Agency within fifteen (15) business days from date of receipt of the *notification letter* from CAMHD.

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- c. CAMHD shall review the documents and render a decision no later than thirty (30) days from the date of receipt of the *letter of explanation*. The *decision letter* shall include the appeal process stated in the “*Request for Reconsideration & Appeal Process*” section of this policy.
 3. The applicant has the right to request, in writing or through telephone, the status of their background verification and re-verification application.
 - a. CAMHD must respond to such inquiry within 10 business days either in writing or through telephone.
 - b. Applicants may not review peer-review protected information, references, and letters or recommendations.
 4. Notification of applicant’s rights.

The applicants are notified of their rights through the background verification application form as well as in the background re-verification application form.

II. Credentialing Committee

A. The Credentialing Committee

1. The standing Child and Adolescent Mental Health Division (CAMHD) Credentialing Committee is designated to provide oversight over CAMHD’s credentialing processes.
2. The committee consists of the following standing members: A Clinical Director from one of the Family Guidance Centers who serves as the chair, the CAMHD Medical Director (ex-officio), the CAMHD credentialing Specialist (ex-officio), a Clinical Psychologist from the Clinical Services Office, another Psychologist from one of the Family Guidance Centers, a Psychiatrist from one of the Family Guidance Center, a Social Worker from the Performance Management Section, the Quality Operations Supervisor who is a Registered Professional Nurse and serves as co-chair, the Child Abuse & Neglect Screening Reviewer, and the Provider Relations Specialist.

B. Credentialing Committee Decisions

1. The Committee has granted the authority to the CAMHD Credentialing Specialist to conduct a preliminary review of each applicant’s credentials in accordance with the “*MHP and Paraprofessional Initial Background Verification Checklist*” and the “*MHP and Paraprofessional Background Re-verification Checklist*” to ensure all primary source verifications being submitted meet CAMHD’s established criteria. Files that meet established

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criteria are available at the CAMHD Credentialing Unit for the Committee members to review prior to the scheduled meetings. A list of the names of all these applicants who meet the established criteria is presented at the next credentialing committee meeting.

2. Applicants may not provide care to consumers until the final decision is made by the Committee.
3. CAMHD reserves the right to make the final determination about which applicants may participate in its network. If unfavorable information is obtained for an applicant during the credentialing process, CAMHD reserves the right to ask for additional information and render a decision to approve the applicant with or without restrictions or disapprove the applicant. The Committee's *decision letter* includes the reconsideration and appeal process as stated in the "*Request for Reconsideration & Appeal Process*" section of this policy.
4. The reasons for those providers that did not meet the criteria will be discussed during the committee meeting. The applicant will be notified either directly or through the Agency of the deficiencies and corrective action requested through regular or electronic mail. The response deadline will be included in the notification.
5. The Committee has CAMHD has thirty (30) days from the date of receipt of the letter of explanation to review documents and render a decision. The *decision letter* includes the reconsideration and appeal process stated in the "*Request for Reconsideration & Appeal Process*" section of this policy.

III. Initial Background Verification and Background Re-Verification Requirements

A. Method of Verification

1. CAMHD or its Contracted Provider Agencies may use oral, written, and Internet website data to verify information. Oral verifications require a note stating the date of verification, the name of the person from the primary source who verified the information, the name and dated signature of the CAMHD or Agency staff that verified the information.
2. Internet website verification requires the dated signature of the CAMHD or Agency staff that conducted the query on all printed pages. Written verifications may take the form of a letter that is received via regular mail or facsimile.

B. Verification Time Limit

1. To prevent the Committee from considering a provider whose credentials may have changed since they were verified, primary source verification

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should be no more than 180 days old (unless otherwise stated) at the time of the credentialing committee decision. For written verifications, the 180-daytime limit begins with the date that the credentials were verified (the date on the letter or the signature date) not when CAMHD or the CAMHD Agency received the information.

C. Background Verification Cycle

1. The two-year credentialing cycle begins with the date of the initial credentialing decision. Providers are considered credentialed after the committee has made its decision. Once providers are background verified, they are able to carry their full credential status for all CAMHD Contracted Provider Agencies. Their background is not required to be recredentialed every time they change employment as long as it occurs within the two year approved timeframe. There are requirements for interagency transfer. Refer to the Interagency Transfer section of this policy for those requirements.

D. Applicant Termination and Reinstatement

1. If a CAMHD or CAMHD Agency employee or subcontractor is voluntary or involuntarily terminated and the applicant wishes to be reinstated, the applicant must again be initially credentialed if the break in service is thirty (30) days or more. CAMHD and/or the CAMHD Agency must re-verify background verification factors that are no longer within the required time limits. The Committee must review all documents and makes a final determination prior to the applicant's re-entry into the organization.
2. An interagency transfer is allowed after termination provided it is within thirty (30) days of the termination date and there are no negative incidents that led to the termination from the previous CAMHD Agency. The Committee must review presented facts and makes a final determination prior to the applicant's re-entry into the organization.

E. CAMHD Network Participation Requirements

To be eligible to become a member of the CAMHD network provider, the applicant must be an employee or direct contractor of CAMHD or an employee or subcontractor of a CAMHD Contracted Provider Agencies.

F. Initial Background Verification and Background Re-verification Document Requirements

1. The "*MHP and Paraprofessional Initial Background Verification Checklist*" and the "*MHP and Paraprofessional Background Re-verification Checklist*" outlines the CAMHD required primary source

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verifications, verification timeline requirements, and methods of accepted primary source verification including the following criteria items:

2. Attestation Letter

Verification time limit: 180 days

The CAMHD Agency or CAMHD designated primary source verification agency representative must complete the “***CAMHD Attestation Letter***”.
(See Attachment 7)

3. Background Verification and Re-verification application Form

Verification time limit: 180 days

a. All sections of the “*MHP and Paraprofessional Initial Background Verification Form*” and the “*MHP and Paraprofessional Background Re-verification Form*” must be completed. The application form must include the following items:

4. Reasons for inability to perform the essential functions of the position, with or without accommodation.

a. *Verification time limit: Attestation on application must be signed no earlier than 180 days prior to Committee approval.*

b. CAMHD and its Agency must ensure that the following question in the credentialing application form contains a “No” answer.

c. *Do you have any physical and/or mental condition which would interfere with the performance of those privileges which you are requesting and/or the essential functions of the contractual arrangement for which you are applying, with our without accommodation?*

d. In the event an applicant answers “Yes” a letter of explanation must accompany the application. The Committee must review the letter of explanation and weigh the implications of any health conditions stated as it pertains to the applicant’s ability to perform the functions of the position that the provider is being credentialed for. The Committee may consider approval of the applicant with or without restrictions.

5. Lack of present illegal drug use.

a. *Verification time limit: Attestation on application must be signed no earlier than 180 days prior to Committee approval.*

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- b. CAMHD and its Agency must ensure that the restrictive actions questions pertaining to illegal drug use in the credentialing application form contains a “No” answer.
 - c. In the event an applicant answers “Yes” a letter of explanation must accompany the application. The Committee must review the letter of explanation and weigh the implications of any illegal drug use reported as it pertains to the applicant’s ability to perform the functions of the position that the provider is being credentialed for.
- 6. History of loss of license and felony convictions.
 - a. *Verification time limit: Attestation on application must be signed no earlier than 180 days prior to Committee approval.*
 - b. CAMHD and its Agency must ensure that the restrictive actions questions pertaining to loss of license and felony convictions in the credentialing application form contains a “No” answer. In addition, the Hawaii Justice Center Check results would also be considered to satisfy the felony conviction verification requirements of this criterion.
 - c. In the event an applicant answers “Yes” a letter of explanation must accompany the application. The Committee must review the letter of explanation and weigh the implications of any loss of license and or felony convictions it relates to the applicant’s ability to perform the functions of the position that the provider is being credentialed for.
- 7. History of loss or limitation of privileges or disciplinary activity.
 - a. *Verification time limit: Attestation on application must be signed no earlier than 180 days prior to Committee approval.*
 - b. CAMHD and its Agency must ensure that the restrictive actions questions pertaining to limitation of privileges or disciplinary actions in the credentialing application form contains a “No” answer
 - c. In the event an applicant answers “Yes” a letter of explanation from the applicant must accompany the application. The Committee must review the letter of explanation and weigh the implications of any loss or limitation of privileges or disciplinary activity it relates to the applicant’s ability to perform the functions of the position that the provider is being credentialed for. The committee reserves the right to ask for a letter from the applicant’s supervisor and or agency to ensure that proper mechanisms are in

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place to prevent a similar situation from occurring while applicant is around consumers.

8. Attestation as to the correctness and completeness of the application.
 - a. *Verification time limit: Attestation on application must be signed no earlier than 180 days prior to Committee approval.*
 - b. The applicant must sign and date the following attestation statement in the application:
 - c. *“I represent that information provided in or attached to this credentialing application form is accurate. I understand that a condition of this application is that any misrepresentation, misstatement or omission from this application, whether intentional or not, is cause for automatic and immediate rejection of this application and may result in the denial of appointment and clinical privileges. In the event of my termination for this reason, I will not be entitled to any hearing, appeal, or other due process rights. Upon subsequent discovery of such misrepresentation, misstatement, or omission, the <NAME OF AGENCY> may immediately terminate my appointment.”*

9. Education
 - a. *Verification time limit: None. This means that old verifications would be considered acceptable provided it verifies the education that is applicable to the level of education the applicant is being credentialed for.*
 - b. CAMHD or the CAMHD Agency must verify only the highest level of education.
 - c. Confirmation from the university specifically stating name of applicant, degree and date conferred. Written verifications must be received directly from the university attended. Telephone verifications are acceptable provided the name of the person verifying the information; the date of verification, and the person’s name at the primary source is identified in a memo.
 - d. At the time of re-verification, conduct education query only if a higher education was obtained since last verified.

10. Hawaii Justice Center Data Bank Verification:
 - a. The Hawaii Justice Center Data Bank must be queried for any criminal record. The query results must indicate “no records found”. In the event that a record is found, the applicant must provide CAMHD a written

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explanation of the record. Rehabilitative or self-improvement programs attended to help improve whatever issues there may be at the time of offense shall be listed. In addition, the CAMHD Agency must also submit to CAMHD a written supervision plan that outlines the position and overall function of the applicant, supervision structure, and any other mechanisms in place to prevent similar offenses from occurring while the applicant is employed with the CAMHD Agency or around CAMHD consumers.

11. Child and Abuse Neglect Verification.

- a. *Verification time limit: 180 days*
- b. The Department of Human Services Child Protective Services Database would be queried for child abuse and neglect records. The “CAMHD CAN Request Form” and “CAMHD CAN Authorization Form” must be completed. **(See Attachment 8 and 9)**. The query results must indicate “no records found”. In the event that a record is found, CAMHD must notify the applicant or the CAMHD Agency of the record. Please refer to the “CAMHD CAN Negative Result Generic Letter”. **(See Attachment 10)**

G. Initial and Subsequent Background Verification Site Visits

1. Onsite visits are not required for background verification of MHPs and paraprofessionals since they are supervised by licensed mental health professionals.

H. Ongoing Monitoring of Sanctions and Complaints

1. Grievance Office
 - a. Information from the CAMHD Grievance Office regarding a specific provider is reported to the credentialing department of the complaint. A brief synopsis of the complaint is included in the notification. The Performance Management Section will conduct an investigation and report their findings to the Committee. The Committee will review the recommendations and make its final determination whether to suspend or permanently terminate the applicant’s credentialing status.
2. Sentinel Events Office
 - a. Information from the CAMHD Sentinel Events Office regarding specific provider is reported to the credentialing department. The nature of the event is included in the notification. The Performance Management Section will conduct an investigation and report their findings to the Committee. The Committee will review the

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recommendations and make its final determination whether to suspend or permanently terminate the applicant's credentialing status.

- I. Notification to Authorities and Applicant Appeal Rights
 - 1. Range of actions
 - a. CAMHD reserves the right to rescind the full credentialing status of any applicant that does not comply with State Ethics Standards, CAMHD standards, and State and Federal laws.
 - 2. Reporting of serious quality deficiencies that could result in an applicant's suspension or termination to appropriate authorities.
 - a. Upon discovery of any misrepresentation of credentials or other illegal activities will be discussed in the Committee meeting and results of the discussion may warrant reporting the clinician's name and situation will be referred to the CAMHD Compliance Committee for investigation, with a copy to the Provider Relations Specialist. If warranted, licensed clinician's name may be referred to the designated Medicaid Investigator. CAMHD reserves the right to retain or terminate any clinician that has misrepresented his or her credentials in any way that compromises services to the consumers.
 - b. The CAMHD Fraud and Abuse Program outlines CAMHD's procedure for reporting serious quality deficiencies that could result in a provider's suspension or termination to the Medicaid Fraud Investigator as well as other appropriate authorities.
 - 3. CAMHD has an appeals process for instances in which it chooses to alter the conditions of the applicant's participation based on issues of quality of care and/or service.

IV. Interagency Transfer of Credential Status

- A. Clinician transfers occurring during active credentialing periods shall require verification of items within timeframes as listed in the "*CAMHD Unlicensed Provider Interagency Transfer Checklist*" as applicable. **(See Attachment 11)**. The Committee has authorized the CAMHD Credentialing Specialist to approve transfers if all criteria are satisfied. The names of the providers approved to transfer will be reported in the next Committee meeting

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V. CAMHD Management Information System (MIS) Registration of Credentialed Applicant

The CAMHD Credentialing Unit shall report all approved applicant credential information on a weekly basis to the MIS to be registered in accordance to the established MIS clinician registration guidelines.

VI. Credentialing Reports

A. Medicaid Reports

CAMHD must submit to the Department of Human Services Med-QUEST Division (DHS-MQD) a bi-yearly listing of its provider network. At a minimum, the list must include the name of the provider, their highest education obtained, site address, and telephone number.

B. CAMHD Performance Improvement Steering Committee (PISC) Reports

The Committee must submit to PISC for review its performance measures for timeliness, quality, and effectiveness on a monthly basis. A representative from the Committee shall attend the PISC meetings.

ATTACHMENTS:

1. Glossary of Credentialing Terms
2. CAMHD MHP and Paraprofessional Initial Background Verification Checklist, Rev. 7-10-03
3. CAMHD MHP and Paraprofessional Background Re-verification Checklist, Rev. 7-10-03
4. CAMHD Credentialing Committee Member Confidentiality Form; Version July 2003
5. CAMHD MHP and Paraprofessional Initial Background Verification Form, Rev. 7-11-03
6. CAMHD MHP and Paraprofessional Background Re-verification Form, Rev. 7-11-03
7. CAMHD Attestation Letter
8. CAMHD Child Abuse and Neglect Request Form, Rev. 7-11-03
9. CAMHD Child Abuse and Neglect Authorization Form
10. CAMHD Child Abuse and Neglect Negative Findings Generic Letter Format
11. CAMHD MHP and Paraprofessional Interagency Transfer Checklist; Rev. 7-10-03