

**WEST MICHIGAN COMMUNITY MENTAL HEALTH
ADMINISTRATIVE MANUAL**

		Chapter: 2	Section: 1	Subject: 2
CHAPTER: Board Services and Program Administration				
SECTION: Clinical Oversight Committee				
SUBJECT: Credentialing and Privileging				
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I. PURPOSE:

1. To provide a system for credentialing and re-credentialing of professional clinical staff members who provide clinical services in order to guarantee ongoing delivery of high quality clinical services to WCMCMH consumers.
2. To assure that services provided by WCMCMH are of the highest professional quality possible.
3. To identify the clinical qualifications, authority and responsibility of clinical staff members for delivery of services within the behavioral health field.
4. To evaluate and monitor the qualifications of professional clinical staff members and their performance and competency.
5. To effectively organize the WCMCMH professional clinical staff.

II. APPLICATION: All individuals who provide professional clinical services.

III. REQUIRED BY: Contractual organizations; 438.214(b)(1) and accrediting bodies.

IV. DEFINITIONS:

Credentialing – A process for gathering and presenting evidence of necessary qualifications to provide services and/or undertake activities related to a specific service and discipline.

Clinical Privileges – A granting of authority to provide specific care and treatment services to consumers within defined parameters, based upon license, education, training, experience, competence, and judgment.

Professional Clinical Staff Members – Professional clinical staff members are defined as:

- Physicians
- Physician Assistants
- Psychologists (Licensed, Limited License, or Temporary License)
- Nurse Practitioners and/or Nurses (Licensed by the State of Michigan)
- Social Workers (Licensed Master’s [LMSW], Limited Licensed Master’s [LLMSW], Bachelor’s [LBSW], Limited License Bachelor’s [LLBSW])
- Licensed Professional Counselors (Licensed [LPC] or Limited Licensed [LLPC])
- Occupational Therapists (Licensed by the State of Michigan)
- Physical Therapists (Licensed by the State of Michigan)
- Speech Pathologists / Audiologists (Licensed by the State of Michigan)
- Registered Dietitians

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- Licensed Marriage & Family Therapists or Limited Licensed Marriage and Family Therapists (Licensed by the State of Michigan)
- Educators (With a degree from in education from an accredited program))
- Therapeutic Recreation Specialist

Student Interns: All student interns are required to make application for credentialing and privileging while completing an internship with WMCMH. The Executive Community of the Clinical Oversight Committee will review each application to make determination as to whether the student meets requirements for temporary privileging to provide service based on their field of study and education.

For the purposes of organizational consistency, all individuals who provide direct clinical service requiring a Bachelor's or higher level degree or an R.N. with an Associate's degree will be designated as professional clinical staff members and be reviewed through the WMCMH Credentialing and Privileging Process.

V. POLICY: It is the policy of WMCMH that all professional clinical staff members providing direct clinical services to consumers will be reviewed initially and on-going thereafter through a credentialing and privileging system designed to guarantee necessary licensure, ongoing competency, training, education, and quality care delivery to the consumers we serve.

VI. PROCEDURES:

A. WMCMH Credentialing and Privileging Body:

1. The Executive Committee of the Clinical Oversight Committee (COC) will act as the Credentialing and Privileging (C&P) Body for WMCMH. This group will meet as needed to review new applications for credentialing and re-credentialing of professional clinical staff members and master's level student interns.
2. The Executive Committee for the COC will be comprised of the following individuals:
 - Deputy Director of Clinical Services (Chairperson)
 - Rotating Clinical Team Leader
 - Human Resources Coordinator (ad hoc)
 - Presenting Supervisor or Clinical Team Lead (ad hoc)
3. In the event of an appeal of a C&P decision, the full COC will serve as the secondary review body. See more detail below regarding appeals.

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B. WMCMH Credentialed Staff Members: Professionals representing the various categories of clinical staff membership (provisional, fully privileged and consultant), must apply/reapply for clinical staff membership and privileges as set forth in these procedures. Any appointment/reappointment will be for a specific duration and condition, such as type and intensity of supervision and period of review. Clinical privileges are required to perform certain services provided by WMCMH. Professionals of WMCMH requesting clinical privileges must demonstrate and/or provide proof of required education, training, supervised experience and successful practice in accordance with professional ethics, state and federal laws, scope of professional certification, license and/or registration as it pertains to the privileges requested. WMCMH reserves the right to ensure the provision of quality mental health care. WMCMH also reserves the right to establish professional qualifications for clinical privileges. Only professionals who meet the specific privileging criteria will be granted clinical privileges.

1. WMCMH Professional Clinical Staff Positions: Professionals seeking positions with WMCMH must be eligible for privileges from the COC. Eligibility for privileges will be set forth in these procedures.
2. Application Contents: Professionals seeking clinical privileges are solely responsible for the content and accuracy of their application. Any falsification, distortion of facts or omissions from the application for privileges will constitute a cause for denial of privileges. All information submitted by the applicant will be certified as being true statements to the best of the applicant's knowledge and belief.
3. Applicant's Acknowledgment: In making application for privileges, the applicant will declare his/her professional obligation to:
 - a. Provide quality care for his/her assigned consumers;
 - b. Accept reasonable organizational committee assignments;
 - c. Attest to being physically and mentally able to successfully work with consumers to meet their clinical needs and perform the professional duties for which they requested privileges
 - d. Participate in continuing education activities as established by an annual comprehensive continuing education plan for clinical staff.
 - e. Comply with the ethical standards of practice established by his/her profession and those established by WMCMH policy.

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- f. Comply with the standards for continuing education as identified by the licensing, registering or certifying body of the staff member's professional discipline.
4. Effect Of Application: The submission of an application for privileging will be a testament of the applicant's approval and understanding to the following conditions:
 - a. Willingness to appear for interviews in connection with the application process;
 - b. Authorization for WMCMH to contact specific past and present employers, professional organizations, colleges and universities and malpractice insurance carriers who may have information about the applicant's professional competence, character and ethical qualifications.
 - d. Agreement to release from liability all representatives of WMCMH for acts performed in good faith and without malice in connection with evaluating the applicant's application, credentials and qualification and professional competence;
 - e. Agreement to release from any liability all individuals and organizations who have provided information to WMCMH in good faith without malice concerning the applicant's professional competence, ethics, character, credentials and qualifications for privileging.
5. General Privilege Criteria: Only qualified professionals will be eligible for privileges to work at the WMCMH organization. Applicants for membership must document professional education, related relevant experience and training, past 5 years of relevant work experience, required state professional certification/ licensure/registration, adequate physical and mental health status, adherence to ethics of their profession, their sound judgment, demonstrated current competence, and the ability to work with others with sufficient adequacy to assure the WMCMH COC that any consumer receiving services from them under the auspices of WMCMH will be given quality clinical care.
6. Demonstrated Current Competence is defined as the objective appraisal of the professional clinical staff member's performance as it pertains to the exercise of clinical privileges and professional judgment in the delivery of behavioral health services within the community and/or related consultant services. This is

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determined by the findings of clinical team leaders and supervisors' teams reviewing consumer care, clinical issues and services; compliance with WMCMH policies and procedures as approved by the COC and the WMCMH governing body; and by regularly scheduled performance evaluations.

7. Professional Qualifications for Clinical Positions: WMCMH reserves the right to establish professional qualifications for its clinical staff positions. Qualifications may be adopted as promulgated by State certification and licensing boards, State colleges and universities, professional organizations, insurance carrier requirements, the Michigan Mental Health Code (P.A. 258 of 1974, as amended) and the Michigan Department of Health and Human Services. Qualifications may include a professional degree from an accredited college/university; type and length of related job experience; requirements relative to specialized training; certification, registration and/or professional licensure; and the completion of continuing professional education as defined by each professional/licensing group. The loss of certification, licensure, or registration as a clinical professional will result in automatic suspension, limitation or restriction of privileges as recommended by the COC. Professional clinical staff members are obligated to inform their immediate supervisor of any change in the status of their certification, license and/or registration.

8. Student Qualifications for Temporary Credentialing: WMCMH reserves the right to establish qualifications for student internships. Qualifications are adopted as promulgated by Medicaid requirements and the Michigan Department of Health and Human Services. A signed agreement between the student, university and WMCMH is required. An academic advisor is required to conduct onsite and/or phone consultation with the student and the supervising professional from WMCMH on a regular basis. Specific assignments given to the student are dependent on the course of study; master or bachelor level degree attainment. The student will have weekly meetings with their supervising professional from WMCMH.

9. Non-Discrimination: Applicants for privilege will not be denied appointment for reason of race, color, national origin, marital status, sex, age, political affiliation, sexual orientation, religious and/or irrelevant physical handicap.

10. Effect of Other Affiliations: Clinical staff who have been given privileges may have affiliations with other related and non-related organizations. If initiated, this is at the expense of the employee and will not interfere with the exercise of clinical privileges and responsibilities as employees of WMCMH.

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11. Responsibilities of Privileged WMCMH Staff Members: Clinical staff must:
- a. Execute professional responsibilities as outlined in their respective WMCMH approved job descriptions/consultant contracts for clinical staff positions.
 - b. Accurate and timely completion of complete clinical record keeping responsibilities as established by WMCMH policy and procedures.
 - c. Serve on various WMCMH committees to effectively implement the WMCMH's Performance Improvement Plan.
 - d. Exercise clinical privileges.
 - e. Adhere to clinical practice ethics.
 - f. Maintain good mental health and physical health.
 - g. Adhere to a positive professional image within the community.
 - h. Complete the requirements of continuing professional education as established by annual WMCMH program continuing education plans. (See WMCMH policy regarding Continuing Education for Employees).
 - i. Meet continuing education requirements for professional licensure understanding that this may be randomly monitored by the agency.

C. Conditions and Duration of Appointment: In effort to provide quality mental health care, WMCMH has established conditions for privileges. The provision of placing conditions on clinical staff membership is to ensure adequate supervision and evaluation of the clinical privileges conferred. All established provisional appointments will have specific durations of review. In the event that there are changes by the State of Michigan to the credential requirements of staff members providing services through their employment at WMCMH, the Agency's Clinical Oversight Committee reserves the right to revise or withdraw privileges as appropriate.

1. Provisional Privileges:
- a. Initial Appointment – This may be applied to newly hired or rehired professionals at WMCMH and possibly to those transferring from one position to another clinical professional position within the Agency. If the individual is moved to another position and working with another population, then some of the privileges may be under supervision. In the event that an employee changes positions, the staff member will complete the Application for Credentialing and Privileging form. The individual's C&P renewal period will be adjusted to coincide with the anniversary date of the date that the individual began in the new position. If the new privileges are provided on a provisional basis and will require supervision, weekly supervision will be provided for the period identified.

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- b. Other - Provisional privileges may also apply if the clinical staff member is subject to disciplinary action. Upon notification and review of the disciplinary action, the COC Executive Committee may return the clinical staff to provisional status and thus weekly supervision applies. All professional clinical staff members may be subject to one (1) year of probationary employment. Provisional clinical staff memberships are granted for no more than 150 days. The provisional clinical staff membership may be reinstated by the procedures outlined below. This classification also is conferred to graduate level students (or bachelor level students enrolled in a program leading to a professional degree, such as BS in Nursing or Occupational Therapy), applying for internship placements with WMCMH as established by a written contract with a college/university for such purpose. All college student internship placements are for duration of one (1) year or less. (See WMCMH policy regarding Student and Volunteer Services). This classification is also conferred upon clinical staff members who do not complete their application or re-application for privileges in a timely manner or whose supervisors do not complete their performance appraisal in a timely manner such that their application may be considered by the Executive Committee of the CoC. Upon receipt of such applications or re-applications for privileges or of the completed performance appraisal, the staff member will be considered for reinstatement to full privileges at the next regular meeting of the Committee.
2. Full Privileges: A granting of authority to provide specific care and treatment services to consumers within defined parameters, based upon license, education, training, experience, competence, and judgment. Will receive routine supervision.
 3. Deny Privileges: Privileges may be denied if the professional clinical staff member does not meet the competency or performance expectations required for the position; if he/she does not have the necessary licensure, ongoing competency, training, education, and quality care delivery required for the position. In the instance of a denial, the individual will be notified in writing of the denial and of the specific reason for the adverse decision.
 4. Terminate Privileges: Professional clinical staff members may have their privileges terminated due to disciplinary action. Termination of privileges may be recommended if in the opinion of the COC Executive Committee there has been a substantial violation of WMCMH policy and procedures. Termination of privileges also applies when the professional clinical staff member is no longer

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working for the organization. In the instance of a termination of privileges, the individual will be notified in writing of the termination and of the specific reason for the adverse decision. Those who have terminated employment with the Agency will have a memo noting the termination of their privileges added to their personnel file.

D. Initial Credentialing and Privileging of Professional Clinical Staff Members:

1. C&P of all professional clinical staff members will occur as part of the initial hiring process.
2. Staff will complete an initial application for credentialing and privileging the first week of employment. Initial credentialing will be designated based on the staff's education, licensure and training provided at hire.
3. The initial application for C&P is presented in **Appendix 2-1-2A**. It contains the legally required attestations as well as information regarding professional licensure and certification.
4. Information regarding initial credentialing and privileging of an individual will be maintained in the personnel file. The Human Resources Coordinator will maintain a tracking system for all C&P documents and materials.
5. The initial credentialing and privileging will be for a period of no more than 150 days. At this mark, the staff will apply for re-credentialing and privileging under Section E.

E. Re-Credentialing and Privileging of Professional Clinical Staff Members:

1. Re-credentialing and privileging will occur within 150 days of hire and every two years based on hire date.
2. The process will begin with the Human Resource Coordinator sending the list of professional clinical staff members who will be reviewed at the next Credentialing and Privileging meeting to the staff members identified in the table below for the purpose of conducting background checks and review of records related to organizational performance indicators.

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Required Performance / Quality Indicator Information	Responsible Person
Customer Services Complaints	Quality Assurance Coordinator
Grievances or Appeals to Service Decisions	Quality Assurance Coordinator
Substantiated Recipient Rights Complaints	Rights and Regulations Coordinator
Substantiated Corporate Compliance Violations	Rights and Regulations Coordinator
Background Checks	Human Resources Specialist

3. At the beginning of the month in which the staff will be reviewed, he or she will be sent the Re-Application for Credentialing and Privileging form for completion within one week and with the instruction to provide a completed copy to the Human Resources Coordinator and a copy to their immediate supervisor along with a copy of their Training transcript from the Relias Learning, if applicable.
4. The Human Services Coordinator will complete the Credentialing and Privileging Information and bring to the Credentialing and Privileging meeting.

F. Reporting:

1. The Credentialing and Privileging Recommendation and Decision form will be sent to the Executive Committee of the COC for review of re-credentialing. Final notation of the decision of the Executive Committee will be noted on the bottom of this form and all members of the committee will sign off on the decision.
2. The professional clinical staff member will receive notice in writing of the decision of the committee as noted in the Clinical Staff Listing on the WMCMH InfoHub. The process for appeal is delineated in section H below.
3. Information regarding re-credentialing of an individual will be maintained in the personnel file. The Human Resources Coordinator will maintain a tracking system for all C&P documents and materials.

G. Credentialing Network Providers:

The C&P of Network and Contractual Providers will be reviewed every 2 years via the procedures outlined in this policy. This policy will apply to contracted professionals where applicable and the COC Policy (2.1.1).

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H. Previous Credentialing Decisions:

WMCMH will review each applicant upon initial credentialing and determine credentialing and privileging status. WMCMH will not accept another CMHSP's credentialing decision.

I. Appeal Process:

1. In the instance of a denial of privileges, the written notification of the denial will include the specific reason for the adverse decision. If the professional clinical staff member is dissatisfied with the decision of the committee, he/she may appeal that decision.
2. The appeal must be made in writing to the Deputy Director of Clinical Services within 5 business days of the notification.
3. The Deputy Director of Clinical services will call a special meeting of the full COC within 30 days of receipt of the appeal for the purpose of reviewing the decision.
4. Professional clinical staff members do not maintain their privileges while they go through the appeal process.

J. Clinical Oversight Executive Committee Process for Determining Privileges:

1. Basis for Privileging Decisions: The Clinical Oversight Executive Committee, acting as the "credentials committee," will thoroughly examine all requests for clinical privileges. The Clinical Oversight Executive Committee will review the applicant's current qualification, the summary of the most recent performance evaluation, quality improvement monitoring and evaluation data, background check results, and previously conferred clinical privileges, and any other relevant information to support or not support the applicant's request for clinical privileges. The Clinical Oversight Executive Committee will privilege only those who are clearly applicable to the applicant's scope of professional practice for which the applicant is qualified as established by the COC privileging criteria.
2. HR will compile the application / reapplication packages for the Clinical Oversight Executive Committee to review.
3. The COC Executive Committee will review the completed application form looking for evidence of the following:

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- a. Professional Certification, Licensing and/or Registration
- b. Accepted Professions: The Clinical Oversight Executive Committee will determine if the professional clinical staff member is a member of one of the accepted clinical professions listed below. Professional discipline-specific require advanced or specialized education, specialized practicum training or experience in a particular discipline, in accordance with ethical standards of professional discipline practice, federal and state laws, and scope of professional certification, licensing and/or registration. Requirements for each position can be found in the Michigan Medicaid Manual.
 - **Physician –Physician Assistant**
 - **Nurse Practitioner Social Worker**
 - **Occupational Therapist Physical Therapist**
 - **Speech Pathologist / Audiologist Psychologist.**
 - **Registered Nurse Licensed Practical Nurse (LPN)**
 - **Licensed Professional Counselor**
 - **Therapeutic Recreation Specialist Educator**
 - **Licensed Marriage and Family Therapist MCBAP Counselor**
 - **Board Certified Behavior Analyst**
- c. Special Populations served: The staff member’s supervisor will note the specific population in which the staff member will be serving during the application period. The choices include the following:
 - i. MI Older Adult, MI Adult, MI Child
 - ii. DD Older Adult, DD Adult, DD Child
 - iii. Infant
 - iv. SUD
 - v. Other
- d. Special Skills: The Clinical Oversight Executive Committee determines if the professional clinical staff member is fluent in communicating and providing treatment using other skills such as American Sign Language or another language. If so, then privileges may be granted with special populations. The choices and definitions include the following:
 - i. Clinician is fluent in communicating and providing treatment to Individuals with Vision Impairments

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- ii. Clinician is fluent in communicating and providing treatment to Individuals with Hearing Impairments (Must be fluent in American Sign Language)
 - iii. Clinician is fluent in communicating and providing treatment to Individuals with Speech Impairments
 - iv. Clinician is fluent in communicating and providing treatment to Individuals who Speak the following non-English languages:
_____ (List the language)_____
- e. Core Privileges: Professional clinical staff members, in conjunction with the appointment and reappointment process, are to request privileges applicable to their clinical staff position. Staff members may be granted privileges when determined to be applicable to their qualifications. Privileges are granted under the general administrative supervision of team leaders, supervisors, program managers, service coordinators or the Deputy Director of Clinical Services. Provisional staff members receive direct supervision as outlined in this document. Core privileges include the following:
- Program level intake assessment services;
 - Emergency assessment services as part of the Crisis Stabilization Service (CSS) system;
 - Program level mental health assessments and reassessments;
 - Program level mental health service plan development;
 - General program level intervention services;
 - Program level discharge planning;
 - Monitoring of service recipient's medication in consultation with the prescriber;
 - Consumer specific and general mental health consultation services;
 - Co-occurring Intervention specifically working with those with a dual diagnosis of Substance Use and Mental Illness or Developmental Disability(ies).
- f. Treatment Therapies and Evidence-Based Practices (EBPs): Treatment and Evidence-Based Practices require special training as a component of a professional degree or advanced training beyond the initial professional degree. The Clinical Oversight Committee has defined three levels of proficiency: In-Training, Proficient, and Certified. The definition of each Treatment Therapy or Evidence-Based Practice and the criteria for determining the level of proficiency are listed in Appendix 2-1-2F. WMCMH reserves the right to add/or modify the following list of treatment therapies or

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evidence-based practices to reflect changes as set forth by professional organizations, state and federal laws, certification, licensing and registration requirements, and guidelines/practice standards established by third party payors. Current treatment therapies and evidence-based practices are listed in the CoC agenda and are reviewed monthly.

- g. Medicaid Provider Manual Verification: The Clinical Oversight Executive Committee will make a determination if the individual meets the qualifications for the following classifications as defined in the Michigan Medicaid Provider Manual: QMHP, QIDP, MHP, CMHP, QBHP, SATS, SATP.
- h. Performance and Competency: The Clinical Oversight Executive Committee will review the following Performance/Quality Indicator Information:
 1. Union-Represented Staff: The applicant's performance appraisal results will be reviewed by the Clinical Oversight Executive Committee. A positive evaluation is measured by 50% score the organization-wide core competencies. If the applicant has below a 50% score, the committee may choose to review the performance evaluation in detail to determine if the applicant should be granted privileges.
 2. Non-Union Staff: The applicant's performance appraisal results will be reviewed by the Clinical Oversight Executive Committee. A rating of Commendable defines a positive evaluation. If the applicant has a rating below this, the committee may choose to review the performance evaluation in detail to determine if the applicant should be granted privileges.
- i. Relevant Background checks: The Clinical Oversight Executive Committee will review the following background checks as a Quality Indicator:
 - License/ Registration (Current and Acceptable)
 - Medicare/Medicaid OIG Fraud Check: Clinical Oversight Executive Committee is looking for no findings of a record of fraud on the background check.

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- **Criminal Background Check:** Clinical Oversight Executive Committee will review any criminal convictions to determine the potential impact on the clinical staff member's ability to successfully fulfill his or her clinical duties and responsibilities.
- **Driver's License Record Check:** Clinical Oversight Executive Committee will review the driving license record of all clinical staff members to determine the potential impact on the clinical staff member's ability to successfully fulfill his or her clinical duties and responsibilities.
- **Corporate Compliance, Recipient Rights, Grievance and Appeals, and Customer Services:** The purpose of reviewing this information is for the committee to identify any potential continuing unaddressed individual, performance-related issues. Supervisors are always made aware of such issues at the time of the allegation and / or complaint. Customer services complaints and unsubstantiated rights and compliance complaints in and of themselves are not grounds for denial of privileges; however, an ongoing pattern of substantiated Rights and/or Compliance violations that have either not been addressed through disciplinary action or that have been addressed but not resulted in performance improvement may be grounds for provisional privileges and/or denial of privileges, at the discretion of the committee. This decision should be made in consideration jointly with other performance data. The Committee will ask the supervisor, who is aware of the complaint or violation, if the recommendation or the plan of correction included a change in privileges status or if the Plan of Correction (POC) corrected the problem. The Committee will seek recommendation for privileges from the supervisor.

K. Supervision Requirements: Supervision shall occur regular and on-going per the WMCMH Supervision Plan document.

VII. SUPPORTING DOCUMENTS:

Appendix 2-1-2A: Application for C&P

Appendix 2-1-2B: Credentialing & Privileging Information Form

Appendix 2-1-2C: Credentialing & Privileging Recommendation and Decision Form – Network Provider

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Appendix 2-1-2D: Approved Treatment Therapies & Evidence-Based Practices
Definitions

See the following WMCMH Policies for additional information regarding specific elements of the C&P process:

- 2.1.1 Clinical Oversight Committee
- 4.6.1 Background Checks
- 4.6.3 Performance and Competency Assessment

See also: Network Plan and the Network Process Manual

2-1-2 Cred & Privileges

Revised 03/10, 1/11, 3/11, 11/12, 9/13, 11/13, 7/15, 2/16, 2/17, 3/18, 9/18, 7/19

West Michigan Community Mental Health
APPLICATION FOR CREDENTIALING & PRIVILEGING

Employee Name:
Original Hire Date:
Position Hire Date:
Job Title:

Initial Credentialing
 (To be approved by CPC within 150 days of hire)
 (Consideration for full privileges)

Re-Credentialing
 (Application considered every 2 years from position start date)

You are granted **Provisional/Temporary Credentialing** status at hire if all of the items have been provided: diploma from highest level of education, degree verification, resume and clinical license. This status is not to exceed 150 days.

Membership in Professional Organizations

	Yes	No
Has your membership in a professional organization ever been suspended or terminated?		
Has a renewal of any of your professional membership(s) ever been denied?		
Have you been subject to any disciplinary proceedings by any local, state, or national professional organization(s)?		
Have you ever been denied clinical appointment and / or privileges at another community mental health facility?		

*If you answered "Yes" to any of the questions above, please attach a separate page with an explanation.

Provider Questionnaire

	Yes	No
1. Have any of the following ever been revoked, suspended, restricted (probation), or limited?		
Federal / State(s) License or Certification		
Hospital or other health care facility staff membership or privileges		
Professional organization membership, regulatory agency, or HMO / PPO panel		
Medicare or Medicaid program participation		
2. Have you ever been sanctioned professionally?		
3. Have you ever had a professional action levied against you that resulted in a monetary settlement?		
4. Have you ever been convicted of any misdemeanor or felony charges?		
5. Are you physically and mentally able to successfully work with consumers to meet their clinical needs and perform the professional duties for which you are requesting privileges?		
6. Are you free from substances such as illegal drugs, prescription drugs not specifically prescribed for you, or any other intoxicants?		

**If you answered "Yes" to any of the questions 1-4 above, please provide a detailed explanation on a separate sheet.

Certification, Release, and Signature

I hereby certify that all information contained in this application, and all its attachments, is accurate, complete, and true. I understand that:

- (a) Any information contained in this application, which subsequently is found to be false, could result in denial of my application and termination of my employment with West Michigan Community Mental Health System.
- (b) It is my responsibility to promptly advise the Deputy Director of Clinical Services, of any changes or additions to the information contained in this application.
- (c) All the information contained in this application or its attachments is subject to third-party investigation and review.
- (d) This is an application only and that submission of this application does not automatically result in my being credentialed and privileged to provide the services for which I am seeking such credentialing and privileging.

- (e) I am pledging to maintain an ethical practice, to provide continuous care of assigned consumers, and to refrain from delegating my responsibilities for care to anyone less qualified than myself.
- (f) I have the burden of producing adequate information for properly evaluating my qualifications and for resolving doubts about my qualifications.

Applicant Signature: _____ Date: _____

Credentialing & Privileging Committee Use Only

	Approve	Deny
Initial Credentialing		
Full Credentialing		

Medicaid Billing Designations:

	QMHP	QIDP	CMHP	MHP	QBHP	SATS
Approved						

Next C&P Review Date: _____

	<u>Signature</u>	<u>Date</u>
Supervisor		
Deputy Director of Clinical Services		
Committee Lead (Team Leader)		

Note: In the event that there are changes by the State of Michigan to the credential requirements of staff members providing services through their employment at WCMHS, the Agency's Clinical Oversight Committee reserves the right to revise or terminate privileges as appropriate.

**West Michigan Community Mental Health
Credentialing and Privileging Information Form**

Employee Name:
Original Hire Date:
Position Hire Date:
Job Title:

Credentialing Information:

X	All relevant background checks completed
X	Performance review reviewed and within acceptable thresholds
X	Reviewed corporate compliance, recipient rights, customer service records
X	Staff is fluent in providing treatment to individuals with vision and speech impairments. Other special skills (hearing or language) listed below.
X	Staff will have all standard WCMCH core privileges unless noted below.
	Comments:

Profession:

Licensed Physician	Nurse Practitioner	Registered Nurse
Licensed Psychologist	Physician Assistant	Licensed Professional Counselor
Educator	Certified Therapeutic Recreation Specialist	Licensed Speech Pathologist / Audiologist
Licensed Occupational Therapist	Licensed Marriage & Family Therapist	MCBAP Development Plan
Licensed Physical Therapist	Board Certified Behavior Analyst	MCBAP Certified Counselor
Licensed Social Worker	Board Certified Assistant Behavior Analyst	Intern

Populations Served:

MI Older Adult	DD Older Adult	Infant
MI Adult	DD Adult	SUD
MI Child	DD Child	Other:

Approved Treatment Therapies and Evidence-Based Practices (EBPs):

PMTO	IMH	SBIRT
FPE	Exposure Therapy	
CBT	Behavior Treatment	
DBT	IDDT	
ACT	ABA	
TF-CBT	EMDR	

**West Michigan Community Mental Health
 Credentialing and Privileging Recommendation & Decision Form
 Network Provider**

Provider Name:
Date:

Relevant Background Checks:

Type	Yes	No	Comments
License / Registration – Current & Acceptable	X		
Medicare / Medicaid OIG Fraud Check – Acceptable	X		
Criminal Background Record – Acceptable	X		
Liability Insurance – Current & Acceptable	X		

Service Enhancement Records Review:

Type	None	N/A	1 +	Comments
Substantiated Corporate Compliance Violations in Review Period	X			
Substantiated Recipient Rights Violations in Review Period	X			
Customer Service Complaints in Review Period	X			
Grievance & Appeal Cases in Review Period	X			

Education:

Degree:	School:	Date Rec'd:
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Licenses / Certifications:

Type:	ID #	Exp Date:
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Profession:

Licensed Physician	Nurse Practitioner	Registered Nurse
Licensed Psychologist	Licensed Social Worker	Licensed Professional Counselor
Educator	Certified Therapeutic Recreation Specialist	Licensed Speech Pathologist / Audiologist
Licensed Occupational Therapist	Licensed Occupational Therapist Assistant	MCBAP Development Plan
Licensed Physical Therapist	Licensed Physical Therapist Assistant	MCBAP Certified Counselor
Registered Dietician	BCBA	BCaBA

Special Skills: Fluent in communication and providing treatment to individuals with:

X	Vision Impairments
X	Speech Impairments
	Hearing Impairments (Requires Ability to Use Sign Language)
	Fluent in non-English language - Specify:

Core Privileges:

Able to provide program level intake assessment services.		Able to provide general program level intervention services.
Able to develop program level mental health service plans.		Able to do program level discharge planning.
Able to provide program level mental health assessments and reassessments.		Able to monitor the service recipients' medications in consultation with the prescriber.
Able to provide emergency assessment services as part of the Daily-On-Call (DOC) system.		Able to provide client-specific and general mental health consultation services.
Ability to provide co-occurring intervention specifically while working with those with a dual diagnosis of substance use and MI or DD.		

Medicaid Billing Designations:

	QMHP	QIDP	CMHP	MHP	QBHP	SATS
Approved						

Privileges Granted:

Provisional	
Full	
Deny	
Terminate	

	<u>Signature</u>	<u>Date</u>
Network Coordinator		
Deputy Director of Clinical Services		
Counseling Services & Service Entry Team Leader		
Medical Director		

Note: In the event that there are changes by the State of Michigan to the credential requirements of staff members providing services through their employment at WCMHS, the Agency's Clinical Oversight Committee reserves the right to revise or terminate privileges as appropriate.

WEST MICHIGAN COMMUNITY MENTAL HEALTH
Approved Treatment Therapies & Evidence-Based Practices Definition

Clinical Oversight Committee – February 2011

Therapy / Practice Name	Assertive Community Treatment
Definition	<p>The Assertive Community Treatment program provides an expanded intensive level of care for individuals experiencing marked to extreme symptoms associated with a severe and persistent mental illness.</p> <p>Consumers in this level of care have not demonstrated capacity to engage in traditional mental health services. The consumers receiving services in this program have the most severe difficulties with basic, everyday activities.</p> <p>ACT consumers need increased support, monitoring and ancillary services beyond what is available at less intensive levels of care. Consumers in this level of care require a wider array of supports in order to regain or maintain their level of functioning.</p>

<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>Participation in coursework or formal trainings approved by WCMH specific to EBP</i>	<i>Experience in accordance to job description</i>	<i>Clinical supervision by immediate supervisor - providing observation and/or review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.</i>
Proficient	<i>Completion of coursework or formal trainings approved by WCMH specific to EBP specifically completion of ACT 101.</i>	<i>Minimum of 1 year using EBP principles and practices with clinical and administrative supervision by an immediate supervisor.</i>	<i>Clinical and/or administrative supervision by immediate supervisor – including but not limited to case consultation, observation (audiotapes, video recordings or direct observation) case file review and review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.</i>
Certified	NA	NA	NA

Therapy / Practice Name	Dialectical Behavioral Treatment
Definition	<p>Dialectical Behavior Therapy (DBT) is a method of cognitive behavioral therapy that treats people with Borderline Personality Disorder or people who exhibit emotional dysregulation. DBT is a structured approach that combines individual therapy with skills building in the areas of emotional regulation, distress tolerance, interpersonal effectiveness (communication) and mindfulness.</p>

<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>Participation in coursework or formal trainings approved by WMCMH specific to EBP</i>	<i>Experience in accordance to job description</i>	<i>Clinical supervision by immediate supervisor - providing observation and/or review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.</i>
Proficient	<p><i>Completion of coursework or formal trainings approved by WMCMH specific to EBP.</i></p> <p><i>DBT Foundational Training by Behavior Tech LLC consisting of either online training or a 5 Day Classroom Experience.</i></p> <p><i>Or</i></p> <p><i>The DBT 2 week Intensive Training by Behavior Tech LLC</i></p> <p><i>Or</i></p> <p><i>A DBT Foundational Training recognized by WMCMH.</i></p>	<i>Minimum of 1 year using EBP principles and practices with clinical and administrative supervision by an immediate supervisor.</i>	<i>Clinical and/or administrative supervision by immediate supervisor – including but not limited to case consultation, observation (audiotapes, video recordings or direct observation) case file review and review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.</i>
Certified	NA	NA	NA

Therapy / Practice Name	Motivational Interviewing
Definition	Motivational Interviewing is a way of relating to a person in a collaborative, non-judgmental manner that respects the individual's autonomy. It is a method of relating to people in a way that helps them explore ambivalence related to change and their discrepancy in behavior.

<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>Participation in coursework or formal trainings approved by WMCMH specific to EBP</i>	<i>Experience in accordance to job description</i>	<i>Clinical supervision by immediate supervisor - providing observation and/or review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.</i>

Proficient	<i>Completion of coursework or formal trainings approved by WMCMH specific to EBP.</i>	<i>Minimum of 1 year using EBP principles and practices with clinical and administrative supervision by an immediate supervisor.</i>	<i>Clinical and/or administrative supervision by immediate supervisor – including but not limited to case consultation, observation (audiotapes, video recordings or direct observation) case file review and review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.</i>
Certified	NA	NA	NA

Therapy / Practice Name	Family Psychoeducation (FPE)
Definition	Family Psychoeducation is a method for working with families, other caregivers, and friends who are supportive of persons with mental illness. The program is based on a family-consumer-professional partnership. It combines clear, accurate information about mental illness with training in problem solving, communication skills, coping skills and developing social supports. The goals are to improve an individual's overall quality of life as well as reducing family stress and strain. It combines the expertise and experience of family members, consumers and professionals for the purpose of developing coping skills that provide the building blocks for mastery and recovery.

<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>Participation in coursework or formal trainings approved by WMCMH specific to EBP</i>	<i>Experience in accordance to job description</i>	<i>Clinical supervision by immediate supervisor - providing observation and/or review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.</i>
Proficient	<i>Completion of coursework or formal trainings approved by WMCMH specific to EBP.</i>	<i>Minimum of 1 year using EBP principles and practices with clinical and administrative supervision by an immediate supervisor.</i>	<i>Clinical and/or administrative supervision by immediate supervisor – including but not limited to case consultation, observation (audiotapes, video recordings or direct observation) case file review and review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.</i>
Certified	<p>FPE Facilitator <i>Completion of the three day FPE Facilitator training workshop with approved curriculum.</i></p> <p>Recertification <i>Every Three Years Obtain Continue Education hours applicable to the FPE model as required If recertification tapes do not pass fidelity reviews (competency check list) at 80%, additional supervision may be required.</i></p>	<p><i>Facilitates a FPE group for 1 year or a minimum of 20 sessions.</i></p> <p><i>Participates in group supervision with a FPE Trainer/ Supervisor for a minimum of 10 monthly supervision sessions, with demonstration of competence and positive outcomes.</i></p> <p><i>Has completed requirements for the FPE Facilitator</i></p>	<p><i>Review of a minimum of 3 videotaped FPE sessions conducted with a FPE facilitator over a 12-month period, this will include three sessions: Joining session (may be an audio tape), Problem-Solving Group sessions, the FPE Workshop along with a copy of the PowerPoint presentation and agenda from the workshop.</i></p> <p><i>Submit three sessions for review (Joining, Problem Solving Groups, FPE workshop). Achieve fidelity to the model, evidenced by 80% compliance in the competency check list.</i></p>

Therapy / Practice Name	Infant Mental Health (IMH)
Definition	Service providing in-home parent-infant support and interventions services to families where the parent's condition and life circumstances, or the characteristics of the infant, threaten the parent-infant attachment and the consequent social, emotional, behavioral and cognitive development of the infant. Services reduce the incidence and prevalence of abuse, neglect behavioral and emotional disorder and developmental delay. WMCMH provides IMH services to infants and young children (age 0-3) and their families.

<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>Participation in coursework or formal trainings approved by WMCMH specific to EBP</i>	<i>Experience in accordance to job description</i>	<i>Clinical supervision by immediate supervisor - providing observation and/or review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency</i>
Proficient	<i>Completion of coursework or formal trainings approved by WMCMH specific to EBP Training in infant mental health - minimum of 30 clock hours of specialized in-service training in IMH interventions.</i>	<i>Minimum of 1 year using EBP principles and practices with clinical and administrative supervision by an immediate supervisor, Needs knowledge in all aspects of infant development, infant care and family functioning as well as clinical processes and intervention skills Previous experience with families having multiple challenges or with young children or adolescents is helpful background. Training and/or 1 year experience in mental health interventions</i>	<i>Clinical and/or administrative supervision by immediate supervisor – including but not limited to case consultation, observation (audiotapes, video recordings or direct observation) case file review and review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan. Membership in MI-AIMH (individually or by organization)</i>
Certified	<i>College Graduate Certifications in IMH acceptable however must meet guidelines established by MI-AIMH Membership in MI-AIMH Training (30 clock hours) required in infant mental health called MI-AIMH Endorsement (Levels of</i>	<i>Needs knowledge in all aspects of infant development, infant care and family functioning as well as clinical processes and intervention skills Previous experience with families having multiple challenges or with young children or adolescents is helpful background.</i>	<i>Monthly Reflective Supervision required from MI-AIMH Endorsed Supervisor. Levels of endorsement: Level I & Level II candidates receive an endorsement decision after at least two portfolio review committee members examine and approve the portfolio. Level III & Level IV candidates move on to a written exam after at least two portfolio review committee members examine and approve. MI-AIMH offers the written exam twice a year, usually in March and September.</i>

	<p>endorsement from I through IV) in <i>Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health, and Competency Guidelines. IMH-E; Infant Mental Health – Endorsement Four Levels of Endorsement: Level I and II Level III and IV</i></p>		
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Therapy / Practice Name	Play Therapy
Definition	<p>Play therapy and its various forms and schools (like filial therapy, family therapy and child-centered, ecosystemic, developmental, relationship, group and cognitive behavioral play therapy), is a special therapeutic approach for working with children, adolescents and their families and/or caregivers.</p> <p>Usually children have not developed the cognitive or verbal skills that adults use to discuss feelings, emotions and experiences in therapy. A safe and structured playroom environment is established where children are encouraged to play in ways that reveal concerns, problems and issues they are struggling with.</p>

<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In- training	<p>Participation in coursework or formal trainings approved by WMCMH specific to EBP</p>	<p>Experience in accordance to job description</p>	<p>Clinical supervision by immediate supervisor - providing observation and/or review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency</p>
Proficient	<p>Completion of coursework or formal trainings approved by WMCMH specific to EBP</p> <p>24 hours training specific to children/families specific in play therapy preferred</p>	<p>Minimum of 1 year using EBP principles and practices with clinical and administrative supervision by an immediate supervisor, in addition experience in mental health interventions specific to children and families</p>	<p>Clinical and/or administrative supervision by immediate supervisor – including but not limited to case consultation, observation (audiotapes, video recordings or direct observation) case file review and review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.</p>
Certified Registered Play Therapist	<p>2 years and/2000 hours of supervised clinical experience of which training 350-500 hours of</p>	<p>One year experience in mental health services and/or education in child development, and family functioning as well as</p>	<p>35-50 hours of clinical supervision by RPT Annual requirement; 36 CEUs and registration with Association for Play Therapy (APT)</p>

	<p><i>clinical play therapy with clients and 150 hours of instruction</i></p> <p><i>24 hours training specific to children/families specific in play therapy preferred</i></p>	<p><i>clinical processes and intervention skills</i></p> <p><i>Previous experience with families having multiple challenges or with young children or adolescents.</i></p>	
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Therapy / Practice Name	PARENT MANAGEMENT TRAINING-OREGON MODEL (PMTO)
Definition	PMTO is a behavior intervention program. It is an “evidence-based” structured intervention program to help parents and caregivers manage the behavior of the children they are responsible for. It is designed to promote social skills and cooperation and prevent, reduce and reverse the development of moderate to severe conduct problems in children age 4-12. PMTO is a preventative intervention aimed at promoting healthy parenting especially in families with risk factors such as changes in family structure, parent psychological problems, poverty and trauma.

<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In- training	<i>Participation in coursework or formal trainings approved by WCMCMH specific to EBP</i>	<i>Experience in accordance to job description</i>	<i>Clinical supervision by immediate supervisor - providing observation and/or review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.</i>
Proficient	<i>Completion of coursework or formal trainings approved by WCMCMH specific to EBP</i>	<i>Minimum of 1 year using EBP principles and practices with clinical and administrative supervision by an immediate supervisor.</i>	<i>Clinical and/or administrative supervision by immediate supervisor – including but not limited to case consultation, observation (audiotapes, video recordings or direct observation) case file review and review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.</i>
Certified	<i>Completion of the certification process of PMTO training curriculum</i>	<i>Needs knowledge in all aspects of child development as well as family functioning and clinical processes and intervention skills</i> <i>Previous experience with families having multiple challenges or with young children or adolescents is helpful background</i>	<i>External reviews of clinical application of techniques and interventions as outlined by the model. Videotaping and reviews that affirm fidelity to model achievement of trainer status by external trainings source</i>

Therapy / Practice Name	Exposure Therapy
Definition	For the purpose of this document, WMCMH defines acceptable and evidence based exposure therapies as systematic desensitization, visualization exercises, and progressive muscle relaxation

<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>Participation in coursework or formal trainings approved by WMCMH specific to EBP</i>	<i>Experience in accordance to job description. Supervisor can clearly identify coursework (in progress or completed) in any one or all 3 of exposure therapies</i>	<i>Clinical supervision by immediate supervisor - providing observation and/or review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan. Verified by supervisor via transcript, coursework reading list, or course syllabus.</i>
Proficient	<i>Completion of coursework or formal trainings approved by WMCMH specific to EBP Evidence of supervised practice in any one of or all 3 of exposure therapies.</i>	<i>Minimum of 1 year using EBP principles and practices with clinical and administrative supervision by an immediate supervisor.</i>	<i>Clinical and/or administrative supervision by immediate supervisor – including but not limited to case consultation, observation (audiotapes, video recordings or direct observation) case file review and review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.</i>
Certified	NA	NA	NA

Therapy / Practice Name	Behavior Treatment
Definition	Clinical training requirements for persons who will author formal behavior plans that include restrictive or intrusive interventions for individuals served by the public mental health system who exhibit seriously aggressive, self-injurious or other behaviors that place the individual or others at risk of physical harm.

<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>Participation in coursework or formal trainings approved by WMCMH specific to Behavior Treatment</i>	<i>Experience in accordance to job description</i>	<i>Clinical supervision by immediate supervisor - providing observation and/or review of demonstrated skills/knowledge in formal behavior plan development. Plans require approval of Behavior Treatment Committee and PhD psychologist. Frequency of supervision is in accordance to Agency Supervision Plan</i>
Proficient	<i>Completion of coursework or formal trainings approved by WMCMH specific to Behavior Treatment</i>	<i>Minimum of 1 year authoring Behavior Treatment Plans with clinical supervision by an immediate supervisor</i>	<i>Clinical and/or administrative supervision by immediate supervisor – including but not limited to review of behavior assessment and authored behavior treatment plans. Behavior Tx committee review and PhD psychologist approval</i>

			<i>required. Frequency of supervision is in accordance to Agency Supervision Plan.</i>
Certified	NA	NA	NA

Therapy / Practice Name	COGNITIVE BEHAVIORAL THERAPY
Definition	<p>Cognitive Behavioral Therapy (CBT) is based on the theory the psychological Symptoms are related to the interaction of thoughts, behaviors, and emotions. Therapists using cognitive behavioral therapy work with consumers on identifying and directly changing thoughts and behaviors that may be maintaining symptoms. Cognitive behavioral therapists often assign homework for the patient to complete outside of sessions.</p> <p>There is an ability to become certified in CBT; two levels of certification the can be obtain included both the <u>Certified Cognitive-Behavioral Therapist (CCBT)</u> and the <u>Diplomat in Cognitive-Behavioral Therapy</u> (DCBT). The National Association of Cognitive Behavioral Therapist (NACBT) provides the certification.</p>

<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>Participation in coursework or formal trainings approved by WCMCMH specific to EBP</i>	<i>Experience in accordance to job description</i>	<i>Clinical supervision by immediate supervisor - providing observation and/or review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.</i>
Proficient	<i>Completion of coursework or formal trainings approved by WCMCMH specific to EBP</i>	<i>Minimum of 1 year using EBP principles and practices with clinical and administrative supervision by an immediate supervisor.</i>	<i>Clinical and/or administrative supervision by immediate supervisor – including but not limited to case consultation, observation (audiotapes, video recordings or direct observation) case file review and review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.</i>
Certified	<p><i>Masters or doctoral degree in psychology, counseling, social work, psychiatry, or related field from a regionally accredited university.</i></p> <p><i>Successful completion of a certification program (all levels) in cognitive-behavioral therapy that is recognized by the NACBT, such as Rational Emotive Behavior Therapy,</i></p>	<p><u>(CCBT):</u></p> <p><i>Six years of post-graduate experience at providing cognitive-behavioral therapy. This experience must be verified by a supervisor or supervisors.</i></p> <p><i>Successful completion of a primary or introductory certification program in cognitive-behavioral therapy that is recognized by the</i></p>	<p><i>The National Association of Cognitive-Behavioral Therapists provides four certifications –</i></p> <p><u>CCBT Re-Certification</u></p> <p><i>Certification is effective for five (5) years. To re-certify, a member must submit at the end of the five years proof of continuing education received during the five-year certification period. The total number of contact hours for the five years is twenty-five (25). If a member fails to meet the continuing education requirements at the end of the five-year certification period, he or she may take the certification examination to re-certify. An updated diploma will be forwarded yearly upon the</i></p>

	<p><i>Rational Behavior Therapy, Rational Living Therapy, or Cognitive Therapy</i></p> <p><i>Three letters of recommendation from mental health professionals who are familiar with the applicant's cognitive-behavioral skills.</i></p>	<p><i>NACBT, such as the Primary Certificate Program in REBT, the Level-One Certification in Rational Behavior Therapy program, or Level-One Certification in Rational Living Therapy.</i></p> <p><i>(DCBT) Certification is the highest level of certification for CBT Therapists:</i></p> <p><i>Ten years of post-graduate experience at providing cognitive-behavioral therapy. This experience must be verified by a supervisor or supervisors.</i></p>	<p><i>NACBT's receiving the annual re-certification fee.</i></p> <p><i>The Association provides several avenues to obtain continuing education, including seminars throughout the USA and audio-taped lectures.</i></p> <p><i><u>DCBT Re-Certification</u></i> <i>Certification is effective for five (5) years. To re-certify, a member must submit at the end of the five years proof of continuing education received during the five-year certification period. The total number of contact hours for the five years is twenty-five (25). If a member fails to meet the continuing education requirements at the end of the five-year certification period, he or she may take the certification examination to re-certify. An updated diploma will be forwarded yearly upon the NACBT's receiving the annual re-certification fee. The Association provides several avenues to obtain continuing education, including seminars throughout the USA and audio-taped lectures.</i></p> <p><i>Diplomats must publish one article every year that is closely related to CBT. This can include submitting an article for publication in the NACBT's quarterly newsletter, Rational News.</i></p> <p><i>Diplomats must serve as an Associate on the NACBT Advisory Board and must exercise their voting privilege with the board.</i></p>
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Therapy / Practice Name	IDDT (Integrated Dual Disorder Treatment)
Definition	IDDT integrates mental health and substance use disorder interventions by the same team, working in one setting, providing individualized treatment and rehabilitation for both disorders in a coordinated fashion.

<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>Taking course work in the following areas: Motivational interviewing, co-occurring disorders or ACT training</i>	<i>One year, minimum</i>	<i>Completion of training and course work in identified requirements. Clinical supervision by immediate supervisor, providing observation, review of demonstrated skills and knowledge of EBP. Frequency of supervision in accordance with agency supervision plan.</i>
Proficient	<i>Determined by supervisor after observation and individual/group supervision</i>	<i>Two years</i>	<i>Observation by immediate supervisor of employee using EBP skills with consumer to measure quality of engagement, inspiring hope, and stage matched MI interventions. Frequency of supervision in accordance with agency supervision plan.</i>

Certified	NA	NA	NA
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Therapy / Practice Name	TF-CBT (Trauma Focused Cognitive Behavioral Therapy)
Definition	TF-CBT is an evidenced based practice for children and adolescents. Treatment is designed to resolve a broad array of emotional and behavior difficulties associated with single, multiple and complex trauma experiences. It is a structured, short-term treatment model.

<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>Attend 2 day live training Complete 10 hour online training, learning collaborative-6 month minimum, follow up consultation for 6 months (2x per month) or 1 year (1x per month), present 3 separate TF-CBT cases and administer standardized trauma instrument to assess for TF-CBT tx progress.</i>	<i>12-24 months to complete training requirements and gain needed experience providing TF-CBT.</i>	<i>Write up case 3 separate TF-CBT cases and submit to MDHHS. Attendance at live training and completion of 10 hours of online course work. Clinical supervision by immediate supervisor, providing observation, review of demonstrated skills and knowledge of EBP. Frequency of supervision in accordance with agency supervision plan.</i>
Proficient	<i>Submit proofs of training requirements to MDHHS and receive permission to use TF-CBT modifier for CPT code when reporting encounters.</i>	<i>12-24 months, can be the training time outlined above.</i>	<i>Observation by immediate supervisor of employee using EBP skills with consumer present to measure quality of engagement, use TF-CBT intervention strategies, and degree of improvement in functioning as reported by the consumer. Frequency of supervision in accordance with agency supervision plan.</i>
Certified	<i>Take and pass TF-CBT certification knowledge based test. This is optional in Michigan and not required.</i>	<i>Time needed to pass the certification test.</i>	<i>Ongoing utilization of TF-CBT, attending EBP trainings and conferences provided by MDHHS. Frequency of supervision by immediate supervisor who is also TF-CBT trained, is in accordance to agency supervision plan and certification requirement.</i>

Therapy / Practice Name	ABA (Applied Behavior Analysis)
Definition	ABA is the process of systematically applying interventions based on principles of learning theory to improve socially significant behavior to a meaningful degree and demonstrate that the interventions employed are responsible for the improve of the behavior. It is an evidenced practice for children with Autism, ages 18 months to 6 years.

<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>BCBA acquiring 2000 hours of supervised implementation of ABA interventions</i>	1-2 years	<i>Works under BCBA who provides needed supervision Observation and feedback from supervising BCBA, using proper technique for skill needed, assessment of progress. Clinical supervision by immediate supervisor, providing observation, review of demonstrated skills and knowledge of EBP. Frequency of supervision in accordance with Medicaid provider manual and agency supervision plan.</i>
Proficient	<i>Completed 2000 hours and ready to take BCBA exam.</i>	Two years	<i>Develops and selects proper intervention for skill level of child, uses standardized tests to measure progress in child. Clinical supervision by immediate supervisor, providing observation, review of demonstrated skills and knowledge of EBP. Frequency of supervision in accordance with Medicaid provider manual and agency supervision plan.</i>
Certified	<i>Passed exam and received certification as BCBA in State of Michigan</i>	Year 2 or 3	<i>Passed exam and received certification as BCBA in State of Michigan</i>

Therapy / Practice Name	EMDR-Eye Movement and Desensitization and Reprocessing
Definition	EMDR is a psychotherapy that enables people to heal from the symptoms and emotional distress that are the result of disturbing live experiences.

<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>Basic Level - 40 hours of specialized training by EMDR certified trainer (20 hours of training) 6 weeks of practice, supervision and case consultation totaling 10 hours and 20 more hours of specialized training by the EMDR certified trainer. Read 9 chapters of EMDR Basic Principles, protocols and procedures prior to first 20 hour training.</i>	<i>Six weeks of training, practice, supervision and case consultation as outline in the training requirement.</i>	<i>Clinical supervision by trainer, providing observation, review of demonstrated skills and knowledge of EBP at the second 20 hours of training after six weeks of practice, supervision and case consultation. Trainer would deem clinician competent based on observation and evaluation of effectiveness of EBP. Trainer would provide certification. Frequency of supervision in accordance with agency supervision plan.</i>

Proficient	<i>Complete basic level of training as outlined above.</i>	<i>Clinician must continue use of EMDR in therapy interventions with consumers who would benefit. Clinician must use skill weekly in order to maintain competency</i>	<i>Ongoing utilization of EMDR in therapy practice is required in order to maintain competency. Clinician and supervisor must review frequency of use of EMDR in clinical practice. Attendance at EBP trainings and conferences is recommended. If clinician is unable to continue use of EMDR in routine practice, retraining may be indicated.</i>
Certified	<i>Complete Basic training as outlined above. Clinician must provide 50 hours of EMDR therapy and receive 20 hours of consultation from a trainer of EMDR.</i>	<i>Clinician must continue use of EMDR in therapy interventions with consumers who would benefit. Clinician must use skill weekly in order to maintain competency</i>	<i>Ongoing utilization of EMDR in therapy practice is required in order to maintain competency and certification. Clinician and supervisor must review frequency of use of EMDR in clinical practice. Attendance at EBP trainings and conferences is recommended. If clinician is unable to continue use of EMDR in routine practice, recertification may be indicated</i>

Therapy / Practice Name	SBIRT Screening, brief intervention referral and treatment		
Definition	SBIRT is an evidenced based practice approach to identify persons who use alcohol and other substances at risky levels with the goal of reducing and preventing health consequences, disease, accident and injuries. It is a comprehensive, integrated public health approach that provides opportunities for early intervention before more severe consequences occur.		
<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>Master's level prepared clinician. No experience working with substance use disorders is required.</i>	<i>Complete on-line training and successfully pass pre and post-test. Practice implementation, 3-6 months. Receive training from supervisor or other qualified clinician in the use of the AUDIT or DAST assessment tools.</i>	<i>Clinical supervision by immediate supervisor, providing observation, review of demonstrated skills and knowledge of EBP. Frequency of supervision in accordance with agency supervision plan.</i>
Proficient	<i>Submit proofs of training to supervisor and HR.</i>	<i>6 months of practice and implementation of EBP with supervisor observation and coaching.</i>	<i>Observation by immediate supervisor of employee using EBP skills with consumer present to measure quality of engagement and use of SBIRT intervention strategies. Frequency of supervision in accordance with agency supervision plan.</i>
Certified	<i>No certification for SBIRT</i>		