



**DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE**

SUBJECT CREDENTIALING REVIEW COMMITTEE	POLICY NO. 613.02	EFFECTIVE DATE 05/03/2011	PAGE 1 of 7
APPROVED BY: <i>Robin Kay for Marvin J. Southard</i> Director	SUPERSEDES 613.02 07/01/2010	ORIGINAL ISSUE DATE 07/01/2010	DISTRIBUTION LEVEL(S) 1

PURPOSE

- 1.1 To outline the structure, composition and functions of the Credentialing Review Committee (CRC).
- 1.2 To establish the scope, process, responsibility and authority of the CRC in performing internal Los Angeles County-Department of Mental Health (LAC-DMH) administrative review of prospective and current clinical employees, to ensure that they meet LAC-DMH credentialing criteria.

DEFINITIONS

- 2.1 Credentialing: The formal process of collecting and verifying the professional credentials and qualifications of clinical employees and evaluating them to determine whether they meet and/or continue to meet the criteria addressed in LAC-DMH credentialing policies.
- 2.2 Credentialing Review Committee (CRC): The body authorized by the Director of the Department of Mental Health to determine if current and prospective clinical employees or Fee-for-Service (FFS) network providers meet LAC-DMH credentialing criteria.
- 2.3 Clinical Executive Committee (CEC): the body designated as the authority for the Clinical Peer Review Process.
- 2.4 Credentialing Coordinator (CC): The Office of the Medical Director (OMD) staff person who coordinates all processes required to credential/re-credential clinical employees.
- 2.5 Credentialing Applicants: Clinicians who have professional licenses or license waivers issued by the appropriate California government agency or board pursuant to State law, who are currently non-credentialed, being re-credentialed, or are prospective LAC-DMH clinical employees.
 - 2.5.1 Clinical Employees: LAC-DMH clinical employees holding payroll titles that require professional licensure or license waiver or licensed LAC-DMH employees providing clinical services as evidenced by claiming.



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- 2.5.2 Current non-credentialed clinical employees: LAC-DMH clinicians who have not completed the credentialing process.
- 2.5.3 Prospective clinical employees: Candidates who have been selected from a certification list for possible LAC-DMH employment.
- 2.5.4 Special Circumstances Employees: Clinical employees who have been disciplined or received an adverse action since being credentialed by LAC-DMH.
- 2.5.5 Fee-for-Service Applicants: Clinicians practicing in the community who have applied to participate in the FFS network and to see clients whose treatment is funded by Medi-Cal.
- 2.6 Re-credentialing: Re-verification once every three years that clinical employees continue to meet LAC-DMH credentialing criteria.
- 2.7 Credentialing Materials: All documents retained by the CC after the primary source verification has been completed, including the original credentialing application with required documentation, all documents collected through the primary source verification process, and the CC's summary report of the findings.

POLICY

- 3.1 The CRC shall review and consider the credentialing applications of all clinical employees and all prospective clinical employees to determine if they meet LAC-DMH credentialing criteria.
- 3.2 The CRC shall consist of the LAC-DMH Medical Director who shall also serve as the chair; representatives of the clinical disciplines employed by LAC-DMH at the payroll classification level of program head or equivalent; representatives from DMH-Human Resources Bureau (HRB); representatives from the Managed Care Division; and selected members of the CEC.
 - 3.2.1 Committee members shall recuse themselves in any matter in which they have a potential financial interest or personal relationship with the applicant or if there is any other reason that may preclude them from providing a fair and objective review of the credentialing applicant. Being an employee's supervisor does not, in and of itself, constitute a basis for recusal.



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- 3.2.2 Should a committee member be the subject of an administrative review, the Medical Director shall convene a special committee of qualified persons to serve as the CRC for that specific case.
- 3.3 The responsibilities and functions of the CRC are:
- 3.3.1 To serve as an advisory panel in the development of standards for the credentialing of current and prospective clinical employees;
- 3.3.2 To serve as an advisory panel in the development of credentialing policies and procedures; and
- 3.3.3 To advise the LAC-DMH Medical Director of the committee's recommendations regarding the credentialing of a prospective or current clinical employee.
- 3.4 The purpose of the CRC, through an internal administrative review process, is to assist the Medical Director in reaching a final determination as to whether credentialing applicants meet LAC-DMH criteria. The CC shall ensure that all available credentialing materials are included in the review. At the end of the review, the CRC shall present its recommendation to the LAC-DMH Medical Director. The CRC recommendation may include:
- 3.4.1 Approve credentialing,
- 3.4.2 Deny credentialing if specific standards are not met within a set time frame, or
- 3.4.3 Deny credentialing.
- 3.5 Special Circumstances Employees shall be referred to the CRC under the following circumstances:
- 3.5.1 A disciplinary action concerning a clinical employee is initiated by the professional licensing board.
- 3.5.2 The professional licensing board enforces a disciplinary action against a clinical employee.
- 3.5.3 A malpractice claim is brought against a clinical employee that potentially affects quality of care or ability to perform his/her professional duties.



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- 3.5.4 A clinical employee receives an adverse action by Medi-Cal, Medicare or any other public agency.
- 3.5.5 A clinical employee receives an adverse action by a specialty board or professional organization.
- 3.5.6 Felony criminal charges are filed against a clinical employee that raise concern about quality of care or ability to perform his/her professional duties.
- 3.5.7 A clinical employee has developed a physical or mental impairment that renders him/her unable, with reasonable accommodations, to provide professional services within his/her area of practice, without posing a direct threat to the health and safety of others.
- 3.5.8 A clinical employee presents special issues or is responsible for adverse events that require further consideration.
- 3.6 A clinical employee for whom the Medical Director has found an adverse preliminary determination shall be informed of, and have the right to request a reconsideration of, the decision before it becomes final.
 - 3.6.1 The reconsideration shall include the opportunity for the clinical employee to make a personal appearance before the CRC and the right to bring a representative. The request must be in writing and submitted to the Medical Director within fifteen days of the preliminary determination.
 - 3.6.2 The CRC shall review any additional information provided by the clinical employee and will either sustain the original recommendation or submit a revised recommendation to the Medical Director.
 - 3.6.3 The Medical Director shall review the CRC's findings and make the final determination as to whether the employee meets LAC-DMH credentialing criteria. The decision of the Medical Director shall be final.

PROCEDURE

- 4.1 CRC Meetings
 - 4.1.1 The CRC shall meet as needed, but not less than four times in every calendar year.



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- 4.1.2 Except under conditions described in 3.6.1, all CRC meetings shall be attended only by committee members and are not open to the public or to current or prospective employees.
- 4.1.3 Two weeks prior to each meeting, the CC shall notify committee members of the scheduled meeting.
- 4.1.4 Prior to each meeting, the CC shall prepare a meeting agenda. The agenda shall include:
 - 4.1.4.1 Review of credentialing applications for which the CC’s report reveals no adverse findings,
 - 4.1.4.2 Review and discussion of credentialing applications, for which the CC’s report reveals adverse findings,
 - 4.1.4.3 Approval of credentialing applications,
 - 4.1.4.4 Development of recommendations to address credentialing applications with adverse findings.
- 4.1.5 The CC shall prepare and present all credentialing materials, including the credentialing applicant’s written response, for consideration by committee members. Prior to each meeting, the credentialing documents scheduled for review shall be distributed to the committee members. The credentialing documents shall be marked **CONFIDENTIAL**, and all receiving personnel shall maintain confidentiality.
- 4.2 CRC Evaluation of Applications and Credentials
 - 4.2.1 The CRC shall review all credentialing materials and any written response by the credentialing applicant.
 - 4.2.2 The CRC may request additional information from the credentialing applicant and pertinent individuals or organizations that may assist the committee in the evaluation process.
 - 4.2.3 Upon completion of the review, the committee shall make a recommendation to the LAC-DMH Medical Director.



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- 4.2.4 At the completion of the credentialing process, all original credentialing materials shall be retained by the OMD.
- 4.3 The CC shall prepare committee minutes, which shall be marked **CONFIDENTIAL**.
- 4.3.1 The minutes shall reflect the discussion of all relevant issues presented and the consideration of all credentialing materials, including the credentialing applicant's written response. The minutes shall also include the committee's recommendation to the Medical Director for each credentialing applicant.
- 4.3.2 Approved committee minutes shall be maintained by the OMD.
- 4.4 Notification of Credentialing Applicants
- 4.4.1 The LAC-DMH Medical Director shall notify current and prospective clinical employees and DMH-HRB of the determination.
- 4.4.1.1 Successful candidates will be notified in writing that they meet LAC-DMH credentialing criteria. DMH-HRB will be notified, by copy of the written notice, of the date of credentialing, thereby establishing a re-credential date (three years after credentialing/re-credentialing).
- 4.4.1.2 Should there be an adverse preliminary determination against a current clinical employee, the Medical Director will notify him/her of the criteria that were not met and of his/her right to request reconsideration.
- If reconsideration is not requested within fifteen days, the determination becomes final and DMH-HRB shall perform an employment review in accordance with DMH policy No. 605.1 as well as other personnel policies and procedures that may apply.
 - If reconsideration is requested, the Medical Director shall notify the clinical employee of the final determination. Should there be an adverse final determination; DMH-HRB shall perform an employment review in accordance with DMH policy No. 605.01 as well as other personnel policies and procedures that may apply.
- 4.4.2 Should there be an adverse determination against a prospective clinical employee; DMH-HRB shall not proceed with the hiring process.
- 4.5 Confidentiality
- 4.5.1 The CRC shall maintain confidentiality regarding all credentialing information.



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AUTHORITY

DMH Policy 600.08 - Professional Licenses

Note: Since this policy was written, policies 613.01 and 613.03 through 613.08 have been consolidated into one policy, 613.01, Credentialing/Recredentialing of LAC-DMH Employees.

DMH Policy 613.01 - Credentialing/Re-credentialing of LAC-DMH Physician Employees

DMH Policy 613.03 - Credentialing/Re-credentialing of LAC-DMH Registered Nurse Employees

DMH Policy 613.04 - Credentialing/Re-credentialing of LAC-DMH Psychologist Employees

DMH Policy 613.05 - Credentialing/Re-credentialing of LAC-DMH Social Worker Employees

DMH Policy 613.06 - Credentialing/Re-credentialing of LAC-DMH Marriage & Family Therapist Employees

DMH Policy 613.07 - Credentialing/Re-credentialing of LAC-DMH Occupational Therapist Employees

DMH Policy 613.08 - Credentialing/Re-credentialing of LAC-DMH Psychiatric Technician Employees

DMH Policy 605.01 - Discipline

RESPONSIBLE PARTY

LAC-DMH Office of the Medical Director