Credentialing Handbook for Network Providers
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INTRODUCTION

Welcome
Welcome to the CBH Network Provider Credentialing Manual. This Manual is a component of the CBH Provider Manual and will assist you in navigating the credentialing process. As a contracted network provider, it is your responsibility to be familiar with and adhere to the policies and procedures contained within. Each section of the Manual outlines our philosophy, policies, and procedures related to the credentialing process.

We hope you find this a helpful tool in working with CBH to provide quality care to members. We welcome your feedback about how we can make our Manual even better and more helpful to you. Please email comments to CBH.ComplianceContact@phila.gov.

About CBH
Established in 1997, CBH is a nonprofit 501(c)(3) corporation contracted by the City of Philadelphia to manage the delivery of mental health and substance use services for Medicaid recipients of Philadelphia County. CBH is committed to maintaining a diverse, quality network of providers to meet the needs of its members. CBH's goals in developing and supporting a network of Medicaid enrolled behavioral healthcare providers are to:

- Maintain a comprehensive range of providers to deliver all behavioral health services covered under HealthChoices
- Offer an adequate number of practitioners and facilities appropriately dispersed throughout Philadelphia to allow for easy and convenient access by members

Our Philosophy
CBH values and cultivates a strength-based, culturally competent and recovery-oriented system of care that promotes health, wellness, and achievement of individual goals. We ground our services in the principles of recovery, resiliency, and self-determination to facilitate the attainment of a meaningful life in the community for all of our members.

Nondiscrimination
CBH maintains a credentialing and recredentialing process to evaluate and select network providers that does not discriminate based on the applicant’s race, ethnic/national identity, religion, gender, age, or sexual orientation, or physical disability.
CBH is committed to developing and implementing recruitment and procurement activities to solicit providers reflective of the membership we serve.

**CBH CREDENTIALING DECISIONS**

**Credentialing Committee**
The CBH Board of Directors convenes a Committee to provide oversight to the initial credentialing and recredentialing processes and all decisions made therein. The Credentialing Committee is chaired by the CBH Chief Medical Officer (CMO). The Credentialing Committee Chair is responsible for ensuring that thoughtful consideration is given to all applications presented to the Committee. In addition to responsibilities as Credentialing Committee Chair, the CBH CMO assists the credentialing process by:

- Providing guidance on proposed changes to both this Manual and the Manual for Review of Provider Personnel Files (MRPPF)
- Ensuring that relevant actions and activities emanating from Credentialing Committee are presented to other standing CBH meetings that include but are not limited to:
  - Quality Council
  - Compliance Committee
  - Clinical Review Committee
  - CBH Officers
- Communicating with the Board of Directors and Philadelphia County related to the potential impact of unfavorable credentialing decisions

As Chair, the CBH CMO reviews and approves all independent practitioner files that have been deemed “clean” (see Definitions in Appendix A). As Chair of the Credentialing Committee, the CMO may designate another senior level CBH physician to approve clean files.

The Credentialing Committee membership includes representatives from CBH’s senior staff and physicians. CBH staff members serve on the Committee as a requirement of their position.

The Committee also includes at least three participating network practitioners who have no other role in CBH’s management activities. The participating network practitioners must be reflective of the practitioners with whom CBH directly contracts. CBH aims to secure both clinicians and physicians from the provider network to ensure a variety of perspectives and experience.
The Credentialing Committee meets in person monthly; however, the Committee may periodically conduct business via email or conference call to address credentialing decisions requiring more immediate attention.

No practitioner or facility can provide services for CBH reimbursement until they have successfully been credentialed.

The Committee also reviews any recommendation to terminate in-network status for any practitioner or facility based on adverse events or on-going significant concerns.

Examples of adverse events/concerns that may lead to a recommendation for termination include but are not limited to:

- Immediate member safety concerns
- Unresolved quality/compliance concerns
- Inability to effectively and appropriately staff cases
- Failure to meet minimum quality standards as defined by the CBH Provider Agreement

Finally, the Committee reviews proposed changes to the MRPPF. The MRPPF provides detailed requirements for specific clinical staff positions. CBH providers (see Definitions, Appendix A) must meet all requirements in the MRPPF for the specific position.

**Committee Minutes**
The CBH Chief Medical Officer’s staff is responsible for documenting discussions and decisions made in Committee. Minutes are made available to Committee members for review and approval prior to the next regularly scheduled Committee meeting.

**Provider Notification of Decisions**
Providers are notified, in writing, of the Credentialing Committee decision within 60 days of the Committee meeting date. Notifications are sent for both initial and recredentialing reviews and specify the duration of the credentialing period.

Providers failing to meet standards for credentialing or recredentialing are provided with information related to the factors for which they were found to be deficient. When possible, information on steps needed to cure deficiencies will be provided in the notification letter. The letter will also contain a summary of the appeal rights and process to appeal negative decisions.
Confidentiality and Storage of Records
All members of the Credentialing Committee sign non-discrimination and confidentiality agreements annually. See Appendix B for Confidentiality and Nondiscrimination Agreement.

CBH is committed to ensuring confidentiality of the information collected during the credentialing process. Original documents and copies obtained will be stored on network drives with restricted access. Information obtained will only be shared with outside entities as required by law.

All Committee members attest to respect and maintain the confidentiality of all discussions, records, and information generated in connection with Credentialing Committee activities, and to make no disclosure of such information except to persons authorized to receive it.

Credentialing summaries for practitioners and facilities are deidentified during the Committee’s review to facilitate objective discussion and to mitigate against potential conflicts. Additionally, participating network practitioners are required to immediately recuse themselves should the identity of a practitioner or facility become apparent during a discussion.

Nondiscrimination Processes
The Credentialing Committee is responsible for ensuring that the credentialing/recredentialing processes are conducted in a nondiscriminatory manner. All Committee members attest to ensuring that credentialing and recredentialing decisions are made in a non-discriminatory manner and will not be made based on an applicant’s race, ethnic/national identity, gender, age, sexual orientation, or patient type in which the practitioner specializes.

On an annual basis, CBH Internal Compliance & Risk Management staff will conduct random reviews of procurements and credentialing files/decisions to ensure that discrimination of any kind was not involved in credentialing decisions.

Appeal/Cure Process
For negative decisions (see Definition, Appendix A), providers have 30 days from the date of the decision to register an appeal. Appeals must be made by submitting the request, in writing, to the City of Philadelphia’s Commissioner of the Department of Behavioral Health and disAbility Services (DBHIDS). Providers requesting a hearing as part of the appeal process must make this request in the appeal letter.

Appeals may be made regarding the denial of entry of a prospective provider into the CBH network or the termination of an existing provider or program from the network. Providers are not able to appeal the length of an approved credentialing status.
Appeals must include resolution of any deficiencies identified during the credentialing process, as well as any relevant information related to the request for reconsideration of the credentialing decision. Appeals will be reviewed by the DBHIDS Commissioner and a panel comprised of DBHIDS leadership and physicians who are not members of the Credentialing Committee. These members will have the requisite experience and/or training related to the practitioner being considered.

The decision of the appeals panel is considered final and will be provided via written notification. All appeal decisions shall be made within 10 business days and shall be communicated to the provider within 1 business day of the decision. Existing in network providers should reference the CBH Provider Agreement for additional remedies.

**PROVIDER ROLE IN CBH NETWORK PARTICIPATION**

**Our Philosophy**
CBH is dedicated to selecting behavioral health professionals, groups, and facilities to provider member care and treatment across a range of services offered by CBH.

**Our Policy**
To be an in-network provider of mental health and substance use services with CBH, you must possess the requisite licensure for the service(s) you wish to provide, become credentialed with CBH, and enter into a Provider Agreement (contract) with CBH.

**Provider Responsibility**
As a network provider, your responsibility is to provide medically necessary covered services to members whose care is managed by CBH. Providers are expected to follow the policies and procedures outlined in the Provider Manual, relevant federal and state regulations, any applicable supplements, and the CBH Provider Agreement. Providers also agree to cooperate and participate with all care management, quality improvement, outcomes measurement, peer review, and complaints and grievance procedures.

**Types of Providers**
CBH’s network of providers includes practitioners in private practice (also known as independent practitioners), practitioners in group practices, and provider organizations or facilities.
• **Independent/Individual Practitioner**: A clinician (psychiatrist, psychologist, licensed clinical social worker) who provides behavioral healthcare services and bills under their own Taxpayer Identification Number.

• **Group Practice**: A practice contracted with CBH as a group entity and as such bills as a group entity for the services performed by its CBH credentialed clinicians.

• **Facility**: An organization, or program within a parent organization, licensed by the state of Pennsylvania to provide behavioral health services. Examples of facilities include, but are not limited to psychiatric hospitals, partial hospital programs, mental health clinics, residential treatment facilities, substance use disorder clinics and rehabilitation providers.

Staff employed by a facility are not considered individual practitioners as previously defined. Provider organizations are solely responsible for ensuring that the staff they employ, or contract with, meet all education and experience requirements for the positions held as well as possess all the appropriate certifications and clearances. Provider organizations must utilize the CBH MRPPF to ensure that facility staff meets the requisite standards to provide treatment to CBH members. This provider organization responsibility is a component of the provider’s contractual obligation as outlined in the CBH Provider Agreement.

**Practitioner Directories**

All information obtained during credentialing and recredentialing processes is utilized to accurately populate the CBH Provider Directory. If the information obtained during these processes varies from existing information in the Provider Directory, both the provider and their assigned CBH Provider Relations Representative will be made aware in order to resolve and correct the discrepancy.

**CBH CREDENTIALING AND REcredentialing PROCESSES**

**Our Philosophy**

CBH is committed to promoting quality care for its members. In support of this commitment, providers must meet and maintain a minimum set of credentials to provide services to CBH members.

CBH utilizes the services of a National Committee for Quality Assurance (NCQA) Certified Credentials Verification Organization (CVO) to collect and complete primary source verification
on credentials for individual practitioners and group practice members for both initial and recredentialing. Initial reviews for facilities are conducted solely by CBH staff. Recredentialing reviews for facilities are conducted by the DBHIDS Network Improvement and Accountability Collaborative (NIAC).

**Types of Credentialing**

**Initial Credentialing**

A practitioner or facility that is not an in-network contracted provider at the time of application must undergo an initial credentialing review. Practitioners and facilities that have previously participated in the network, but do not currently have an active contract, will also require an initial credentialing review. New programs proposed by an existing in-network provider will undergo a modified initial credentialing process, with some of the requirements having already been met through the credentialing of the parent organization.

The chart below illustrates the provider type and CBH department responsible for initial credentialing activities.

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<tr>
<th>Provider Type</th>
<th>Responsible Department</th>
<th>Review &amp; Approval</th>
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<tbody>
<tr>
<td>Individual Practitioner</td>
<td>CBH Compliance</td>
<td>• Clean Files: CBH CMO</td>
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<td>• Files not meeting full threshold criteria:</td>
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<td>Credentialing Committee</td>
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<tr>
<td>Group Practice</td>
<td>CBH Compliance</td>
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<tr>
<td></td>
<td></td>
<td>Credentialing Committee</td>
</tr>
<tr>
<td>Facility</td>
<td>CBH Provider Operations</td>
<td>Credentialing Committee</td>
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Recredentialing

Existing in-network contracted practitioners and facilities must be recredentialled at intervals not to exceed three years. Providers may be recredentialled more frequently based on recredentialing activities.

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<tr>
<td>Facility</td>
<td>NIAC</td>
<td>Credentialing Committee</td>
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PART I: INDEPENDENT PRACTITIONERS AND GROUP PRACTICES INITIAL AND REcredentialing

This section of the Manual applies to independent practitioners and group practices for which the initial and recredentialing review process will be conducted by CBH’s Compliance Department.

As previously stated, CBH contracts with a NCQA certified CVO to complete the primary source verification of credentials for independent practitioners and group practice members.

Provider Responsibilities

Each new independent and group practitioner will be required to complete an on-line application prior to entering the CBH network of providers (See Appendix C).

Individual practitioners and members of group practices are required to submit information, when requested, to the Council for Affordable Quality Healthcare (CAQH), Inc., CBH’s contracted CVO. Additional information may be required to complete contracting for individual practitioners and/or group practices.

CBH contracted group practices must notify CBH within five business days if any credentialed practitioner leaves the practice.
Delegation of Credentialing
As previously stated, CBH has contracted with a NCQA certified CVO (CAQH) to assist in the primary source verification required to complete the credentialing of independent practitioners and group practice members and to complete primary source verification of the information obtained. Specific information that is required and the methods that may be used to verify the information are provided later in this guide.

Written Delegation Agreement
CBH has a signed agreement with the CVO specifying the services to be provided, costs, and terms. This agreement defines those areas for which the contracted CVO is responsible. Any functions not specifically identified in the agreement will be completed by CBH.

The written delegation agreement provides for renewal terms and the ability to terminate the agreement both for cause and for convenience. The written delegation agreement also provides for remedies and consequences for failure to meet required timeframes and performance standards. These remedies may include, but are not limited to, discounted fees for the period being reviewed and/or termination of the written delegation agreement.

The written delegation agreement requires that the contracted CVO maintain its NCQA certification.

Initial Credentialing Timeline: 180 Days
CBH is committed to ensuring that credentialing decisions are made in a timely manner consistent with NCQA standards and industry best practices. To that end, CBH has adopted a timeline of 180 days for the course of the credentialing process.

Upon receipt of a provider request to enter the CBH Network, the Compliance Department will send an initial credentialing letter and attestation form to the provider via email. Per the letter, the provider will have two weeks from the date of the email to do the following:

- Complete an application with CAQH (if not already enrolled).
- Return the signed attestation to CBH.

Upon receipt of the attestation CBH will submit the provider’s National Provider Identifier (NPI) to CAQH for primary source verification (PSV). The findings from CAQH’s PSV process will be presented to the CBH Credentialing Committee for a decision regarding the provider’s application for network entry. The 180 day-timeline will begin when the initial credentialing letter is sent to the provider and be completed with the Committee decision.
Use of Protected Health Information (PHI)
CBH does not expect the contracted CVO to encounter PHI. In the rare event when the contracted CVO does review or encounter PHI, the written delegation agreement stipulates that the contracted CVO will abide by the protections provided under the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Reporting
The contracted CVO will report to CBH, on an ongoing basis, the results of initial and recredentialing requests. The written agreements detail the timeframes for the CVO to submit reports to CBH based on priority requests for credentialing and recredentialing.

Aggregate reporting is not completed per the written delegation agreement.

Monitoring of Contracted CVO Performance
CBH Compliance will monitor the performance of the CVO annually and report on overall performance to the CBH Credentialing Committee. Monitoring will be completed by utilizing the following methods:

- **CBH provider feedback**: CBH conducts an annual provider satisfaction survey. This survey contains questions specific to compliance and provider credentialing. Feedback will be solicited regarding the experience of individual practitioners and group practice members in working with the contracted CVO.

- **Annual review of the delegated credentialing process** (see below)

- **Feedback from CBH Compliance staff**: CBH Compliance staff responsible for credentialing and recredentialing of independent practitioners and group practice members will be surveyed to gauge their experience with the contracted CVO, including any concerns about the practices of the contracted CVO.

Review of Delegated Credentialing Process
CBH Compliance will annually, at least one month prior to the renewal term of the written delegation agreement with the CVO, audit a sample of credentialing and recredentialing files completed by the CVO. The audit will be completed to ensure that all CBH, State, and NCQA standards are met. The review will also include a review of the CVO’s NCQA status. The written
agreement with the CVO clearly states that the CVO must maintain NCQA certification as a CVO for the agreement to remain valid.

CBH Compliance staff will review a sample of 5 percent or 50 files (whichever is less) completed by the CVO. CBH Compliance will randomly select the files to be reviewed. CBH Compliance will continue to randomly select files, in excess of the minimum stated above if necessary, to ensure that the sample contains at least 10 credentialing and 10 recredentialing files in the sample.

When fewer than 10 practitioners or group practice members were credentialed or recredentialed, the entire universe of that review type will be audited.

The audit will also include a review of any changes to the CVO’s policies and practices to ensure that all required elements continue to be verified appropriately.

The audit will be summarized in a report to the CBH Credentialing Committee and benchmarked against the current NCQA standards.

**Opportunities for Improvement**

Annually, CBH will report to the CBH Credentialing Committee on any potential opportunities to improve the credentialing and recredentialing process for independent and group practitioners. Information will be reviewed that will include feedback from providers based on their experience, CBH Compliance staff, and results from the annual report of the review of the delegation process described earlier.

**Provider Credentialing Checklist**

Each practitioner application is accompanied by a Provider Credentialing Checklist (See Appendix D) that tracks application elements requiring primary source verification.

The CBH reviewer will ensure that all required elements have been verified by the contracted CVO.

The checklist is completed by the CBH Compliance reviewer responsible for the individual application. When complete, the reviewer signs off by affixing dates and initials to the checklist. The document is then included with copies of relevant credentialing information and the report(s) from the contracted CVO.

**Criteria Utilized for Credentialing and Recredentialing**

An application will be considered clean and thus presented to the CBH Chief Medical Officer for signature if the following threshold criteria are met:
• Valid and active license
• Verified educational and work history meeting minimum requirements for the position
• Not excluded from participating in federally funded healthcare programs
• No malpractice claims and/or settlements
• No adverse license actions
• A signed attestation reporting the applicant is:
  o Free of illegal drug use
  o Able to perform essential functions
  o Free of previous adverse licensure actions
  o No previous felony convictions
  o No prior loss of admission privileges or any other disciplinary actions
  o Appropriate malpractice coverage
  o Has attested to the completeness and correctness of the application
• Physicians only:
  o Has a valid DEA certification
  o Has completed an appropriate residency
  o Is eligible for or holds an appropriate board certification

An application that fails to meet any of the above threshold criteria is not rejected automatically but is presented to the CBH Credentialing Committee for discussion and credentialing decision.

**Verification of Credentials**

**Licensure**
All practitioners must hold an active and valid license appropriate for their specialty. This verification will be completed by the contracted CVO. The license verification is valid for 180 days or until the license expiration date, whichever occurs first.

**Drug Enforcement Administration certification (Physicians Only)**
Physicians must hold active and valid Drug Enforcement Administration (DEA) certification in each state where the physician provides care to CBH members. This will be completed by the contracted CVO. The DEA review is valid until the expiration date noted on the certificate and must be completed prior to a successful credentialing decision.
Education
All staff must meet the minimum acceptable education requirements for their respective positions. CBH will review the highest of the following three levels of education, as appropriate:

- Board Certification
- Residency
- Diploma/Transcript (For physicians this must be from a medical school)

The contracted CVO will verify the appropriate level of education or training. The contracted CVO may utilize the following sources in verifying educational requirements:

- American Medical Association (AMA) Physician Masterfile
- American Osteopathic Association (AOA) Physician Profile Report/Masterfile
- Educational Commission for Foreign Medical Graduates (ECFMG) for internationally trained physicians licensed after 1986

While the verification of appropriate training and education has no expiration date, the verification must occur prior to a successful credentialing decision.

Board Certification
CBH requires that all physicians be board certified or board eligible (residency has been completed). Verification of active board certification will be done by the contracted CVO. The contracted CVO may complete the verification via direct confirmation with the applicable specialty board and/or the state licensing body. When this is not possible, the contracted CVO may also utilize one of the following options:

- American Board of Medical Specialties (ABMS) or its member boards
- AMA Physician Masterfile
- AOA Physician Profile Report/Masterfile

Board certification verifications are valid for 180 days.

Work History/Experience
Each practitioner must submit a resume or a curriculum vitae (CV) that shows the minimum work experience required for their position as defined in the MRPPF. This must reflect the most recent 5 years of relevant work experience.

CBH Compliance staff will review CV to ensure that minimum experience requirements have been met for the position. In addition, if the resume or CV shows a gap in employment of 6 months or greater, CBH Compliance requires a clarification of the gap, in writing, directly from the practitioner.
Clean applications must have verified experience meeting the minimum standards for the position as defined in the MRPPF and be free of gaps in employment of 6 months or longer.

Verification of work history and experience is valid for one calendar year (365 days).

**Malpractice History**
The contracted CVO, acting on CBH’s behalf, will directly query the National Practitioner Data Bank (NPDB) for any history of malpractice claims and/or settlements made against the practitioner. Clean applications must be free of any malpractice claims and/or settlements. The NPDB query related to malpractice history is valid for 180 days.

**Sanctions**

**Medicare/Medicaid Exclusions**
CBH Compliance will query the sources identified below for current sanctions against the practitioner that would preclude their participation in a federally funded healthcare program. The exclusion check is valid for 30 days and must include checks of, at minimum, the Federal System for Award Management (SAM) list and List of Excluded Individuals and Entities (LEIE) and Pennsylvania Medcheck List.

**Other State Sanctions**
The contracted CVO will obtain verification directly from the National Practitioner Data Bank (NPDB) and/or the State licensing board that the practitioner has no current or past restrictions on their license or state-imposed sanctions. The NPDB State licensing board query is valid for 180 days.

**Practitioner Rights**

**Report of Information Obtained from Outside Sources**
Providers are entitled to be informed of and review any information obtained from the following sources as it relates to their application/credentialing decisions:

- Federal or State Exclusion lists
- Licensing bodies
- Drug Enforcement Agency status verification
- Education entities/sources (schools, residency sites, universities, etc.)
- Board certification verification
- NPDB queries
- Insurance carriers (related to required coverage)
Applicants are not entitled to information:

- That may be involved in an ongoing law enforcement referral/investigation
- From personal references/recommendations
- That is protected by peer-review stipulations

**Ability to Correct Erroneous Information**
When able, CBH will notify practitioners of excluding information. The practitioner may correct any information believed to be erroneous. The credentialing process timeline will not be extended to allow for correction of erroneous information.

**Provider Notification of Discrepancies**
If discrepancies are discovered in the practitioner application in advance of their presentation to the Credentialing Committee, providers will be notified by phone and/or e-mail to address the discrepancies. Unresolved discrepancies will be presented to the Credentialing Committee for discussion and decision-making.

**Application Status Updates**
Practitioners may request, at any point in the credentialing process, an update on the status of their application.

Clean applications (see Definitions, Appendix A) are reviewed and approved by the CBH CMO or designee. The Credentialing Committee is made aware of approvals, granted by the CMO, since the last Committee meeting.

**Dates and Timeframes**
The date on which the CBH CMO signs off on a credentialing decision either for clean or after Committee review, is the effective date of the decision. This date will be reflected on a decision signature sheet which will be retained by the CBH CMO. The standard credentialing duration for independent practitioners and group practices is 2 years.

**Monitoring and Quality Assurance Activities**
CBH monitors in-network independent practitioners using the following criteria and time frames:

- Exclusion from Medicare/Medicaid programs (every 30 days)
- Request information from CBH Quality Management regarding complaints and significant incidents (semi-annually)

CBH Compliance staff will ensure that exclusion lists are completed on all contracted practitioners at least every 30 days to meet requirements related to screening for exclusions.
Practitioner complaints will be triaged through the CBH Quality Management Department (QM). QM will notify CBH Compliance of any complaints made against a contracted practitioner or member(s) of a group practice. Any practitioner who receives 6 or more complaints in a 6-month timeframe will be subject to an internal Provider Teaming consistent with CBH’s Oversight and Monitoring policy. The teaming group will decide on appropriate next steps that could include, but are not limited to the following:

- Practitioner meeting with leadership team
- Closure to new admissions
- On-site monitoring or compliance audit

Adverse events will also be reported through CBH QM via the Procedures for Response, Reporting, and Monitoring of Significant Incident Policy. Adverse event checks will be limited to high-volume providers. A high-volume provider is defined as any practitioner or group practice providing services to 500 or more unique CBH members per calendar year. Any high-volume practitioner with a confirmed adverse event occurring with a CBH member is also subject to a provider teaming as described above.

In the absence of reported adverse events and/or complaints, CBH Compliance will request confirmation from CBH QM at least every 6 months.

Adverse events and complaints and confirmation requests will be tracked by CBH Quality Management as described in the CBH Procedures for Response, Reporting, and Monitoring of Significant Incident Policy.

When a teaming or recredentialing visit reveals evidence of substandard quality of care that could potentially impact the health and safety of our members, sanctions and interventions will be utilized to correct the behavior(s) and to ensure the safety of our members. These sanctions and interventions can range from provider meetings to the termination of the provider agreement.

**Notification to Authorities**

CBH Compliance is responsible for notification of concerns related to overall quality of care and for potential instances of fraud, waste, and abuse (FWA) within our contracted providers. In addition to the notification of appropriate oversight and enforcement agencies, CBH has a range of actions available to assist providers in improving their performance.
Available Actions to Assist Practitioners

When a practitioner is identified as having problematic practices that could impact clinical services, many interventions may be utilized to improve the provider’s performance and to ensure the health and safety of our members. These include, but are not limited to:

- Participation in trainings offered by CBH Network Development
- Participation in training offered by CBH Compliance (related to FWA)
- Corrective action or quality improvement plan
- Directed corrective action plan
- On site monitoring by CBH staff
- Clinical chart audits
- Admission closures

Reporting to Oversight and Enforcement Agencies

CBH Compliance will report any potential instances of fraud, waste, and/or abuse to both the Pennsylvania Bureau of Program Integrity (BPI) and the Pennsylvania Office of Attorney General Medicaid Fraud Control Section (OAG MFCS). Reporting is completed by the CBH Compliance Special Investigation Unit (SIU).

In addition, should CBH Compliance become aware of any of the following actions, not previously reflected in the National Practitioner Data Bank (NPDB), CBH Compliance will make a direct report to the NPDB and/or other entities. Actions include:

- Medical malpractice payments
- Federal and state licensure and certification actions
- Adverse clinical privileges actions
- Adverse professional society membership actions
- Negative actions or findings by private accreditation organizations and peer review organizations
- Health care-related criminal convictions and civil judgments where CBH is a party
- Exclusions from participation in a federal or state health care program (including Medicare and Medicaid exclusions)
- Other adjudicated actions or decisions

In instances when a practitioner’s provision of care raises immediate safety concerns for members and the provider is not willing or able to participate in remedial activities to improve the provision of care, the practitioner’s licensing body will be notified. The CBH CMO will be responsible for designating staff to complete these referrals. Examples could include, but are not limited to:
• Engaging dangerous prescribing practices
• Engaging in inappropriate relationships with members
• Practicing without appropriate training or education
• Practicing with an expired or suspended license
• Providing treatment outside of the appropriate scope of practice for the individual

PART II: FACILITIES: INITIAL AND RECRENDENTIALING

Facilities: Initial Credentialing
This section of the Manual applies to parent organization and facilities for which the review process is conducted by the CBH Provider Operations Department. See examples of facility types in the Definition section, Appendix A.

Network Entry
Parent organizations will be invited to join the CBH Provider Network consistent with the CBH Network Entry policy. Parent organizations currently contracted with CBH may expand the scope of their services (to include the addition of new facilities) per the process outlined the Network Adequacy and Access Policy. An organization or facility will be considered a network provider after the successful completion of the initial credentialing process, approval by the CBH Credentialing Committee, and contracting of the facility (i.e. signing of a Provider Agreement and/or issuance of a Schedule A).

Initiation of Initial Credentialing
The initial credentialing review process is initiated when a facility is licensed/approved and enrolled in the Pennsylvania Medicaid program (or eligible for enrollment). For new programs, CBH may provide technical assistance regarding the initial credentialing process prior to licensure. This may include a review of credentialing requirements with providers in advance of formal initiation of the credentialing process. The provision of technical assistance will typically occur for new programs that are entering the CBH Network via a procurement process.

CBH will convene a meeting with a facility to initiate the initial credentialing process. At a minimum, provider agency representatives and the CBH Provider Operations initial credentialing team will participate in the meeting. Other CBH departments (e.g. Clinical Management, Quality Management, Compliance) will be invited to participate as ad hoc
members of the credentialing team. The facility meeting will be used to review the CBH credentialing and contracting process and will include a discussion of all required documentation necessary for facility credentialing.

Following the provider meeting, CBH Provider Contracting will send the facility written correspondence summarizing the initial credentialing process. Included in the correspondence will be a list of documents required for initial credentialing. The correspondence will also include a timeline for the initial credentialing process, identify the CBH initial credentialing team leader, and will explicitly state that the credentialing process must be completed within 180 days of the date of the letter. See Initial Credentialing Letter in Appendices.

**Initial Credentialing Review Process**
There are four components of the initial credentialing review process: review of business documents, review of staff files, review of policies and procedures, and a facility site visit.

**Coordination of the Initial Credentialing Process**
The CBH Provider Operations Department is responsible for the initial credentialing of facilities. Each initial credentialing request will be assigned to a team of Provider Operations staff to include representatives from the Provider Contracting, Network Development, and/or Provider Relations units. Provider Operations representation will vary depending on the avenue of network entry as defined by the Network Entry Policy and the Network Adequacy and Access Policy.

A CBH Provider Operations staff will be identified as the team lead for both internal and external coordination related to initial credentialing of facilities. The team lead will be the primary point of contact for the agency/facility and will be responsible for coordinating internal review. The CBH team lead will be noted on the correspondence sent to the provider at the initiation of the initial credentialing process as noted above.

**Business Documents**
Required business documents are outlined in the Appendices of the Manual. For parent organizations new to the CBH Network, all documents on the list are required. For existing network parent organizations, only documents listed in the Facility section of Appendices are required. Submission of all documents is required to complete the initial credentialing process.

CBH Provider Contracting staff will complete the review of the business documents.
**Staff Files**
All facilities must complete and submit a completed staff roster and job descriptions for each position listed on the roster. For new facilities, all staff positions must be listed on the staff roster regardless of whether they are filled at the time of the initial credentialing review. Additionally, facilities must maintain staff files for each staff person on the roster with the documents outlined in the Appendices.

Individual staff files do not need to be submitted to CBH for the initial credentialing review. Facilities will be required to sign an attestation confirming that all staff files are complete and maintained consistent with the parameters outlined in the CBH Manual for Review of Provider Personnel Files (MRPPF). However, CBH reserves the right to request and review staff files as part of the initial credentialing review.

Facilities requesting waivers of any staff requirements must do so during the initial credentialing process. State and federal requirements cannot be waived by CBH.

CBH Provider Contracting staff will complete the review of the provider staff file submissions.

**Policies and Procedures**
Parent organizations and facilities are required to submit the policies and procedures outlined in Appendices. Policies will be reviewed consistent with the standards specified in Appendices. All policies must be reviewed and approved by CBH in order for a provider to complete the initial credentialing process.

Some policy requirements for facility credentialing may be waived if a required policy has been approved for the agency/parent organization or if the required policy is not applicable to the facility program type. For example, submission of medication management policies may not be required for programs that do not offer medication prescription and medication management.

Required policies and procedures will be reviewed with the provider agency representatives at the initial credentialing meeting. The correspondence sent to the provider following the meeting will document all required policies.

CBH Network Management staff will complete the review of the facility policies and procedures.

**Site Visit**
A site visit will be conducted at the facility as a component part of the initial credentialing process. Visits will occur for both accredited and non-accredited organizations. All CBH
Provider Operations staff involved in the initial credentialing process will be invited to participate. Staff from other CBH departments will be invited to participate as indicated or requested.

The primary focus of the site visit will be to tour the facility to ensure there is an adequate treatment/service environment for CBH members (see Appendices for Site Visit Tool). Visits will not include an extensive physical plant inspection; however, site visits may coincide with the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) or the Pennsylvania Department of Drug and Alcohol Programs (DDAP) licensing visits for new programs or facilities. If the visit is not held in conjunction with the licensing visit, any observed physical plant issues that may impact member health and safety will be reported to the responsible licensing entity.

If providers have not submitted comprehensive initial credentialing documentation prior to the time of the site visit, CBH will request that any missing documentation will be available for on-site review during the visits. Additionally, CBH may utilize the site visit as an exit meeting for the initial credentialing process, including discussion of any pending items related to the credentialing process.

The date and outcome of the site visit will be documented in the initial credentialing exit letter and the Credentialing Committee Summary.

**Application Status Updates**
The CBH Provider Contracting unit is responsible for tracking all initial credentialing requests. For each credentialing request, Provider Contracting will track the date of initiation of the initial credentialing process, the completion date of each phase of the process (i.e. business document, staff file and policy review, site visit), and the scheduled date of the Credentialing Committee presentation. Providers and DBH and CBH stakeholders may request a status update for any pending initial credentialing review.

**Credentialing Committee Review**
If a facility has not met initial credentialing threshold requirements 60 days in advance of the end of the 180-day review period, Provider Contracting will forward the agency a letter outlining the areas of deficiency. The letter will state that all missing documentation will need to be submitted by the 180-day deadline. If the initial credentialing process is still incomplete at the end of the 180-day review period, the facility application will be considered to not meet threshold requirements and will be presented at the next scheduled Credentialing Committee for review. The provider will be notified of the decision of the Committee in writing within 60
days of the meeting date. For negative decisions, providers will have the right to register an appeal consistent with the Appeal/Cure process outlined in this Manual.

Once a facility has met the initial credentialing thresholds outlined in the Initial Credentialing Review section, Provider Contracting will forward the provider an initial credentialing exit letter. The letter will summarize the outcome of the initial credentialing process and will specify the date the facility will be presented at the Credentialing Committee meeting for review. At this juncture, the facility’s request to enter the Network will be considered a clean application.

Provider Contracting will be responsible for preparing a Credentialing Committee Summary for each clean facility application which will be presented to the Credentialing Committee for review. Information outlined in the initial credentialing exit letter may be included in the Credentialing Committee Summary. All facilities presented to the Credentialing Committee for initial credentialing will be recommended for a one year credentialing status.

**Contracting**

Following approval by the CBH Credentialing Committee, CBH Provider Contracting will be responsible for generating a contract for the credentialed facility. The contract will include a Provider Agreement (for new agencies/organizations entering the Network) and a CBH Schedule A (see Definitions, Appendix A), which will allow the provider to submit claims for the services provided at the newly credentialed facility.

For parent organizations new to the CBH Provider Network, a CBH Provider Agreement must be signed by both the organization and CBH prior to a contract being issued for the facility. Once the signed CBH Provider Agreement has been received, Provider Contracting will generate a Schedule A for the facility effective the date of the Credentialing Committee approval.

For existing parent organizations, CBH Provider Contracting will generate a Schedule A for the service(s) effective the date of the Credentialing Committee approval. The CBH Provider Relations Representative will mail an original copy of the Schedule A to the agency/parent organization with a cover letter specifying the credentialing status.

Contracting correspondence will be sent to an agency within 30 days of the Credentialing Committee decisions.

**Record Keeping**

The initial credentialing file will consist of all documents reviewed during the initial credentialing review process (i.e. business documents, staff records, and policies and
procedures) as well as the initial credentialing exit letter, the Credentialing Committee summary, and letter notifying the provider of the Credentialing Committee status. If the Credentialing Committee issues a negative decision, documentation of the Committee decision will also be included in the file. A tracking spreadsheet as outlined the Appendices will be used to capture provider’s license status, accreditation status, the date of CBH visit, and the date of approval from the Credentialing Committee.

Initial credentialing files will be maintained consistent with the parameters outlined in the Confidentiality and Storage of Records section of this Manual.

**Facilities: Recredentialing Process**

The recredentialing of facilities is completed by the Network Improvement and Accountability Collaborative (NIAC). Once a provider has entered the network through the initial credentialing process, NIAC is responsible for the continued assessment of CBH contracted facilities. As the integrated oversight body for DBHIDS (which includes CBH), NIAC serves as the primary mechanism to achieve a single, consistent approach to oversight in the form of evaluative monitoring across various funding streams. NIAC seeks to reduce the cumulative number of site visits for providers. Recredentialing visits occur for all facilities, regardless of accreditation status, at intervals not to exceed three years.

To ensure all aspects of a site review are scored in a standardized manner, NIAC utilizes an objective scoring instrument based on DBHIDS Practice Guidelines, referred to as the Network Inclusion Criteria (NIC) and located on the [www.dbhids.org](http://www.dbhids.org) website at: [https://dbhids.org/about/organization/network-improvement-and-accountability-collaborative/nic-overview/](https://dbhids.org/about/organization/network-improvement-and-accountability-collaborative/nic-overview/). The Appendices outlines details about the NIAC Recredentialing process and includes tools related to the process, including the NIAC Recredentialing Tracking Log, Site Review Activities Listing, the Network Inclusion Criteria (NIC), and the Practice Guidelines.

The NIC allows the NIAC team to obtain both qualitative and quantitative data to critically assess an organization’s practices. The NIC scores within the components of the Practice Guidelines, which comprise the Foundations of Service Delivery (including policy, supervision, and training) and four practice domains. The sections are weighted as follows:

**Weighting:**

Organizational Focus Weighting Foundations of Excellence in Service Delivery 20%
Domain 1: Assertive Outreach and Initial Engagement 15%
Domain 2: Screening, Assessment, Service Planning and Delivery 30%
Domain 3: Continuing Support and Early Re-Intervention 15%
Domain 4: Community Connection and Mobilization 20%
Total Level of Care Score 100%

The 5 weighted scores are summed to create a Level of Care score.

NIAC uses the NIC tool to arrive at a quantitative value for each of the 10 activities performed at each site visit. Recredentialing scores range in value from 50% to 100% with the following status breakdown:

**Score ranges**:  
- 6 months 60-69%
- 1 year 70-79%
- 2 years 80-89 %
- 3 years 90-100%

For more information, see the final score sheet example in the Appendices.

The frequency of a NIAC review is determined by the status that a provider receives as a result of the Credentialing Committee process. Each level of care is scored separately and may have different review dates depending on previous visit score. For more information, see Tracking Log example in the Appendices.

NIAC shares site review findings with internal CBH departments during the Credentialing Committee prep meeting. In this meeting, information about new developments and urgent issues post visit is shared. NIAC then uses this information in addition to the NIAC site review score to recommend a network status to the Credentialing Committee.

After NIAC status recommendations are reviewed and approved by the Credentialing Committee, a letter is sent to the provider indicating the network status determination, by level of care, for the organization.

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1 See the most recent version of the NIC on the DBHIDS website for any updates to these score ranges.
APPENDIX A: Definitions

Active Provider: Any provider who:

- Is contracted with CBH to provide services to CBH members at the time a decision is made

  OR

- Has been contracted with CBH to provide services to CBH members within the last 30 days

Adverse Events: Any event occurring during the course of treatment that may place the safety or wellbeing of a member in jeopardy. All adverse events will be reported and tracked through Quality Management as described in the CBH Procedures for Response, Reporting, and Monitoring of Significant Incident Policy.

Applications Not Meeting Threshold Requirements: Any application missing required documents or having documents that do not reflect good standing. Any applicant appearing on an applicable exclusion or sanction list (see Appendix B) will also be considered as not meeting threshold requirements.

Clean Application: An application that meets full threshold criteria; all applicable documentation and screening requirements have been met.

Facility: Organizations that employ or contract with staff to provide behavioral health services under an appropriate facility license. Examples of facilities may include, but are not limited to:

- Inpatient Hospitals
- Free Standing Substance Abuse Treatment Facilities
- Residential Treatment Facilities
- Outpatient Clinics
- Laboratories
- Partial Hospital Programs

Group Practice (Group): A professional corporation or partnership of individual practitioners of the same discipline and license type. The group is the entity to which payments will be made. A group must be enrolled in PROMISe as a group provider, and each individual practitioner who performs services for which payment will be made via the group must also be enrolled in PROMISe. The group may not bill for services as a rendering provider. (see Appendix C.)
**High-Volume Provider:** Any practitioner or group practice seeing 500 or more unique CBH members in a calendar year.

**Independent Practitioner:** Practitioners who are licensed, certified, or registered by the State to practice independently and have an independent contractual relationship with CBH. An independent practitioner is enrolled in PROMISe under his/her own Social Security Number (SSN) and/or Federal Employee Identification Number (FEIN). (See Appendix C.)

**Level of Care:** Refers to the services a provider is approved to deliver. Levels of care appear on the Schedule A along with billing codes and rates.

**Manual for Review of Provider Personnel Files (MRPPF):** CBH published document that provides minimum standards for all clinical staff positions within the CBH Provider Network. The MRPPF is updated at least annually and is available to the public on the CBH Compliance webpage. A Supplemental Manual of Review of Provider Personnel Files (SMRPPF) has also been published to address new positions and updates.

**Negative Decision:** A recommendation by the Credentialing Committee for either termination from the network, or inability to enter the network.

**Network Improvement and Accountability Collaborative (NIAC):** Network Improvement and Accountability Collaborative is the primary mechanism to accomplish the creation of a single, consistent approach to site reviews [monitoring] across various funding streams. NIAC promotes ongoing quality of care improvement across DBHIDS providers. NIAC establishes an accountability partnership among people receiving services, DBHIDS, providers and other stakeholders. DBHIDS (via NIAC) engages in a structured, collaborative review process to assess with providers the degree of such alignment with the domains, standards and associated practices using an objective scoring method.

**Network Inclusion Criteria (NIC):** The Network Inclusion Criteria (NIC) scoring tool is used to quantify the Standards of Excellence, which outlines the measurement of standards and practices, as well as as and scoring. As stated above, NIAC determines the degree of provider practice alignment with the Network Inclusion Criteria. The process and the instrument are designed to capture the relevant scoring of practices as well as narrative information on each practice.

**Parent Organization:** An “umbrella” organization within the CBH provider network that may operate more than one program or facility. For e.g., Crest Behavioral Services is a parent organization licensed to provide Behavioral Health Rehabilitative Services and Outpatient Mental Health Services.
Primary Source Verification: Verification from the original source of a specific credential (education, training, licensure) to determine the accuracy of the qualifications of an individual health care practitioner.

Protected Health Information (PHI): Health data created, received, stored, or transmitted by HIPAA-covered entities and their business associates in relation to the provision of healthcare, healthcare operations and payment for healthcare services. PHI includes all individually identifiable health information, including demographic data, medical histories, test results, insurance information, and other information used to identify an individual or provide healthcare services or healthcare coverage.

Provider: A term used interchangeably to describe independent practitioners and facilities.

Schedule A: A document issued by CBH which allows the provider to submit claims for the services provided at the newly credentialed facility. All approved services, or Levels of Care, offered by the parent organization or facility are listed on document along with billing codes and rates.

APPENDIX B: Nondiscrimination and Confidentiality Agreement (Signed by Members of the CBH Credentialing Committee)

Nondiscrimination and Confidentiality Statement

As a member of the Community Behavioral Health Credentialing Committee, involved in the evaluation and improvement of quality of care and services, I recognize that confidentiality is vital to the credentialing process. Therefore, I agree to respect and maintain the confidentiality of all discussions, records, and information generated in connection with Credentialing Committee activities, and to make no voluntary disclosure of such information except to persons authorized to receive it.

As a member of the Credentialing Committee, I will ensure credentialing and recredentialing decisions will be made in a non-discriminatory manner and will not be made based on an applicant’s race, ethic/national identity, gender, age, sexual orientation, or patient type in which the practitioner specializes.

Date: ___________________  Print Name: ________________________________

Signed: ________________________________
APPENDIX C: Initial Credentialing Application: Independent and Group Practitioners

Click here
## APPENDIX D: Initial and Recredentialing Checklist Example: Independent and Group Practitioners

<table>
<thead>
<tr>
<th>NCQA Element / Factor</th>
<th>Verification</th>
<th>Acceptable Methods</th>
<th>Submitted with Application?</th>
<th>Time Limit</th>
<th>Source</th>
<th>Date of Report</th>
<th>Date of Verification</th>
<th>Initials of Reviewer</th>
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<td>Credentials A.1</td>
<td>License</td>
<td>Verify online (<a href="http://www.pals.pa.gov">www.pals.pa.gov</a>)</td>
<td>y</td>
<td>180 days</td>
<td><a href="http://www.pals.pa.gov">www.pals.pa.gov</a></td>
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<tr>
<td>Credentials A.2</td>
<td>DEA</td>
<td>Visual inspection of the original</td>
<td>y</td>
<td>Prior to credentialing decision</td>
<td>original viewed</td>
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<tr>
<td>Credentials A.3</td>
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<td>Sealed transcript</td>
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<td>Prior to credentialing decision</td>
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<td>w/ application</td>
<td>y</td>
<td>180 days</td>
<td>application</td>
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<td>Credentials A.5</td>
<td>Work history (5 years starting with licensure date)</td>
<td>CV or application (w/ gaps addressed in writing)</td>
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<td>365 days</td>
<td>NPDB</td>
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<td>Credentials A.6</td>
<td>Malpractice history</td>
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<td>180 days</td>
<td>NPDB</td>
<td></td>
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<td>Sanctions B.1</td>
<td>License</td>
<td>NPDB</td>
<td>n</td>
<td>180 days</td>
<td>NPDB</td>
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<td>Medicare / Medicaid</td>
<td>NPDB, Kchecks</td>
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<td>30 days (NPDB 180 days)</td>
<td>NPDB, Kchecks run</td>
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<td>Inability to perform essential functions</td>
<td>Attestation</td>
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<td>Illegal drug use</td>
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<td>Malpractice coverage</td>
<td>Attestation or insurance face sheet w application</td>
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<td>365 days</td>
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<tr>
<td>Application C.6</td>
<td>Correctness &amp; completeness of application</td>
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<td>n</td>
<td>365 days</td>
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APPENDIX E: Initial Credentialing Letter: Independent and Group Practitioners

(Date)

(Name and Title)
(Organization Name and Title)
(Organization Address)

Dear Practitioner:

Thank you for your interest in joining the CBH network.

CBH has contracted with the Council for Affordable Quality Healthcare, Inc. (CAQH) to complete primary source verification of key credentialing elements for independent practitioners and group practice members entering the CBH Network. CAQH is a credentialing verification organization, widely known and utilized, and certified by the National Committee for Quality Assurance (NCQA) (See CBH Bulletin 18-16: Changes in Credentialing of Independent and Group Practitioners).

If you are currently enrolled with CAQH, you will be contacted by CAQH to advise you that they will be initiating the recredentialing process on behalf of CBH. CAQH will advise you of the timeline for this process.

If you are not currently enrolled with CAQH, you will need to enroll as a condition of providing services as a CBH Network provider. You are required to complete your enrollment with CAQH no later than xx/xx/20xx. You can access the CAQH Proview Registration Portal at https://proview.caqh.org/PR/Registration

In addition, you are required to sign and date the attached attestation and return to CBH at CBH.ComplianceContact@phila.gov by the above date. You may also be asked to provide additional information to the CBH Contracting Department. Please refer to the CBH Credentialing Manual for further support.

If you have any questions please feel free to contact Mark Miller at 267-602-2209 or Mark.D.Miller@phila.gov.

Sincerely,
COMMUNITY BEHAVIORAL HEALTH PROVIDER CREDENTIALING – ATTESTATION

Practitioner Name:

License Number:

NPI:

I, ______________________________, attest that I have met each of the following requirements:

• Completed all CBH mandatory trainings (or will complete within 90 days of contracting, and ongoing as required)
• Completed all level of care specific required trainings (or will complete within respective time frames at contracting and ongoing)
• Completed a CPR training and maintain current CPR certification
• Applied for, obtained, and maintain a valid PA Criminal History Report
• Applied for, obtained, and maintain a valid PA Child Abuse Clearance (for staff likely to have contact with children per Commonwealth definition)
• Applied for, obtained, and maintain a valid FBI Clearance (for staff likely to have contact with children per Commonwealth definition, and for staff who live or have lived outside of Pennsylvania within the past 2 years)
• Reported directly to CBH any history of arrest or allegation that appears on the PA Criminal History Report, PA Child Abuse Clearance, or FBI Clearance.

I am aware that under the CBH Provider Agreement, I am not permitted to provide Covered Services in the Medicaid or Medicare Program or any other state or federal assistance program, if I am found ineligible as confirmed by my review of the List of Excluded Individuals and Entities (“LEIE”), the Medicheck List, and System for Award Management (“SAM”) on a monthly basis. I am able to provide proof of monthly review of these databases upon request from CBH. If I become aware I have been named in any of the aforementioned lists, I shall cease proving services and notify CBH (via email to CBH.ComplianceContact@phila.gov) within three (3) business days of becoming aware that I have been excluded from participation in any state or federal program.

______________________________ ______________________________
Name (Signature) Date

______________________________
Name (Print)
APPENDIX F: Re-Credentialing Letter: Independent and Group Practitioners

(Date)

(Name and Title)
(Organization Name and Title)
(Organization Address)

Dear Provider:

CBH has contracted with the Council for Affordable Quality Healthcare, Inc. (CAQH) to complete primary source verification of key credentialing elements for independent practitioners and group practice members. CAQH is a credentialing verification organization, widely known and utilized, and certified by the National Committee for Quality Assurance (NCQA) (See CBH Bulletin 18-16: Changes in Credentialing of Independent and Group Practitioners).

You are receiving this letter because as an independent practitioner or provider in a group, you are due for CBH recredentialing.

If you are currently enrolled with CAQH, you will be contacted by CAQH to advise you that they will be initiating the recredentialing process on behalf of CBH. CAQH will advise you of the timeline for this process.

If you are not currently enrolled with CAQH, you will need to enroll as a condition of providing services as a CBH Network provider. You are required to complete your enrollment with CAQH no later than xx/xx/20xx. Failure to complete a CAQH application within this timeframe may result in termination from the CBH Network. You can access the CAQH Proview Registration Portal at https://proview.caqh.org/PR/Registration

In addition, you are required to sign and date the attached attestation and return to CBH at CBH.ComplianceContact@phila.gov by the above date. You may also be asked to provide additional information to the CBH Contracting Department. Please refer to the CBH Credentialing Manual for further support.

If you have any questions please feel free to contact Mark Miller at 267-602-2209 or Mark.D.Miller@phila.gov.

Sincerely,
I, ______________________________, attest that I have met each of the following requirements:

- Completed all CBH mandatory trainings (or will complete within 90 days of contracting, and ongoing as required)
- Completed all level of care specific required trainings (or will complete within respective time frames at contracting and ongoing)
- Completed a CPR training and maintain current CPR certification
- Applied for, obtained, and maintain a valid PA Criminal History Report
- Applied for, obtained, and maintain a valid PA Child Abuse Clearance (for staff likely to have contact with children per Commonwealth definition)
- Applied for, obtained, and maintain a valid FBI Clearance (for staff likely to have contact with children per Commonwealth definition, and for staff who live or have lived outside of Pennsylvania within the past 2 years)
- Reported directly to CBH any history of arrest or allegation that appears on the PA Criminal History Report, PA Child Abuse Clearance, or FBI Clearance.

I am aware that under the CBH Provider Agreement, I am not permitted to provide Covered Services in the Medicaid or Medicare Program or any other state or federal assistance program, if I am found ineligible as confirmed by my review of the List of Excluded Individuals and Entities (“LEIE”), the Medcheck List, and System for Award Management (“SAM”) on a monthly basis. I am able to provide proof of monthly review of these databases upon request from CBH. If I become aware I have been named in any of the aforementioned lists, I shall cease providing services and notify CBH (via email to CBH.ComplianceContact@phila.gov) within 3 business days of becoming aware that I have been excluded from participation in any state or federal program.

_____________________________  __________________________
Name (Signature)  Date

_____________________________
Name (Print)
APPENDIX G: Provider Types and Specialty Codes: Independent and Group Practitioners

CBH contracted providers who are considered to be independent providers or group practices will be licensed as such by the Commonwealth of Pennsylvania. They will be assigned the following provider types and specialty codes by the Commonwealth. All other provider types and specialty code combinations that are eligible for reimbursement by CBH are considered facilities:

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Specialty Code(s)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>09</td>
<td>548</td>
<td>CRNP - Therapeutic Support Staff (TSS)</td>
</tr>
<tr>
<td>09</td>
<td>549</td>
<td>CRNP - Mobile Therapy</td>
</tr>
<tr>
<td>09</td>
<td>558</td>
<td>CRNP – Behavior Specialist for Children with Autism (BSC Autism)</td>
</tr>
<tr>
<td>09</td>
<td>559</td>
<td>CRNP – Behavior Specialist (BSC)</td>
</tr>
<tr>
<td>11</td>
<td>112</td>
<td>Outpatient Practitioner - MH</td>
</tr>
<tr>
<td>16</td>
<td>162</td>
<td>Psychiatric Nurse</td>
</tr>
<tr>
<td>17</td>
<td>171</td>
<td>Occupational Therapist</td>
</tr>
<tr>
<td>17</td>
<td>174</td>
<td>Art Therapist</td>
</tr>
<tr>
<td>17</td>
<td>175</td>
<td>Music Therapist</td>
</tr>
<tr>
<td>19</td>
<td>190</td>
<td>General Psychologist</td>
</tr>
<tr>
<td>19</td>
<td>548</td>
<td>Psychologist - TSS</td>
</tr>
<tr>
<td>19</td>
<td>549</td>
<td>Psychologist – Mobile Therapy</td>
</tr>
<tr>
<td>19</td>
<td>558</td>
<td>Psychologist – BSC Autism</td>
</tr>
<tr>
<td>19</td>
<td>559</td>
<td>Psychologist – BSC</td>
</tr>
<tr>
<td>31</td>
<td>339</td>
<td>Psychiatry</td>
</tr>
<tr>
<td>31</td>
<td>315</td>
<td>Emergency Medicine</td>
</tr>
<tr>
<td>31</td>
<td>316</td>
<td>Family Practice</td>
</tr>
</tbody>
</table>
The provider types and specialty codes listed above are individuals who the State of Pennsylvania has identified as being able to provide behavioral health reimbursable services per the Healthchoices Behavioral Health Services Reporting Classification Chart (BHRSCC). Group practices are possible when groups of individuals holding the same provider types and specialty codes form a professional corporation or partnership.

**APPENDIX H: Business Documents for Initial Credentialing: Facilities**

**Agency/Parent Organization**
- CBH Provider Information Form (Parts A, B and C)
- Verification of corporate status (i.e. profit/non-profit)
- IRS Treasury Letter
- Completed W-9
- Board of Directors membership
- Table of Organization/Organizational Chart
- Proof of Accreditation—Joint Commission/CARF/COA
- Minority Status
- Insurance Information

**Facility**
- CBH Provider Information Form (Parts B and C)
- Certificate of Licensure or Approval Letter
- Accreditation Certificate or Letter—Joint Commission/CARF/COA
- Proof of PA Medicaid (i.e. PROMIsé) enrollment or verification of pending application
- NPPES Verification of NPI and taxonomy
- Program/Service description
APPENDIX I: Staff Documents for Initial Credentialing: Facilities

Submission to CBH required:

- Completed Network Personnel Analysis Unit (NPAU) staff roster, including notations for all vacant positions
- Job descriptions for each position included on staff roster

Providers must maintain the following individual staff documents on file and provide copies to CBH upon request:

- Licenses (Physicians, CRNPs, Physician Assistants, RN, LPN, Psychologists, Behavior Specialist, LSW, LCSW, LPC, LMFT) or certificates (Certified Peer Specialist, Certified Recovery Specialist, Certified Psychiatric Rehabilitation Practitioner)
- Resume/Curriculum Vitae
- Verification of previous employment or performance evaluation
- Degree, diploma or copy of transcript. For foreign trained staff, degree verification from a National Association of Credential Evaluation Services (NACES)
- Pennsylvania State Criminal History Report
- Pennsylvania Child Abuse Clearance (if applicable)
- FBI Criminal History Report (if applicable)
- Evidence of completion of CBH Mandatory trainings (if present)
(Date)

(Name and Title)
(Organization Name and Title)
(Organization Address)

Dear xxxxxxx:
Thank you for your interest in participating in Community Behavioral Health’s (CBH) Provider Network.
Per the discussion at our (date of meeting), please submit the following documentation to (name of initial credentialing team leader) within thirty (30) days of the date of this correspondence:

Personnel Files

(list of requested documents)

Business Documents:

(list of requested documents)

Policies and Procedures:

(list of requested documents)

Additionally, a facility site visit will be scheduled for a date and time mutually convenient for CBH and facility staff.

All documentation will be reviewed by CBH upon receipt. Once all documentation has been reviewed and a site visit has been conducted, you will receive additional correspondence summarizing the findings of the initial credentialing review. The outcome of the credentialing review and recommendations for network inclusion will subsequently be presented to the CBH Credentialing Committee.

Thank you again for your interested in participating in the CBH Provider Network. Should you have any further questions regarding the initial credentialing process, please contact (name of the initial credentialing team leader).

Respectfully,

(CBH Staff Person and Title)

cc: Director of Operations
APPENDIX K: Initial Credentialing Requirements for Staff Files – Attestation: Facilities

I, ___ (CEO or Executive Director) _____, attest that ___ (Provider Agency Name) ___ staff members serving Community Behavioral Health (CBH) members have each met the following requirements for their individual staff files. Consistent with the parameters outlined in the CBH Manual for Review of Provider Personnel Files (MRPPF) and the CBH Credentialing Handbook, Appendix E, each staff file includes the following documents:

- Licenses (Physicians, CRNPs, Physician Assistants, RN, LPN, Psychologists, LSW, LCSW, LPC, LMFT) or certificates (Certified Peer Specialist, Certified Recovery Specialist, Certified Psychiatric Rehabilitation Practitioner)
- Resume/curriculum vitae
- Signed job description
- Verification of previous employment or performance evaluation
- Degree, diploma or copy of transcript. For foreign-trained staff, degree verification from a National Association of Credential Evaluation Services (NACES) is required
- Pennsylvania State Criminal History Report
- Pennsylvania Child Abuse Clearance (if applicable)
- FBI Criminal History Report (if applicable)
- Evidence of completion of CBH mandatory trainings (if present)

Facilities must maintain complete and up-to-date staff files for each staff person on the roster consistent with the above requirements. CBH reserves the right to request and review staff files as part of the initial credentialing review or for compliance or quality monitoring purposes.

I am aware that under the CBH Provider Agreement, I am not permitted to employ or engage any individual who is ineligible to provide Covered Services in the Medicaid or Medicare Program or any other state or federal assistance program, as confirmed by my review of the List of Excluded Individuals and Entities (“LEIE”), the Medicheck List, and System for Award Management (“SAM”) monthly basis. I am able to provide proof of monthly review of all personnel in these databases upon request from CBH.

If ___ (Provider Agency Name) ___ becomes aware that an employee has been named in any of the aforementioned lists, ___ (Provider Agency Name) ___ shall issue notice of termination to the employee or Subcontractor and notify CBH (via email to the CBH.ComplianceContact@phia.gov) within 3 business days of becoming aware that an employee or Subcontractor has been excluded from participation in any state or federal program.

_______________________   _______________________
Name (Signature)               Date

_____________________
Name (Print)

Executive Director _____ Title
APPENDIX L: Initial Credentialing Approval Letter: Facilities

(Date)

(Name and Title)
(Organization Name and Title)
(Organization Address)

Dear ,

Welcome to Community Behavioral Health as an In-Network Provider! We are excited to have you join our network of skilled Facilities and Practitioners! The CBH Credentialing Committee approved (name of provider agency) to provide (type of program or service) effective (date of Credentialing Committee approval) and received a one (1) year credentialing status.

Enclosed in this packet, you will find an official copy of your Schedule A and signed Provider Agreement. We have included a quick reference guide and contact list to help answer frequently asked questions. We would also like to remind you about our website: https://dbhids.org where you can view and/or download information about Community Behavioral Health, including the following:

- The most current Provider Manual
- Member Rights and Responsibilities statement on the Member Services section of the website and in the Member Services Handbook, also on the website
- Bulletins, Notices and Contracting Opportunities (RFP, RFQ, etc.)
- Sign-up for electronic CBH News emails under “Contact Information”
- Credentialing Manual, which includes details about credentialing and re-credentialing processes
- CBH’s policy prohibiting financial incentives for utilization management decision-makers, found on the Affirmative Statement Notification on the Notices page
- The Utilization Management Guide, which includes medical necessity criteria for prior authorized services
- Information about the availability of staff 24 hours a day via our toll-free number, 1-888-545-2600, to answer questions about Utilization Management issues
- The process to refer members to Mommy’s Helping Hands, our Complex Case Management Program for women who are pregnant with opioid use disorder

The most recent information about Community Behavioral Health and our services is always available on our website. Additionally, we will be contacting you to schedule Provider Orientation. If you have any questions about accessing our website or if you would like more information, please contact your Provider Relations Representative or Provider Relations Hotline at (215) 413-7660.

Thank you, (Name) Provider Relations Representative
APPENDIX M: Initial Credentialing Exit Letter: Facilities

(Date)

(Name and Title)
(Organization Name and Title)
(Organization Address)

Dear xxxxxx:
Thank you for xxxxx’s communication and assistance during Community Behavioral Health’s (CBH) initial credentialing of xxxxxxxx, with administrative offices located xxxxxxxx.

The initial credentialing was conducted as a desk review from xxxxxxx through xxxxxxx and included an electronic review of program business documents, policies and procedures, and personnel documents. A site visit was conducted on xxxxxxxx. Below is a detailed report of our findings.

**Personnel Files**

(summary of findings)

**Business Documents:**

(summary of findings)

**Policies and Procedures:**

(summary of findings)

**Site Visit**

(summary of findings)

The outcome of the credentialing review and recommendations for network inclusion will be presented to the CBH Credentialing Committee on (date of schedule Credentialing Committee review). The Credentialing Committee will make the decision on the credentialing status of your program based upon credentialing staff’s recommendations. Once a decision regarding the credentialing status of (facility or program name), a letter will be sent to you with the outcome.

Thank you again for your cooperation throughout the credentialing process. Should you have any further questions with respect to this process, please contact (name of CBH contact for the credentialing process).

Respectfully,

(CBH Staff Person and Title) cc: Director of Operation
APPENDIX N: Credentialing Committee Summary Template: Initial Credentialing: Facilities
### Initial Credentialing Review Summary:

<table>
<thead>
<tr>
<th>Parent Name and CBH Parent number:</th>
<th>Name of Reviewer and Review Date(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Address:</td>
<td>Date Exit Letter Mailed (if applicable):</td>
</tr>
<tr>
<td>Population Served:</td>
<td>Schedule A Effective Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider /Provider Type</th>
<th>CBH Child #</th>
<th>PROMIS #</th>
<th>Address</th>
<th>Recommended Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Current Provider Agency Status
- System involvement: *Provider history of providing services within the DBHIDS system*
- CBH contracted services: *Current contracted services by service category (i.e. OP MH, Residential Rehab, etc.)*

### Specific Services to be Delivered:
- Program overview: *Brief description of newly credentialed service, including target population, practice model or EBP, etc*
- Specific Levels of Care: *Specific LOCs to be provided, including LOC 1&2 descriptions*

### Program Review:
- Staff file review: *Any significant findings or omissions from staff file review*
- Policy and procedure review: *Findings from policy and procedure review for both required core policies and ancillary policies*
- Site visit: *General impressions from CBH site visit conducted for initial credentialing*

### Miscellaneous
- Other items not addressed above, i.e. pending litigation
### APPENDIX 0: Tracking Spreadsheet for Initial Credentialing: Facilities

<table>
<thead>
<tr>
<th>Provider/Facility Name</th>
<th>Date of Request</th>
<th>Service Type</th>
<th>Provider Type / Specialty Code</th>
<th>License #</th>
<th>License Type</th>
<th>Accreditation Date of CBH Site Visit</th>
<th>Credentialing Committee Approval Date</th>
</tr>
</thead>
</table>

### APPENDIX P: Initial Credentialing Site Visit Checklist: Facilities

Date of Site Visit: ____________________________

CBH Reviewer(s): ____________________________

Parent Facility Name and Address: ____________________________

Facility Contact Person: ____________________________

**Section 1: Facility Site Information**

<table>
<thead>
<tr>
<th>Item</th>
<th>Criteria</th>
<th>Met Y/N</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Facility identified by visible signage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Accessible by public transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>On-Site parking available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Handicapped parking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Wheelchair/Handicapped accessible</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section 2: Waiting/Reception Area**

<table>
<thead>
<tr>
<th>Item</th>
<th>Criteria</th>
<th>Met Y/N</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Office hours and emergency contact information posted in reception area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>State and local licenses posted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>CBH Member Rights information posted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>CBH Compliance Hotline information posted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Notice of Privacy Practices/HIPPA information posted</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Resource information posted
Reception area clean and well-lit w/sufficient space for members
Adequate privacy for member registration

Section 3: Facility/Therapy Room/Medication Management

<table>
<thead>
<tr>
<th>Item</th>
<th>Criteria</th>
<th>Met Y/N</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Clean, identified bathrooms accessible to both staff and members</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Facility is clean, well-maintained and free from hazards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Treatment rooms provide for adequate privacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Adequate office and meeting space for staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Secure area for record storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Secure area for medication storage</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Summary of Findings:

APPENDIX Q: Network Inclusion and Accountability Collaborative (NIAC) Credentialing Process (Recredentialing: Facilities)

- Identify facilities due for NIAC site visit using Tracking Log of previous credentialing status
- Other visits to consider: Performance Improvement Process (PIP) visits, Department of Drug and Alcohol Programs (DDAP) visits, new levels of care (LOC), special or interdepartmental visits
- Collaborate with DBHIDS departments to confirm site visit dates
- Present NIAC site visit findings to the CBH Credentialing Committee
- CBH Chief Operating Officer presents recommended Recredentialing status to CBH Board of Directors
- Recredentialing Letters are sent via certified mail to the facility

NIC Scoring Tool

The NIC scoring tool identifies the possible weighted percent values for each domain in the practice guidelines.

<p>| Final Score Sheet |
|-------------------|-----------------|-----------------|
| Foundations of Excellence in Service Delivery | Score 0/1/2 | Score 0/1/2 (with bonus points) |
| Total Earned Points for Foundations of Excellence in Service Delivery | 0 | 0 |
| Total Possible Points for Foundations of Excellence in Service Delivery | 0 | 0 |
| Unweighted Percent for Foundations of Excellence in Service Delivery | 0% | 0% |</p>
<table>
<thead>
<tr>
<th>Domain 1: Assertive Outreach &amp; Initial Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weighted Percent for Domain One 15% 0% 0%</td>
</tr>
<tr>
<td>Total Earned Points for Domain One 0 0</td>
</tr>
<tr>
<td>Total Possible Points for Domain One 0 0</td>
</tr>
<tr>
<td>Unweighted Percent for Domain One 0% 0%</td>
</tr>
<tr>
<td>Weighted Percent for Domain One 15% 0% 0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 2: Screening, Assessment, Service Planning and Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weighted Percent for Domain Two 30% 0% 0%</td>
</tr>
<tr>
<td>Total Earned Points for Domain Two 0 0</td>
</tr>
<tr>
<td>Total Possible Points for Domain Two 0 0</td>
</tr>
<tr>
<td>Unweighted Percent for Domain Two 0% 0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 3: Continuing Support and Early Re-Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weighted Percent for Domain Three 15% 0% 0%</td>
</tr>
<tr>
<td>Total Earned Points for Domain Three 0 0</td>
</tr>
<tr>
<td>Total Possible Points for Domain Three 0 0</td>
</tr>
<tr>
<td>Unweighted Percent for Domain Three 0% 0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 4: Community Connection and Mobilization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weighted Percent for Domain Four 20% 0% 0%</td>
</tr>
<tr>
<td>Total Earned Points for Domain Four 0 0</td>
</tr>
<tr>
<td>Total Possible Points for Domain Four 0 0</td>
</tr>
<tr>
<td>Unweighted Percent for Domain Four 0% 0%</td>
</tr>
<tr>
<td>Weighted Percent for Domain Four 20% 0% 0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Earned Points for Foundations of Excellence in Service Delivery &amp; Domains 1 - 4</th>
<th>0 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Possible Points for Foundations of Excellence in Service Delivery &amp; Domains 1 - 4</td>
<td>0 0</td>
</tr>
<tr>
<td>Unweighted Percentage of Foundations &amp; Domains One - Four 0% 0%</td>
<td></td>
</tr>
<tr>
<td>Weighted Percentage - Level of Care Score 0% 0%</td>
<td></td>
</tr>
</tbody>
</table>
**Practice Guidelines – Framework**


<table>
<thead>
<tr>
<th>4 DOMAINS</th>
<th>10 CORE VALUES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Assertive outreach and initial engagement</td>
<td>1. Strength-based approaches that promote hope</td>
</tr>
<tr>
<td>2: Screening, assessment, service planning and delivery</td>
<td>2. Community inclusion, partnership and collaboration</td>
</tr>
<tr>
<td>3: Continuing support and early Re-intervention</td>
<td>3. Person and family-directed approaches</td>
</tr>
<tr>
<td>4: Community connection and mobilization</td>
<td>4. Family inclusion and leadership</td>
</tr>
</tbody>
</table>

### 7 GOALS

<table>
<thead>
<tr>
<th>A. Provide integrated services</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Create an atmosphere that promotes strength, recovery and resilience</td>
</tr>
<tr>
<td>C. Develop inclusive, collaborative service teams and processes</td>
</tr>
<tr>
<td>D. Provide services, training and supervision that promote recovery and resilience</td>
</tr>
<tr>
<td>E. Provide individualized services to identify and address barriers to wellness</td>
</tr>
<tr>
<td>F. Achieve successful outcomes through empirically informed approaches</td>
</tr>
<tr>
<td>G. Promote recovery and resilience through evaluation and quality improvement</td>
</tr>
</tbody>
</table>

In each domain, all of the goals for the delivery of effective care are pursued through strategies. Each of these strategies reflects one or more of the ten core values that drive this work:

1. Strength-based approaches that promote hope
2. Community inclusion, partnership and collaboration
3. Person and family-directed approaches
4. Family inclusion and leadership
5. Peer culture, support and leadership
6. Person-first (culturally competent) approaches
7. Trauma-informed approaches
8. Holistic approaches toward care
9. Care for the needs and safety of children and adolescents
10. Partnership and transparency
ATTACHMENT R: Provider Preparations for the Network Improvement & Accountability Collaborative Site Review (Recredentialing: Facilities)

The following activities will be completed during the site review:

- **Entrance Conference**
- **Executive Level Interview** (detailed below)
- **Living Review**: This activity employs a “360” degree review of a person’s involvement with a provider, which allows for a full exploration of the personal experience of the relational, recovery and resilience aspects of care. Interviews with the person receiving services, their primary staff person and the primary staff person’s supervisor, as well as a review of the person’s clinical chart will take place.
- **Facility Tour** (preferably led by an individual receiving services)
- **Planned Observations**
- **Peer Discussion Group** (this may be completed in a group or individual format)
  - Peer Discussion Groups are held with individuals age 18 and older
  - Adolescent Focus Groups are held with individuals age 14-17
  - Family Inclusion Focus groups are held with parents and caregivers of children under 14
- **Staff Focus Group** (this may be completed in a group or individual format)
- **Clinical Record Review**
- **Staff File Review**
  - Review of Supervision Notes and Logs
  - Review of Training Materials
  - Review of Performance Evaluations
- **Exit Conference**: This is a brief discussion of findings from the site review

**Tracking Log**: This is an example of the tracking log used for recredentialing of facilities.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Date</th>
<th>Date Approved</th>
<th>Date for Next Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>DDAP Only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health System Recredentialing visit+DDAP Review</td>
<td>January 6-10, 2017</td>
<td>March 2017</td>
<td>January 1, 2018</td>
</tr>
<tr>
<td>Community Provider Re-credentialing visit</td>
<td>January 11-12, 2017</td>
<td>March 2017</td>
<td>June 1, 2017</td>
</tr>
<tr>
<td>Residential Program Provider</td>
<td>January 16, 2017</td>
<td>March 2017</td>
<td>January 1, 2020</td>
</tr>
<tr>
<td>DDAP Only</td>
<td>January 16, 2017</td>
<td>March 2017</td>
<td>N/A-DDAP only</td>
</tr>
</tbody>
</table>

50
APPENDIX S: Policies and Procedures for Initial and Recredentialing: Facilities

The following policies are required by CBH for all parent organizations and facilities at the time of initial credentialing. Additionally, these policies must be maintained and provided to CBH upon request during recredentialing and oversight and monitoring processes. Some policies may not apply depending on type of services provided (e.g. Medication Management Policy will not apply to providers who do not deliver medication services). These policy requirements are in addition to all policies required by licensing entity.

1. Employee Screening and Sanction Policy
2. Incident Management Policy
3. On-call/Emergency Protocol Policy
4. Comprehensive Medication Management Policy:
   a. Use of Psychotropic Medications in Children and Adolescents (FDA-approved and Off-Label)
   b. Use of Antipsychotic Medications in Children and Youth
   c. Screening for and Treatment of the Components of Metabolic Syndrome
   d. Policy on the Full Range of Treatment Services Provided by Methadone Treatment Centers
   e. Policy Related to On-site Maintenance, Administration and Prescription of Naloxone
   f. Prescribing of Benzodiazepines policy
5. Staff Development Policy (applies to full-time/ benefit-eligible employees only)
   a. Clinical Supervision
   b. Performance Evaluation
6. Quality Assurance Policy:
   a. Feedback from Participants, Families, Allies and Program Alumni Policy
   b. Measuring the Effectiveness of Services Policy
7. Completion of High Risk Behavioral Assessments Policy
8. Peer and Family Inclusion Policy
9. Preventative and Diagnostic Healthcare Policy
10. SCA Monitoring Policy:
    a. Confidentiality Policy
    b. Sexual Harassment Policy
    c. Policy Regarding the Review of Interim Services
    d. Policy on Priority Populations
    e. Single County Authority (SCA) Grievance and Appeal Procedures Policy
    f. Policy on Treating Injection Drug Users (IDU)
11. Smoking/Tobacco Use Policy
12. Evidence-based Treatment Linkage Policy

1. Employee Screening and Sanctions Policy

**Required Levels of Care:** All Levels of Care

**Description:** The provider will establish a policy describing the mechanism for reporting criminal convictions, reports of child abuse and/or license/certification suspension/revocation to the provider, pre-employment and throughout the term of hire. Areas to be identified include: criminal history, child abuse clearance, and employee sanctions.

**Minimum Elements of the Policy:**

- The policy includes language that discusses the duty of staff members to report sanctions (e.g., criminal arrests, convictions, license suspensions/revocations, child abuse reports) taken against them to the provider agency or affiliate.

- The policy includes language that discusses the duty of all staff members to inform the provider about criminal convictions, child abuse reports, and license suspensions and/or revocations at the time of hire as well as throughout the entire duration of employment.

- The policy includes language that addresses the process the provider will use to inform staff members when information received during credentialing contradicts with information provided by the employee.

- The policy includes language including mandates that staff members will be given an opportunity to explain or correct misinformation in the file, subject to clearly delineated sanctions explained in the provider policy and addresses in great specificity the procedure the staff member will use to respond to the conflicting information.

- The policy includes language that discusses the provider’s disciplinary action(s) for an employee’s failure to report the aforementioned events.
2. Incident Management Policy

**Required Levels of Care:** All Levels of Care

**Description:** The provider will have a policy that addresses the provider’s efforts towards identification, reporting, management, and investigation of all reportable significant incidents involving a Community Behavioral Health (CBH) member.

*Please refer to CBH Bulletin 18:13*

**Minimum Elements of the Policy:**

- The policy includes language defining an unusual or significant incident
- The policy includes language indicating that this policy is applicable whenever a provider reports a significant incident involving an adult or child member of mental health and drug and alcohol services, whether they are: CBH members receiving in-plan services, or County-funded individuals receiving supplemental funding through the Office of Mental Health, or the Coordinating Office of Drug and Alcohol Programs, including those served by the Behavioral Health Special Initiative (BHSI).
- The policy details the provider’s reporting process; see CBH Bulletin for requirements for reporting on the following:
  - Death
  - Where to fax reportable incidents
  - An internal investigation process
  - Process for reporting incidents involving alleged physical abuse, sexual abuse, and/or neglect of children
  - Process for reporting incidents involving alleged physical abuse, sexual abuse, and/or neglect of an adult 18 years and older, who has a physical or mental impairment
  - A missing person who may be at-risk
- The policy includes a list of where to send Significant Incident Reports.
3. On-Call/Emergency Procedures

Required Levels of Care: Outpatient Level of Care

Description: The provider will have an on-call emergency protocol that addresses the member’s ability to access the agency/independent practitioner during non-business hours (outpatient services only) [Legal Reference: 55 Pa Code §5221.23(a)].

Minimum Elements of the Policy:
- The policy includes language that discusses the member’s ability to access the treatment provider during non-business hours (e.g., text, answering system).
- The policy includes language that discusses how the member is informed about the provider’s on-call emergency procedure. Note: This should be a part of the member’s initial orientation to the program.
- The policy includes language that identifies the names of providers/agencies utilized for emergency services. Addresses and phone numbers should be included within the policy.

4. Comprehensive Medication Management Policy

Required Levels of Care: All Levels of Care as applicable

Description: The provider will establish a Comprehensive Medication Management Policy, incorporating the following:

- Use of Psychotropic Medications in Children and Adolescents (FDA approved and Off-Label)
- Use of Antipsychotic Medications in Children and Youth
- Screening for and Treatment of the Components of Metabolic Syndrome
- Full Range of Treatment Services Provided by Methadone Treatment Centers
- On-site Maintenance, Administration and Prescription of Naloxone
- Prescribing of Benzodiazepines

Minimum Elements of the Use of Psychotropic Medications in Children and Adolescents (FDA approved and Off-Label) Policy:

- The rationale for an initial prescription of medication, including the condition or targeted symptoms; along with the proposed strategy for tapering and or discontinuing the prescribed medication, when appropriate should be clearly documented.
- The policy includes details regarding informed consent, use of off-label medications, and the use of educational materials for parents about the risks and benefits of all of the major medications.
Please reference the DBHIDS Provider Bulletin #10-03. Please Note: this policy is required only for those providers who serve children and adolescents (0-21)

**Minimum Elements of the Use of Antipsychotic Medications in Children and Youth Policy:**

- The policy details a new requirement for an annual psychiatric evaluation for every child and youth (0-21) on an antipsychotic medication

- The policy requires that careful monitoring of side effects, and appropriate documentation of dose titrations and rationale to be included in medical records, along with documentation of members’ response (or lack thereof) to treatment and consequently indicated actions.

- The policy reiterates best practices, that psychotropic medications should not be used other than as part of a multimodal treatment that includes effective behavioral therapy; as such documentation of concurrent non-medication treatment should be clearly documented.

- Please reference the DBHIDS Provider Bulletin #18-12, clinical guideline #4. Please Note: this policy is required only for those providers who serve children and adolescents (0-21).

**Minimum Elements of the Screening for and Treatment of the Components of Metabolic Syndrome Policy:**

- The policy is required for all providers who prescribe medications.

- The policy addresses all required elements and medication management progress notes reflecting the practice of this policy.

- Please reference the DBHIDS Provider Bulletin #07-07 for further guidance and specifications.

**Minimum Elements of the Full Range of Treatment Services Provided by Methadone Treatment Centers Policy:**

- The policy indicates methadone treatment centers provide, or be able to refer to, a full range of services including vocational, educational, legal and health; Note: this does not apply to Suboxone.

- The policy language includes that treatment centers will comply with all state and federal licensing regulations.
The policy includes language about how the agency offers an integrated and holistic treatment approach that provides psychosocial treatment, in addition to the provision of methadone, and that adequately screens for and treats co-occurring psychiatric conditions.

Minimum Elements of the On-site Maintenance, Administration and Prescription of Naloxone Policy:

- The policy is in place at all behavioral health provider agencies regarding the administration of Naloxone.
- The policy includes language ensuring that there is staff equipped (via training) to identify persons in need of and to promptly administer Naloxone as indicated.
- Additionally, such policies and procedures ensure the acquisition, storage, monitoring, administration, and safe disposal of used and expired Naloxone. Please reference the DBHIDS Provider Bulletin #16-04 for further guidance.

Minimum Elements of the Prescribing of Benzodiazepines Policy:

- The policy is required for all providers who prescribe medications. Please reference Appendices for the Network Inclusion Criteria (NIC) for guidance and further specifications.

5. Staff Development

Required Levels of Care: All Levels of Care

Description: The provider will establish a staff development policy to apply to full-time, benefit-eligible employees that incorporates the following:

- Clinical Supervision Policy
- Performance Evaluation Policy

Minimum Elements of the Clinical Supervision Policy:

- The policy indicates all clinical and direct care staff members receive recovery/resilience-oriented supervision.
- The policy describes how supervision is focused on improving outcomes for people receiving services, as well as addressing staff strengths and challenges.
- The policy must also describe how supervision sessions support the individualized learning plan for each staff member. Please reference Appendices for the Network Inclusion Criteria (NIC) within this document for further specifications around supervision.
Minimum Elements of the Performance Evaluation Policy:

- The policy indicates the requirement of performance evaluations occurring for all staff.
- The policy indicates that after the staff person's probationary period ends, performance evaluations are conducted on an annual basis, at a minimum.
- Further, the policy provides language about the areas for staff improvement that are identified as part of the performance evaluation and that are linked to the individual's ongoing learning plan or yearly goals.

6. Quality Assurance

Required Levels of Care: All Levels of Care

Description: The provider will establish a quality assurance policy that incorporates the following:

- Feedback from Participants, Families, Allies and Program Alumni
- Measuring the Effectiveness of Services Policy

Minimum Elements of the Feedback from Participants, Families, Allies and Program Alumni Policy:

- A policy must be in place to ensure that there is ongoing feedback from participants (to include children, youth and adults), families, allies and program alumni.
- The feedback obtained should be both quantitative and qualitative feedback.
- The policy must include language about the findings from the data collection and feedback from a sampling of participants, families, allies and program alumni that are analyzed on a quarterly basis.

Minimum Elements of the Effectives of Services Policy:

- A policy must be in place that indicates that agencies measure the effectiveness of the services provided.
- This policy must include language about how disparities concerning access, engagement, service quality, and outcomes are routinely assessed and monitored.

7. Completion of High Risk Assessment Policy

Required Levels of Care: All Levels of Care
**Description:** The provider will have a policy that addresses the need for high risk behavioral assessments to be completed, including the screening for suicidality, homicidality, and any bio-medical/physical concerns which may require a medical evaluation and assessment of withdrawal-symptom severity.

**Minimum Elements of the High Risk Assessment Policy:**

- The policy includes language that indicates the screening for suicidality and should include the history of prior attempts, assessment of potential lethality of these attempts, needed medical interventions as a result of the attempts, confirmation of self-reports from ancillary sources, current plan, means to carry out the plan and potential lethality of the current plan.

- The policy indicates that the agency has measures in place for high risk screens, to include possible referrals for an emergent evaluation.

- The policy includes language about incident reporting, which occurs at the state and CBH level if a suicidal/homicidal attempt is made.

- All providers offering substance use services funded through DDAP has the specified emergent care questions as identified in the DDAP Treatment Manual, Section 9.01.

**8. Peer and Family Inclusion**

**Required Levels of Care:** All Levels of Care

**Description:** The provider will establish a Peer and Family Inclusion policy that incorporates the following: indicates how peer support and a more vibrant peer culture will contribute to the overall culture of the program. Questions that should be taken into consideration when developing the policy includes the following:

- How is the power of peer culture/peer support being recognized?
- Define roles of Peer Support Staff vs. Peer Volunteers?
- What are the supervision and training requirements of Peer Support Staff and Peer Volunteers?
- What opportunities are created for peers to support each other?
- What opportunities do peers have to engage in active leadership roles at all levels of the program?
- What collaborations or relationships have been established in the community to link individuals to other behavioral health agencies or recovery support groups?

**Minimum Elements of the Peer and Family Inclusion Policy:**

- The policy clearly indicates the purpose of peer culture within the framework of the services
The policy specifies the provider’s stance in relation to ensuring peers participate in the planning, developing, delivering and evaluating program content and outcomes. Consider the role and functions of peer support staff and peer volunteers, as well as how their role enhances the program.

The policy defines who is responsible for implementation of the various aspects of the policy and procedures stipulated.

The policy offers step by step detail regarding how they will promote and enhance peer support and culture throughout the agency. Some examples to consider includes;

- Detail regarding how to create an engaging and welcome environment for individuals in the program.
- Detailing the process on how to orient individuals on program structure and expectations for a successful experience?
- Detailing how the agency ensures individuals have input on deciding group topics and other therapeutic supports?
- Detailing how the agency is ensuring that peers take the lead in recovery/resilience planning as well as continuing support planning.
- Detailing a plan to foster successful integrations of peer support staff into the agency.
- Detailing the role of alumni, e.g. are they serving as mentors?

Providers should also reference the DBHIDS Peer Support Toolkit as a guide to ensure full implementation of Peer Support practices throughout the agency. The toolkit link is as follows: http://dbhids.org/wp-content/uploads/1970/01/PCCI_Peer-Support-Toolkit.pdf

9. Preventative and Diagnostic Healthcare Policy

Required Levels of Care: All Levels of Care

Description: The provider will establish a Preventative and Diagnostic Healthcare Policy indicating that holistic care and ensuring continuity of services is provided

Minimum Elements of the Preventative and Diagnostic Healthcare Policy:

- The policy indicates how agencies assist participants in accessing critical preventative and diagnostic healthcare services through referrals or coordination with community healthcare supports
The policy indicates how education about behavioral health diagnoses, treatment, and trends as well as education on physical/public health challenges including chronic diseases and community illness trends are provided to participants.

The policy incorporates how outcomes of the education of, referrals to, and coordination with physical health providers are tracked.

10. Single County Authority (SCA) Monitoring Policy

Required Levels of Care: All Department of Drug and Alcohol Programs (DDAP) funded programs

Description: The provider will establish a SCA Monitoring Policy, incorporating the following:

- Confidentiality Policy
- Sexual Harassment Policy
- Policy Regarding the Review of Interim Services
- Policy on Priority Populations
- SCA Grievance and Appeal Procedures Policy
- Policy on Treating Injection Drug Users (IDU)

Minimum Elements of the Confidentiality Policy:

The policy addresses the following areas:

- Releases of individual-identifying information
- Storage and security of clinical records
- Computer security of clinical records
- Staff access to records
- Confidentiality training for all applicable staff
- Disciplinary protocols for staff violating confidentiality regulations
- Revocation of consent
- Notification that re-disclosure is prohibited without proper consent

Minimum Elements of the Sexual Harassment Policy:

The policy is required for all DDAP funded programs as noted in the DDAP Operations Manual

- The policy includes language ensuring that employees are aware of the policy
- The policy includes language ensuring that sexual harassment will not be tolerated, and that employees who violate the policy will be disciplined
Minimum Elements of the Review of Interim Services Policy:

This policy must be in place for all DDAP funded providers who serve both pregnant women and Injection Drug Users (IDU).

- The policy clearly details the procedures for ensuring the provision of interim services for the identified individuals if they are not able to be admitted within 14 days after the completion of the level of care assessment.
- The policy includes language that interim services are provided and arranged for within 48 hours of the level of care assessment.

Minimum Elements of the Priority Populations Policy:

- The policy specifies the provider’s priority populations; which should be indicated in the following order:
  1. Pregnant Injection Drug Users;
  2. Pregnant Substance Users;
  3. Injection Drug Users;
  4. Overdose Survivors;
  5. Veterans
- The policy includes language stating that all individuals identified as part of the priority population are offered admission to the recommended level of care immediately.

Minimum Elements of the SCA Grievance and Appeal Procedures Policy:

- The policy is in place for all DDAP funded providers as it relates to the SCA.

Minimum Elements of the Treating Injection Drug Users (IDU) Policy:

- The policy ensures the SCA is notified within 7 days upon reaching 90% capacity for admission of individuals who are identified as IDU.

11. Tobacco/Smoke Free Policy

Required Levels of Care: This policy is required for all Acute Inpatient level of care providers and those providers offering substance use services funded through the Pennsylvania Department of Drug and Alcohol Programs (DDAP); it is recommended as a best practice for all other levels of care.

Description: The provider will establish a Tobacco/Smoke Free policy.
Minimum Elements of the Feedback from Participants, Families, Allies and Program Alumni Policy:

☐ The policy includes language stating that the use of tobacco products is prohibited on campus including not only individuals receiving services but also staff members, visitors, contractors, etc.

☐ The policy addresses procedures for staff training, tobacco treatment for individuals receiving services and staff, as well as how they plan to ensure adherence to the policy.

☐ The policy details a description of the plan to communicate the policy to individuals receiving services, staff, visitors, contractors, etc.

12. Evidence-Based Treatment Linkage Policy

Required Levels of Care:

✓ All licensed drug and alcohol providers
✓ Crisis Response Centers (CRCs)

Minimum Elements of the Policy:

APPLICABLE TO: CRCs AND DRUG AND ALCOHOL TREATMENT PROVIDERS

☐ How programs discuss medication-assisted treatment (MAT) options (to include buprenorphine, methadone, and naltrexone ER) with members for the treatment of opioid use disorder (OUD)

☐ That the provider documents informed consent discussions with the members, to include the risks, benefits, and alternatives of evidence-based treatments, to include MAT

☐ How members have access to and are quickly linked with evidence-based treatments, particularly medication-assisted treatment (MAT)

☐ The process for tracking and aggregating the number of individuals with OUD who are receiving MAT; this should clearly be defined in the procedure of the policy, to include the platform for tracking this information, the person (title) responsible for tracking this information, and that this data will be submitted to CBH on a quarterly basis

APPLICABLE TO: OUTPATIENT DRUG AND ALCOHOL TREATMENT PROVIDERS

☐ Plan to promote access, including enhanced access avenues, including night or weekend hours, or dedicated open access hours
For providers offering methadone or buprenorphine, the process to track and report time from a member’s first appointment (with any staff) to the time of induction

**APPLICABLE TO: RESIDENTIAL DRUG AND ALCOHOL PROVIDERS**

- How admissions are occurring during night and weekend hours
- How admissions occurring across shifts are tracked, and this data is submitted to CBH quarterly

**APPLICABLE TO: CRCs**

- The process and protocols to promote aftercare linkages for members with substance use disorder (SUD) who are not authorized for residential level of care, including “warm handoff” and a plan to track and follow up
- The tracking process for transition activities for members referred to community drug and alcohol providers, with data submitted to CBH quarterly