

<p align="center">COMMUNITY MENTAL HEALTH AUTHORITY</p> <p align="center">CLINTON-EATON-INGHAM</p> <p>SUBJECT: External Provider Network Management - Clinical Credentialing and Privileging</p> <p>SCOPE: All CMH Contractors</p>	POLICY: 1.6.4	REVIEWED	
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	ISSUED BY: Deputy Executive Director		
	APPROVED BY: Deputy Executive Director		
	Effective 11/01/01	Revised 05/02/05	

I. PURPOSE:

To establish methods and procedures for ensuring the competency of External Provider Network staff.

II. POLICY:

It is the policy of CMH that all contractual licensed independent practitioners (LIP) providing direct care as part of the External Provider Network possess the same qualifications as the CMH internal provider network. This shall be accomplished by requiring all LIP contractor's be subject to the requirements for membership in the CMH Professional Staff Organization and that submitting the LIP contractor's application to the PSO for approval.

III. DEFINITIONS:

Competence: An individual's capability to achieve job expectations by demonstrating knowledge, skills and abilities.

Licensed Independent Practitioner (LIP): Any individual permitted by law that has entered into an agreement with CMH as an independent contractor to provide care without direction or supervision, within the scope of the individual's licensure or registration and in accordance with individually granted clinical privileges. Examples of such individuals include physicians, certified social workers and licensed psychologists.

Qualifications: The individual's knowledge, competency, training, experience, education, and applicable licensure, registration, and/or certification in relation to a specific responsibility and/or function.

Credentialing: The process of reviewing an applicant's qualifications to provide professional services based on a pre-set or established criteria.

Privileging: The granting of permission to perform certain professional duties within a defined scope of service.

IV. MONITORING AND REVIEW:

This policy shall be reviewed annually by the Deputy Executive Director. Compliance with this policy will be monitored through internal quality improvement reviews and committees, and external reviews by accrediting organizations.