1. Agenda

   Documents: AGENDA 11.12.13.PDF
2. Credentialing Policy

   Documents: CREDENTIALINGPOLICY.PDF
3. Community Development Block Grant Request

   Documents: CDBGGRANTREQUEST.PDF
4. 2013 Year End Review

   Documents: 2013YEARENDREVIEW.PDF

CITY OF PORTLAND, MAINE
Public Safety, Health and Human Services Department

Public Safety, Health and Human Services

DATE: 11/12/2013
TIME: 6:00 PM
LOCATION: Room 209 / City Hall
389 Congress Street

AGENDA

1. Meeting Called to Order and Minutes from October Meeting Reviewed
2. Healthcare for the Homeless Governance Action; Credentialing Policy
3. Healthcare for the Homeless CDBG Behavioral Health Grant Application
4. 2013 Public Safety / HHS Committee Year-End Review
5. December 2013 Meeting Schedule

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Health and Human Services Department
Douglas S. Gardner, Director

Public Health Division
Julianne A. Sullivan, MPH, MBA, Director

TO: Ed Suslovic, Chair and Members of the Public Safety, Health and Human Services Committee
FROM: Kathi Fortin, Program Manager KF
Portland Health Care for the Homeless Program
DATE: November 8, 2013
SUBJECT: Request for Approval

Because the City Council serves as the interim governing body for the Portland Health Care for the Homeless Program (HCH), I respectfully request approval of the following:

Credentialing and Privileging Policy and Procedure

HCH is required to have a board approved credentialing and privileging policy and procedure in accordance with Health Center Program Requirement Number 3 (Staffing Requirements). HCH has had this policy in place since 2009; however, it has not been reviewed or approved by City Council.

This policy applies to all licensed independent practitioners (like doctors and dentists) and other licensed or certified practitioners (like registered nurses), including full and part time employees, contract employees, consultants, volunteers, and per diem staff. This policy does not apply to non-licensed or non-certified staff such as medical or dental assistants.

Credentialing is the process of assessing and confirming qualifications such as licensure, required education, and relevant training and experience.

Privileging is the process of authorizing the specific scope and content of a licensed or certified practitioner's patient care services. Privileging must be provider specific.

This policy was reviewed and approved at the 11/7/2013 HCH Quality Assurance and Improvement Committee with changes.

Thank you.

Public Health Prevent. Promote. Protect. Portland Public Health Division	Title	**Credentialing and Privileging Policy and Procedure**
	Responsibility	Medical Director
	City Council Approval	
	Council Committee Approval	
	Internal QA/I Approval	11/7/2013
	Review/Revision Dates	5/2010, 6/2010, 10/2013
	Original Effective Date	10/2009
	File Location	Administration

It is the policy of the Portland Health Care for the Homeless Program (HCH) that all licensed and certified health care practitioners shall have appropriate verification of credentials and approval of requested clinical privileges while engaged in professional duties and responsibilities within the HCH scope of service. Credentials requested will include those required to provide services as well as those required for third-party reimbursement. Additionally, HCH shall verify compliance with federal and state fraud and abuse laws including exclusion from participation in Medicare (42 USC 13209-7).

To support compliance, HCH has established a continuous process of credential and privilege review as follows:

1. Application for Appointment to Clinical Staff
2. Application Review
3. Initial Appointment
4. Reappointment to Clinical Staff

Credentialing and privileging of clinical staff is conducted at the time of hire (initial appointment) and every two years (re-appointment) thereafter. All licensed or certified staff must complete the credentialing process by providing all requested documentation prior to seeing patients at HCH. Failure to comply with credentialing and privileging or failure to submit the necessary documentation may result in disciplinary action, up to and including termination.

This policy applies to all licensed independent practitioners and other licensed or certified practitioners, including full and part time employees, contract employees, consultants, volunteers, and per diem staff. This policy does not apply to non-licensed or non-certified staff such as medical or dental assistants.

PROCEDURES

Definitions

1. Competence and Health Fitness relates to the individual's ability to perform the requested clinical privileges. All applicants and current clinicians who request clinical privileges are required to sign a self-declaration of appropriate health status. If an applicant reports that he/she has a physical or mental condition that could affect his/her ability to exercise the clinical privileges requested or that would require and accommodation to practice

safely, and he/she is found to be professionally qualified for the clinical privileges requested, he/she will be given an opportunity to meet with the Medical Director prior to the final decision to determine what accommodations may be necessary or feasible to allow him/her to practice safely.

2. Credentialing is the process of assessing and confirming qualifications such as licensure, required education, relevant training and experience, current competence and health status (as it relates to the practitioner's ability to perform job responsibilities of a licensed or certified health care practitioner).

3. Licensure refers to the official or legal permission to practice in an occupation, as evidenced by documentation issued by the State of Maine in the form of a license or registration.

4. Licensed or certified practitioners are divided into two categories in accordance with laws and administrative rules of the Federally Supported Health Centers Assistance Act of 1992 (42 USC §233(h)92)) and as amended by the FSHC Act of 1995, the Health Resource Service Administration (HRSA) and the Bureau of Primary Health Care (BPHC):

   a) Licensed Independent Practitioners (LIP): physician, nurse practitioner, dentist or any other "individual permitted by law and the organization to provide care and services without direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges".

      At HCH this includes doctors, nurse practitioners (NP), physician assistants (PA), dentists, licensed clinical social worker (LCSW), licensed alcohol and drug counselor (LADC), licensed clinical professional counselor (LCPC) and independent registered dental hygienists (IRDH).

      By Maine statute, individuals who hold PA and LCPC-conditional licenses must work under the supervision of a qualified provider and are not considered to be a licensed independent practitioner. However, HCH chooses to include PA and LCPC-conditional licensure in the LIP category for credentialing and privileging purposes. At such time a person with LCPC-conditional achieves LCPC non-conditional licensure, the person shall request a modification of privileges.

   b) Other Licensed or Certified Practitioners (OLCP): An individual who is licensed, registered, or certified but is not permitted by law to provide patient care services without direction or supervision.

      At HCH, this includes registered nurses (RN) and registered dental hygienists (RDH).

5. Primary Source Verification is the process of verifying a specific credential by obtaining appropriate information from the original source providing the credential. Methods of primary source verification include but are not limited to direct correspondence,

telephone verification, internet verification, and reports from credential verification organizations (CVO).

6. Privileging is the process of authorizing the specific scope and content of a licensed or certified practitioner's patient care services. Privileging must be provider specific.

7. Secondary Source Verification is the process of verifying a credential that is not considered as an acceptable form of primary source verification. Methods of secondary source verification include but are not limited to the original credential, notarized copy of the credential, or a copy of the credential (when the copy is made from an original by approved Public Health Department staff).

8. Re-appointment is the process of evaluation of credentials and performance for currently appointed HCH clinical staff. Re-appointment is for a period of two years.

Roles and Responsibilities

1. The HCH Medical Director is responsible for reviewing the application for appointment, primary and secondary source verification, privileges, requesting further information as appropriate and making recommendations to the City Council (governing body) for clinical staff appointment.

2. The City Council is responsible for appointing clinical staff based on a review of the medical director's recommendation. Documentation of this appointment must be recorded in Council minutes.

3. The Medical Director and Program Manager may authorize temporary appointment in accordance with established procedures. A copy of the notification shall also be forwarded to the Operations Office Manager for inclusion in the credential file.

4. The Public Health Division (PHD) Operations Office Manager, or designee, is responsible for conducting primary and secondary verification as well as collecting documentation for third-party reimbursement credentialing. Documentation with expiration dates shall be entered into a database for tracking as appropriate. The appointment file shall contain current licensure or certification at all times.

5. The Public Health Division (PHD) Operations Office Manager, or designee, is responsible for completing and signing a checklist stating all required documentation has been received and include with the packet to the Medical Director for approval.

6. PHD Operations staff is responsible for maintaining secure, locked files containing all credentialing and privileging documentation. All credentialing and privileging documents for appointment shall be stored separate from routine personnel files. Access to such files will be limited to the Operations Office Manager or designee.

Initial Appointment Process

HCH has established a credentials review and privileging process to assure that all licensed and certified health professionals are eligible for employment and are qualified to fulfill the responsibilities and duties required by the HCH scope of services. This process shall begin after an offer of employment has been made and accepted. The credential and privilege processes must be complete prior to clinicians seeing patients.

1-1 Initial appointment shall be granted for a period of two years which begins from the date the privileges are approved by the City Council. Each clinician must be re-appointed every two years thereafter as appropriate.

1-2 All applicants will be notified in writing when their appointment is approved by City Council. A copy of this notification shall be placed in the credential file.

1-3 Licensed Independent Practitioner Credentialing and Privileging

All licensed independent practitioners (LIP) must complete an appointment to clinical staff application (Attachment 1), a request for privileges application (Attachment 2), sign the Consent and Release form, and provide supporting documentation to be considered for appointment to HCH clinical staff.

The clinician must submit applications and documentation to the PHD Operations Office Manager. When a complete application is received, the PHD Operations Office Manager will perform primary and secondary source verification.

Primary source verification required: current licensure, relevant education and training, current competence and health fitness, relevant experience, and current board certification.

Secondary source verification required: government-issued picture identification, Drug Enforcement Agency (DEA) registration, life support training, as applicable, immunization and PPD status, and results from queries of the National Practitioner Data Bank (NPDB) and the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE).

Credential verification will also include that:

1. No current or previously successful attempts to challenge licensure or certification have occurred;
2. Applicant has never been subjected to involuntary termination of clinical staff membership at another institution; and
3. Applicant has never been subject to involuntary limitation, reduction, or denial of clinical privileges.

Request for Privileges

All LIP shall request clinical privileges regarding the scope of patient care for which they are qualified to provide. Privileges will be based on the individual's qualifications, state

laws and regulations, and on the type of care that can be safely performed in the HCH clinical setting.

The LIP privileging process may involve any combination of the following:

1) Primary source verification of a course of study from a recognized educational institution certifying that the clinician met or passed a level of training required to perform a defined procedure or management protocol;
2) Direct, first hand documentation by a supervising clinician who possesses the privilege of the particular procedure or management protocol;
3) Direct proctoring by a qualified clinician possessing a degree of expertise in the particular procedure or protocol beyond the level of expertise of most primary care providers.

Whatever verification procedures used, it should be appropriate to the specialty of each practitioner and to HCH's approved scope of project.

The Medical Director or designee for the appropriate specialty (behavioral health or dental, etc.) shall review the request for clinical appointment application. If the appointment application is complete and approved, the Medical Director shall make a recommendation for initial appointment to the City Council Public Safety, Health and Human Services Committee. The Chair of the Committee shall make recommendation to the full City Council (governing body) as appropriate.

1-4 Other Licensed or Certified Practitioner Credentialing and Privileging

All other licensed or certified practitioners (OLCP) must complete an appointment to clinical staff application (Attachment 3), a request for privileges application (Attachment 4) and provide supporting documentation to be considered for appointment to HCH clinical staff.

The clinician must submit applications and documentation to the PHD Operations Office Manager. When a complete application is received, the PHD Operations Office Manager will perform primary and secondary source verification.

Primary source verification required: current licensure, registration or certification

Secondary source verification required: government-issued picture identification, verification of relevant education and training, relevant experience, current competence and health fitness, life support training, as applicable, immunization and PPD status, and results from queries of the National Practitioner Data Bank (NPDB) and the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) as appropriate.

Request for Privileges

All OLCP shall request clinical privileges regarding the scope of patient care for which they are qualified to provide. Privileges will be based on the individual's qualifications, state laws and regulations, and on the type of care that can be safely performed in the

HCH clinical setting. Privileging may also include supervisor evaluation of performance during the orientation and probation period that assures that the individual is competent to perform the duties described in the job description.

2. Modification of Privileges

Practitioners may submit a request for modification of clinical privileges at any time. Requests to add or modify privileges must be accompanied by the appropriate documentation that supports the practitioner's assertion of competence (i.e., advanced educational or clinical practice program, clinical practice information from other institution(s), references, etc.) Requests for modification of privileges will be processed in the same manner as initial privileges.

HCH may choose, due to changes in mission and/or clinical techniques over time, to change the scope of clinical privileges it is willing to grant. Issues such as lack of demand to perform operations and/or procedures in sufficient number of frequency to maintain clinical competence in accordance with facility established criteria, or failure to use privileges previously granted, will affect the Medical Director for the granting privileges. These actions will be considered changes and will not be construed as a reduction, restriction, loss or revocation for clinical privileges. Such changes will be discussed between the Medical Director and the affected practitioner.

3. Temporary Appointment Process

In accordance with the Bureau of Primary Health Care Program Information Notice 2002-12, there are two circumstances for which the granting of temporary privileges would be acceptable:

- To fulfill an important patient care need or
- When a complete application is awaiting review and approval by the governing body.

In the first circumstance, temporary privileges may be granted on a case by case basis when there is an important patient care need that mandates an immediate authorization to practice, for a limited period of time, while the full credentials information is verified and approved. Examples would include, but are not limited to:

- A situation where a physician becomes ill or takes a leave of absence and an LIP would need to cover his/her practice until he/she returns (locum tenens); or
- A specific LIP has the necessary skills to provide care to a patient that a currently privileged LIP does not possess.

In these circumstances, temporary privileges may be granted by the HCH Program Manager upon recommendation of the Medical Director and there is verification of current licensure and competence.

In the second circumstance, temporary privileges may be granted when a new applicant for appointment and privileges is waiting for approval by the governing body. Temporary privileges may be granted for a limited period of time, not to exceed 120 days, by the HCH Program Manager upon recommendation of the Medical Director. Temporary appointment shall not be granted until the initial application and primary and secondary verification is complete.

Temporary privileges shall not be routinely used for other administrative purpose such as:

- The LIP fails to provide all information necessary for the processing of his/her reappointment in a timely manner; or
- Failure of the staff to verify performance data and information in a timely manner.

In the above situations, the LIP would be required to cease providing care at HCH until the reappointment process is completed.

4. Re-Appointment Process

Per the HCH Credentialing and Privileging Policy, appointment of clinical staff must be reviewed every two years and be re-granted, denied, or limited. Final recommendations for granting re-appointment shall be made by the governing board based on recommendation from the Medical Director.

The PHD Operations Office Manager is responsible for providing the Medical Director and the HCH Program Manager with a list of clinicians whose appointment will expire in the next 90 days. The PHD Operations Office Manager is also responsible for providing the re-appointment application to clinicians 90 days prior to expiration.

The Medical Director is responsible for reviewing the re-appointment application and making recommendations for re-appointment to the City Council Public Safety, Health and Human Services Committee. The Chair of the Committee shall make recommendation to the full City Council (governing body) as appropriate.

4-1 Licensed Independent Practitioner Re-appointment

The clinician must complete the re-appointment application and submit to the PHD Operations Office Manager. When a complete application is received, the PHD Operations Office Manager will perform primary and secondary source verification.

Primary source verification required: verification of current licensure, board certification and current competence and health fitness.

Secondary source verification required: immunization and PPD status, DEA registration, life support training and the results of new queries of the National Practitioner Data Bank (NPDB) and the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE), as appropriate.

LIP shall complete a new request for privileges. Competence shall be assessed by the results of peer review and chart audits, by completion of required continuing professional education and by supervisory evaluation.

4-2 Other Licensed or Certified Health Practitioner Re-appointment

Primary source verification required: current licensure, registration or certification

Secondary source verification required: immunization and PPD status, current competence and health fitness, current life support training and the results of new queries of the National Practitioner Data Bank (NPDB) and the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE), as appropriate.

Competence shall be assessed by the results of peer review and chart audits, by completion of required continuing professional education and by supervisory evaluation.

5. Appeal of Loss or Restriction of Privileges

Licensed independent providers (LIP) may appeal loss or restriction of privileges by submitting a written appeal to the Medical Director and Program Manager. The provider will be notified of the appeal decision in writing. Following the appeal decision, providers who feel aggrieved and are members of a bargaining unit may seek adjustment through the Grievance Procedures as outlined in the appropriate collective bargaining agreement.

References

1. Policy Information Notice 2002-22 (PIN 2002-22), *Clarification of Bureau of Primary Health Care Credentialing and Privileging Policy outlined in Policy Information Notice 2001-16*, issued July 10, 2002.
2. Policy Information Notice 2001-16 (PIN 2001-16), *Credentialing of Health Center Practitioners*, issued July 17, 2001.
3. National Association of Community Health Centers (2009), *The NACHC Corporate Compliance Toolkit, Volume II Health Center Risk Areas: Clinical Credentialing and Privileging.*
4. US DHHS, Federal Register, Office of Inspector General (2000) *OIG Compliance Program for Individual and Small Group Physician Practices*, Volume 65, No. 194, 10/5/2000pages 59434-59452.

Cross-References

1. City of Portland, False Claims, Fraud, Waste, Abuse, Whistleblower Protection Re: Medicare/MaineCare Programs Policy and Procedure (2008)
2. Portland Health and Human Services Dept., Public Health Division, Credentialing Policy (2007)

Appendix

1. Application for Licensed Independent Practitioner Clinical Staff Appointment
2. Request for Licensed Independent Practitioner Privileges Application
3. Application for Other Licensed or Certified Practitioner Clinical Staff Appointment
4. Request for Other Licensed or Certified Practitioner Privileges Application

Health and Human Services Department
Douglas S. Gardner, Director

Public Health Division
Julianne A. Sullivan, MPH, MBA, Director

TO Ed Suslovic, Chair and Members
Public Safety, Health & Human Services Committee
FROM Kathi Fortin, Program Manager KF
Portland Health Care for the Homeless Program
DATE 11/8/2013
SUBJECT Request for Grant Application Approval

At the Federal site visit in June, we learned that all grant applications must be approved by the Health Care for the Homeless Program (HCH) Board of Directors. Because the City Council serves as the interim governing body, I am submitting a request for approval for the following grant application.

Community Development Block Grant (CDBG)
Application Deadline: 11/19/2013
Budget/Project Period: 7/1/2014-6/30/2015
Current Funding: $92,559 Amount Requested (est): $109,000

Purpose: The purpose of the grant application is to increase safe and livable neighborhoods by providing community-based crisis and recovery support services for adults experiencing homelessness in Portland.

CDBG funding will allow HCH, through its Behavioral Health Program (BH), to continue to provide integrated mental health and substance abuse treatment services. HCH offers a wide array of BH services which includes same day appointments that help to resolve immediate issues and prevention of crisis, outreach, individual and group therapy and medication assisted treatment services. BH staff provides services at HCH as well as on the street and in shelters and treatment programs that serve individuals who are homeless. Substance abuse treatment services are required by the federal 330(h) grant; however, the grant does not cover the full cost of the program.

Public Safety/ HHS Committee
2013 Year End Review

1. **Chapter 17, Smoking in Parks, Athletic Facilities and Public Spaces Amendments.**
    - Moved to full Council

*Passage by full Council 7-0 on Feb 4th

2. **Street Artists Regulation Amendments City Code Section 19-23.**
    - Motion to recommend the establishment of a register. 3-1 Passed.
    - Motion that Committee recommend maintaining a 4' clearance on all sidewalks. Motion withdrawn.
    - Motion that street artists not perform in any way to impede safety. 4-0 Passed.

*Passage by full Council 5-2 on May 20th (Marshall recused himself)

3. **Farmer's Market Rules and Regulations.**
    - Motion to approve for full Council. 4-0 Passed.

*Passage by full Council 8-0 on April 22nd

4. **Proposed Change of Farmer's Market Hours in Deering Oaks Park.**
    - Motion to recommend the change in time to extend to 1:00 PM on Saturdays. All in favor passed to full Council.

*Passage by full Council 8-0 April 22nd meeting.

5. **Amendments to Chapter 25 of Portland City Code; Prohibition Against Standing in Median.**
    - Motion to move to full City Council. 4-0 Passed.

*Passage by full Council 6-0 July 15th meeting.

6. **Healthcare for the Homeless Governance Action.**
    - Motion to move to full City Council. 4-0 Passed.

*Passed by Council 9-0 June 12th meeting accepting the role as Board of the Healthcare for the Homeless .

7. **Food Truck Ordinance Amendments.**
    - Motion to recommend to full Council. Passed 4-0.

*Back to Public Safety Committee on Sept 10th with Passage by full Council 8-0 October 7th meeting.

8. **Residential Sprinkler Requirement.**
    - Motion to recommend to full Council. Passed 4-0

*Passage by full Council 8-0 at October 7th meeting.

9. **Traffic and Motor Vehicles, Section 84; Violations.**
    - A Motion for passage to full Council. Passed 4-0

*Passage at November 4th meeting.

10. **Proposed Amendment to City Code Chapter 17; Buffer Zone Establishment.**
    - A Motion for passage to full Council. Passed 4-0

*Council First Reading was 10/21 .