

**Charleston/Dorchester Community  
Mental Health Center**

**CREDENTIALING/PRIVILEGING POLICY**

**Policy:**

The Center, in accordance with DMH and DHHS Standards, will implement and maintain a system of procedures and guidelines for the credentialing/privileging of all clinical staff at the Center.

**Persons Responsible:**

Chief of Staff, Quality Improvement/Corporate Compliance Director, Human Resources Director, Credentialing Committee, and clinical supervisory staff.

**Procedure:**

1. When a clinician is hired the following credentials will be verified by the Human Resources Department:

- licenses and certifications are state and/or nationally recognized and active
- diplomas and degrees are from colleges & universities accredited by the regional accrediting associations only; college major is appropriate for intended position
- curriculum vitae/ resume- verification of employment, especially years of mental health experience

2. New employee, intern and volunteer applicants are checked against the SLED registry and the Office of Inspector General's Sanction List by Human Resources, Columbia. If an employee, intern or volunteer is to going to work with children alone, then an additional DSS National registry check is done.

If applicant has a license then this is verified with the appropriate licensing board. All the of these checks are done by the Human Resources Department except for the Psychiatrist Licensing Board which is checked by the Medical Director.

3. Both a Credentials File and Personnel File are maintained for each employee of CDCMHC by Human Resources Dept. that contains the following:

- official copies of diplomas, degrees
- official copies of high school, college transcripts
- copies of licenses and certifications, and renewals
- additional listing of continuing education
- curriculum vitae/resume
- "CDCMHC Privilege Review and Concurrence". This form is completed by the Clinical Supervisor, for each employee hired, noting the specific treatment services the employee may render. Human Resources complete their sections and sends to the Quality Improvement Director and Chief of Staff for their signatures.

4. Ideally, all signatures are obtained before service delivery. The completed form goes to the Credentialing Coordinator with copy in HR Personnel file.

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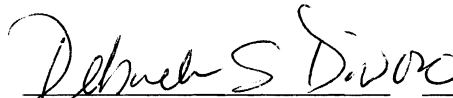
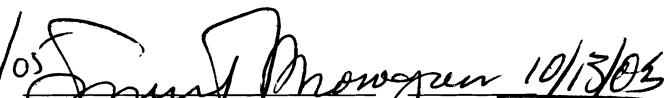
5. Conflict of Interest forms are distributed by HR Dept. at Orientation, and the completed forms are kept in the individual's credential file in Human Resources.

6. A signature list is maintained by the HR Department and is update annually.

7. The Credentialing Committee will meet as needed but at least annually. Each committee member is assigned a quarter of the fiscal year to randomly select and review Credential Files for accuracy and completion. Completed audits are sent to the Credentialing Committee Chair.

Changes in credentialing standards, procedural changes as mandated by state or federal laws, or internal policies, will be brought to the Committee for discussion and implementation, as needed. All employees will be notified of changes via memorandum and/or training.

8. The Committee will consist of: QI/CC Director, HR Director and two Clinical Supervisors.

 _____ Deborah S. DiNovo Executive Director	Date	10/13/05		 _____ Susan T. Monogan Quality Improvement/ Corporate Compliance Director	Date	10/13/05
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