

**Credentialing and Privileging Policy****I. PURPOSE**

To provide approval authority for credentialing and privileging for licensed independent practitioners (LIPs), other licensed or certified practitioners (OLCPs), and other clinical staff (OCS) working for Contra Costa Health Services Department.

**II. REFERENCES**

Health Resource and Services Administration Compliance Manual Chapter 5; Sections c & d

**III. POLICY**

To ensure appropriate credentialing and privileging for providers working in Contra Costa Health Services. Policy meets the HRSA requirement for Staffing, which ensures that staff meet the requirements set forth to provide primary, preventative and enabling health services to patient population.

**IV. AUTHORITY/RESPONSIBILITY**

Department Heads are required to ensure proper procedures are completed prior to independent provision of services.

**V. PROCEDURE**

Hiring Managers in all CCHS departments are responsible for verifying licensure, certifications and registration for staff members who are licensed, registered, or certified. Verifications shall be stored in hiring manager's employee file with the exception of LIPs whose records will be held by the Medical Staff Office. All employee files will include copy of licenses, certifications and registrations (as applicable), government issued identification, supervisory performance reviews, immunization record, fitness for duty verification and communicable disease status.

**INITIAL DOCUMENTATION AT THE TIME OF HIRE**

It is the Department's policy to check references and verify licensure and require a LiveScan Fingerprint be performed as a condition of employment of any type (permanent, temporary, etc.). (See Policy 216PM). All staff are required to submit proof of current valid BLS certification at the time of hire or attain BLS certification within 6 months of employment.

Licensed Independent Practitioners (LIP-MD, NP, DDS & LCSW):

- Primary source verification of license, registration and/or certifications (NPDB)<sup>1</sup>
- Primary source verification of education, training and competencies<sup>1</sup>
- Primary source verification of competencies with approval authority per Medical Staff Office (see Medical Staff By-Laws)<sup>1</sup>
- Secondary source verification of Drug Enforcement Administration (DEA) registration<sup>1</sup>

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<sup>1</sup> Documentation for LIPs verified and held by the Medical Staff Office

- Verification of health fitness as provided by the Occupational Health physical assessment upon employment also to include PPD Test Status<sup>1</sup>

Other Licensed or Certified Practitioners (OLCP-RN, RDA, MFT):

- Primary source verification of license, registration and/or certifications (BRN)<sup>2</sup>
- Primary or secondary source verification of education and training.<sup>2</sup>
- Verification of health fitness as provided by the Occupational Health physical assessment upon employment also to include PPD Test Status<sup>2</sup>

Other Clinic Staff (OCS-CHW, Clerks/MCO):

- Primary or secondary source verification of education and training.<sup>2</sup>
- Verification of health fitness as provided by the Occupational Health physical assessment upon employment also to include PPD Test Status<sup>2</sup>

DOCUMENTATION REVIEWED ON A RECURRING BASIS

Licensed Independent Practitioners (LIP-MD, NP, DDS & LCSW):

- Primary source verification of license, registration and/or certifications and education, training and competencies (NPDB) reviewed every 2 years<sup>1</sup>
- Secondary source verification of Drug Enforcement Administration (DEA) registration reviewed every 2 years<sup>1</sup>
- Primary source verification of competencies with approval authority per Medical Staff Office (see Medical Staff By-Laws) reviewed every 2 years<sup>1</sup>
- BLS Certification reviewed every 2 years<sup>2</sup>
- Annual Performance Evaluation<sup>2</sup>
- Annual Tuberculosis testing (PPD) (see Policy IC406)<sup>2</sup>
- Annual fitness for duty verification<sup>2</sup>
- Annual completion of Influenza Vaccine Permit and Declination Form<sup>2</sup>
- Appeal Process Required to discontinue appointment or deny clinical privileges<sup>1</sup>

Other Licensed or Certified Practitioners (OLCP-RN, MFT):

- Primary source verification of license, registration and/or certifications reviewed every 2 years (BRN)<sup>2</sup>
- Secondary source verification of education and training reviewed every 2 years<sup>2</sup>
- BLS Certification reviewed every 2 years<sup>2</sup>
- Annual Performance Evaluation<sup>2</sup>
- Annual fitness for duty verification<sup>2</sup>
- Annual Tuberculosis testing (PPD) (see Policy IC406)<sup>2</sup>
- Annual completion of Influenza Vaccine Permit and Declination Form<sup>2</sup>

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<sup>2</sup> Documentation for OLCPs and OLCs verified and held by the Hiring Office

Other Clinic Staff (OCS-CHW, Clerks):

- Annual Performance Evaluation<sup>2</sup>
- BLS Certification reviewed every 2 years<sup>2</sup>
- Annual fitness for duty verification<sup>2</sup>
- Annual Tuberculosis testing (PPD) (see Policy IC406)<sup>2</sup>
- Annual completion of Influenza Vaccine Permit and Declination Form<sup>2</sup>

**DENIAL, MODIFICATION, OR TERMINATION OF PRIVILEGES**

- The supervisor, Program Director or other qualified practitioner who evaluates the clinical staff member's competency or fitness for duty may deny or modify clinical privileges based on their assessments.
- In cases where the clinical staff members do not meet the fitness for duty standards, follow up actions will include; coaching, referrals to County' medical leave to assess for FMLA, leave of absence, assessment of medical accommodation, provided supportive resources including our Employee Assistance Program, as well as considering reassignment of duties.

**VI. ATTACHMENTS(S)/FORMS USED**

Medical Staff By-laws 2015  
Contra Costa Health Services POLICY IC406  
Contra Costa Health Services Policy 216PM

**VII. APPROVED BY**

Governing Board 8/17/2022

**VIII. REVIEWED/REVISED**

Governing Board 8/17/2022