# Credentialing and Licensure Verification Policy

Effective Date: 08/15/2025

Approved By: Director of Medical and Clinical Services

Review Schedule: Annually or as Needed

Applies To: Integrated Primary Care/Behavioral Health, Day Treatment, PHP, Community Integration

## Purpose

To ensure that all professional and clinical personnel employed or contracted by REACH for Tomorrow are appropriately qualified, licensed, and credentialed to provide services consistent with their scope of practice and regulatory requirements. This policy establishes the procedures for verifying, documenting, and maintaining current credentials in compliance with CARF 2025 standards, OhioMHAS, and relevant professional licensing boards.

## I. Policy Statement

REACH for Tomorrow requires that all individuals providing clinical, medical, or supportive services possess current, valid, and verifiable licensure, certification, or credentials as applicable to their role. Credentialing verification will be completed prior to hire or contract initiation, at renewal, and at least annually thereafter.

## II. Scope

This policy applies to all employees, contractors, volunteers, students, and consultants who provide services under REACH for Tomorrow, including medical, clinical, administrative, and support staff.

## III. Responsibilities

| Role | Responsibility |
|---|---|
| Executive Director | Approves credentialing policies and ensures organizational compliance. |
| Director of Medical and Clinical Services | Reviews credentials for medical, clinical, and supervisory staff; ensures compliance with CARF and licensure boards. |

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| HR / Compliance Officer | Performs and documents primary-source verification of all credentials; maintains personnel credential files. |
| Supervisors / Program Directors | Verify that all staff under their supervision maintain current, active credentials. |
| All Staff | Responsible for renewing their credentials on time and submitting updated copies to HR. |

## IV. Credentialing Requirements

1. Primary-Source Verification will be completed before the individual provides services. Accepted sources include:
   - Ohio eLicense portal (license status and disciplinary history)
   - National Provider Identifier (NPI) registry
   - SAM/OIG exclusion database
   - Educational transcripts or degree verification
   - Certification boards (ANCC, NBCC, NAADAC, etc.)
2. Credential File Contents:
   - Application and résumé
   - Government-issued photo ID
   - Current licensure or certification copy
   - Primary-source verification printout
   - DEA registration (if applicable)
   - Professional liability insurance certificate
   - Training records and competency checklists
   - Supervision or collaborative agreements (as applicable)
3. Renewal Verification:
   - Completed within 30 days of credential expiration.
   - HR will send reminders 60 days prior to expiration.
   - Failure to maintain current credentials may result in suspension of duties.

## V. Privileging

All prescribers, nurses, and clinical staff are granted privileges consistent with their demonstrated competency, scope of licensure, and organizational need. Privileges are reviewed and renewed annually or when there is a significant change in the staff member's status, credentials, or scope of work.

## VI. Monitoring and Documentation

- The Credentialing Matrix maintained by HR will track:
  - License/certification type
  - Issue and expiration dates
  - Renewal reminders and verification dates
  - Primary-source documentation links
- HR performs quarterly audits of credential files.
- Findings are reported to the Quality Improvement (QI) Committee for review.

## VII. Corrective Action

If an employee's credential or license lapses, the following steps will be taken:

1. Immediate suspension from duties requiring that credential.
2. Written notice issued to employee and supervisor.
3. A corrective-action plan may be established for reinstatement.
4. Failure to renew within defined timeframes may result in termination or contract revocation.

## VIII. Confidentiality and Record Retention

Credentialing records are confidential HR documents maintained in secure, access-controlled files. Records will be retained for at least seven (7) years following separation or contract termination.

## IX. Annual Review

This policy and credentialing process will be reviewed annually by the Executive Director, Director of Medical and Clinical Services, and HR Department to ensure ongoing compliance with CARF 2025, OhioMHAS, and professional licensing standards.