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| <b>WCHO PIHP POLICY for the<br/>COMMUNITY MENTAL HEALTH<br/>PARTNERSHIP OF<br/>SOUTHEASTERN MICHIGAN</b> |                          | <b><i>Policy and Procedure</i></b>  |  |
|  |                          | Credentialing and Clinical Responsibilities for Licensed<br>Independent Practitioners |  |
| Department: Business Finance<br>Administration<br>Author: S. Reitmeier                                   |                          | <b>Local Policy Number (if used)</b>  |  |
| Revision Date<br>03/07, 10/09  | Approval Date<br>4/17/07 | Implementation Date<br>5/17/07  |  |
| <b>Archive Information</b>   |                          |   |  |
| Date:  |                          |   |  |
| Reason:  |                          |   |  |

## I. PURPOSE

- A. To describe the processes and guidelines which guide the Community Mental Health Partnership of Southeastern Michigan (CMHPSM) member agencies review credentials, competence assessment, and delineation of clinical responsibilities for network providers who are licensed independent practitioners (LIP).
- B. Ensures consumer access to a timely, geographically convenient, and specialized array of mental health and substance abuse treatment and support services.
- C. To increase administrative efficiencies for the CMHPSM through the use of a regional provider network

## II. POLICY

It is the policy of the CMHPSM to provide the following:

- The provision of high quality, cost effective mental health and substance abuse services to CMHPSM consumers.
- Consumers have access to a timely, geographically convenient, and specialized array of mental health and substance abuse treatment and support services.
- The LIP meets and or exceeds the accreditation and regulatory standards for practicing and delivering services independently.
- Each CMHPSM Affiliate board has the discretion to contract with or to not contract with a recommended LIP in the fashion meets the needs of the individual board and or community.

## III. APPLICATION

### A. Professionals Covered by This Policy, and Their Required Licensure/Certification.

This policy applies to the following licensed independent practitioners providing contracted professional services to an affiliate member of the CMHPSM who do not receive regular, ongoing supervision, or applying to the CMHPSM network provider panel. This policy also applies to all Licensed Independent Practitioners

in non-accredited agencies providing professional services to CMHPSM consumers.

**Art Therapist:** Board certified as an Art Therapist (ATR-BC) by the Art Therapy Credentials Board, Inc.

**Dietitian:** Licensed by the State of Michigan as a dietitian or nutritionist under Public Act 333 of 2006. (Prior to full implementation of the Act: registered dietitian or an individual who meets the qualifications of Registered Dietitian established by the American Dietetic Association.)

**Massage Therapist:** Certification by the National Certification Board for Therapeutic Massage and Bodywork, upon completion of training by a nationally certified massage therapy institute.

**Music Therapist:** Board certified as a Music Therapist (MT-BC) by the Certification Board for Music Therapists, or registered as ACMT, CMT or RMT by the National Music Therapy Registry. For Child Waiver services only MT-BC is accepted.

**Nurse Practitioner:** Certified by the State of Michigan as a Nurse Practitioner and licensed by the State of Michigan to practice nursing under Part 172 of Michigan Public Act of 1978, as amended.

**Occupational Therapist:** Registered by the State of Michigan as a Certified Occupational Therapist under Act 368 of Public Acts of 1978, as amended; or Registered by the State of Michigan as an Occupational Therapist under Act 368 of Public Acts of 1978, as amended.

**Physical Therapist:** Licensed as a physical therapist by the State of Michigan under Part 178 of Michigan Public Act 368 of 1978, as amended.

**Physician:** M.D. or D.O. possessing a permanent license to practice medicine in the State of Michigan, a Michigan Controlled Substances license and a Drug Enforcement Agency registration.

**Physician's Assistant:** Licensed by the State of Michigan to practice as a Physician's Assistant per Public Act 368 of 1978, as amended.

**Professional Counselor:** Licensed by the state of Michigan to practice as a professional counselor under Part 181, Public Act 368 of 1978, as amended. This includes Rehabilitation Counselors.

**Psychiatrist:** M.D. or D.O. possessing a permanent license to practice medicine in the State of Michigan, a Michigan Controlled Substances license and a Drug Enforcement Agency registration, who is Board eligible or Board certified in psychiatry.

**Psychologist:** Per Part 182 of Michigan Public Act 368 of 1978, as amended: Full license by the state of Michigan to independently practice psychology; or a master's degree in psychology (or a closely related field as defined by the

Michigan Consumer and Industry Services) and licensed by the State of Michigan as a limited licensed psychologist.

**Recreation Therapist:** Certified as a Certified Therapeutic Recreation Specialist (CTRS) by the National Council for Therapeutic Recreation.

**Registered Nurse:** Licensed by the State of Michigan to practice nursing under Part 172 of Michigan Public Act of 1978, as amended.

**Social Worker:** Licensed by the state of Michigan to practice as a Licensed Master's Social Worker under Michigan Public Act 61 of 2004.

**Speech/Language Pathologist:** Current Certificate of Clinical Competence (CCC) from the American Speech/Language and Hearing Association, or has completed the academic program and successfully passed the national examination in speech/language pathology and is acquiring supervised clinical experience by a CCC-SLP or a CCC-A to qualify for the certificate.

**B. Professionals Not Covered by this Policy.** This policy applies specifically to the practitioners listed above. At this time, affiliate members of the CMHPSM do not contract with the following professionals as LIPs, and therefore the CMHPSM does not credential them as LIPs:

- Licensed Practical Nurses (LPNs),
- Licensed Bachelor's Social Workers,
- Limited License Social Workers,
- Registered Social Service Technicians,
- OT Assistants,
- PT Assistants.

In the event that this decision is changed in the future, these professionals would be credentialed in accordance with this policy.

#### IV. DEFINITIONS

Clinical Responsibilities (formerly privileges): The specific scope and content of care and services that an individual provider is authorized by the governing body of each CMHPSM affiliate agency to provide, based on evaluation of the provider's credentials and performance. Clinical responsibilities for any professional discipline are limited to the specific range of therapeutic interventions, clinical treatment, care and services that a healthcare professional is allowed to provide independently by law under State of Michigan licensure, certification or registration. For independent contractors who are licensed independent practitioners, clinical responsibilities are granted by the governing body of each agency and are delineated in each contract. Clinical responsibilities are granted for a specific period of time, not to exceed two years.

Competence: The knowledge, skills, ability, and behaviors that a person possesses in order to perform tasks correctly and skillfully.

Credentialing (or credentials review): The process of obtaining, verifying, and assessing the qualifications of a practitioner to provide mental health or substance abuse services

based on established criteria. Credentials review provides information for the process of granting clinical responsibilities to licensed independent practitioners.

Credentialing Committee: A group of behavioral healthcare providers and other staff assigned specific responsibilities for the oversight and management of the credentialing and re-credentialing processes. These responsibilities include: the development and review of credentialing criteria; development and review of competency assessment mechanisms; review of Licensed Independent Practitioner (LIP) applications to verify accuracy; verification of LIP credentials; making recommendations for approval of clinical responsibilities; review and determination of the status of LIPs who have problematic consumer satisfaction, consumer complaints/grievances, and/or practice patterns; and development and implementation of an appeal process for adverse decisions about granting, renewing, or revising clinical responsibilities for licensed independent practitioners.

The members of the CMHPSM Credentialing Committee will be appointed by the Affiliation's Executive Committee. Members may include representatives from a variety of professional disciplines. Individuals from professional disciplines not represented on the Committee may be asked to participate on a temporary, as-needed basis. Meetings will occur monthly or as needed.

Credentialing Criteria: The minimum qualifications expected for network providers such as: licensure, education, experience, training, current competence, malpractice/liability insurance limitations and claims history, and ability to perform clinical responsibilities.

Cultural Competence: The ability to provide services tailored to the unique needs of a particular population. This can include language competence or knowledge of and sensitivity to specific issues related to cultural or group values and norms.

Licensed Independent Practitioner (LIP): Any individual permitted by law and the contracting organization to provide care and services without direction or supervision, within the scope of the individual's license, and consistent with individually granted clinical responsibilities.

Peer Review: For the purposes of this policy, an assessment of the competence of an individual, performed by another individual of the same professional discipline, typically completed through reviewing clinical documentation and examples of the individual's work, against existing professional standards.

Primary source verification: The confirmation of specific credentials of a network provider applicant such as licensure, education, experience, training, etc., obtained directly from the original source from or by which the applicant received the credential.

Provider network: The comprehensive list of LIPs who are authorized to provide care and services to CMHPSM consumers. Licensed independent practitioners gain membership in the network through appointment by the Washtenaw Community Health Organization Board as outlined in this policy.

Provider application verification: The systematic, formal inquiries made to determine the accuracy of provider application information. Both primary source verification and other verification methods may be used.

## **V. STANDARDS**

### **A. CMHPSM Regional Provider Network**

The CMHPSM member agencies will maintain a regional provider network administered by the WCHO. LIPs who wish to join the network must apply for clinical responsibilities through the procedures set forth in this policy. CMHPSM affiliate boards will have the ability to contract for services with any provider in the network based on mutual agreement. Specific clinical responsibilities which define the scope and content of the professional's role are identified in Attachment A of this policy (Clinical Responsibilities Available to Licensed Independent Practitioners) and incorporated into each individual contract. The LIP credentialing process is overseen by the Chair of the CMHPSM Credentialing Committee.

In obtaining providers for the regional provider network, the WCHO shall ensure that no healthcare professional is discriminated against solely on the basis of licensure, registration, or certification; or due to the fact that the individual serves high-risk populations or specializes in the treatment of conditions that require costly treatment.

### **B. Credentials Review and Verification**

Credentialing of all CMHPSM network providers who are licensed independent practitioners (LIPs) will require primary source verification to confirm degree awarded, state licensure/ certification/registration, psychiatric residency, board certification, and insurance coverage. Credentialing of all CMHPSM network providers will also include a criminal background check, and a Child Abuse/Neglect Central Registry Check.

Credentialing of all CMHPSM network licensed independent practitioners will include a review of any previous restrictions of clinical responsibilities, sanctions, or exclusions from participation in Federal health care programs. This will include a query of the Medicaid and Medicare list of sanctioned providers, the American Medical Association and the National Practitioners Database and other resources as available. Any identified restrictions or sanctions of clinical responsibilities enacted by other behavioral health care organizations will be investigated through the primary source.

Credentialing of all CMHPSM network providers will include verification of current competence by obtaining at least two written peer recommendations of the same discipline or equivalent. Ability to perform clinical responsibilities will be attested to in writing by the applicant and verified by at least two written peer recommendations.

Collection, verification of credentialing information, and the retention of the completed file will be conducted by staff of the WCHO. A completed file for each applicant will contain:

1. A completed, signed, and dated credentialing application which includes attestation of:
  - a. lack of present illegal drug use;
  - b. any history of loss of license and/or felony convictions;
  - c. any history of loss or limitations of privileges or disciplinary action;
  - d. correctness and completeness of the application
  - e. ability to perform clinical responsibilities requested.
2. Resume/curriculum vitae covering at least the last five years.
3. Education - verification of highest degree awarded from an accredited school.
4. Training – verification of residency completion and board certification (physician only).
5. Licensure – verification of license/certification/registration including any actions against license/certification/registration.
6. Sanctions/exclusions/restrictions – results of queries of Medicaid/Medicare sanctioned providers list; results of follow up on identified restrictions to clinical responsibilities; results of follow up on any disciplinary status with a regulatory board or agency; results of NPDB query for applicable disciplines.
7. Results of criminal background check.
8. Results of Child Abuse/Neglect Central Registry Check.
9. Minimum of two written peer recommendations of the same discipline or equivalent.
10. Professional liability insurance – verification of current & adequate coverage and history of professional liability claims resulting in a judgment or settlement.
11. Verification of Drug Enforcement Agency registration, and if applicable, controlled substance certificate. (Physicians, Physician Assistants Nurse Practitioners only)
12. If an applicant will be seeing consumers at his/her own office, an evaluation of the applicant's general office practices and clinical record keeping practices.

The WCHO will conduct the credentialing process in a timely manner. Applicants will be notified as soon as possible of missing information that prevents the process from proceeding. Applicant files which remain incomplete after 90 days will be closed with notice sent to the applicant. Completed application files will be presented to the CMHPSM Credentialing Committee for review. The CMHPSM Credentialing Committee review will occur within 90 days from the date the applicant's information is verified.

In some instances, the CMHPSM may decide to use and not duplicate the credentialing process of a hospital accredited by the Joint Commission for the Accreditation of Health-care Organizations. The WCHO will notify the hospital of its intention to use the hospital's credentialing decision as a basis for contracting with an LIP credentialed by that hospital.

### **C. Assignment of Clinical Responsibilities**

Upon receipt of a completed application file from the WCHO, the Credentialing Committee will review the application materials to establish that the applicant's

education and training, experience, licensure, competency, and ability to perform clinical responsibilities are appropriate for their professional discipline and for the clinical responsibilities/populations requested. Further, the committee will establish that the clinical responsibilities requested conform to those designated as available for that professional discipline in Attachment A of this policy.

Based on this review, the committee will make a recommendation regarding assignment of clinical responsibilities to each CMHPSM affiliate Boards for the purpose of granting clinical responsibilities of an LIP if there is a desire to contract for the service provided by the LIP.

The granting of clinical responsibilities by a CMHPSM Affiliate is sufficient to contract for services with providers in the CMHPSM Affiliation Network. Each CMHPSM Affiliate must grant clinical responsibilities to LIPs per their accreditation standards prior to contracting for services with those providers. The Affiliation credentials review process described above will serve as the basis upon which those board actions are taken. It is the discretion of each CMHPSM board whether or not to contract with an LIP whom is recommended by the credentialing committee. Each CMHPSM board may have their own policy stating when an LIP will be utilized.

Upon the final review of the credentialing application by the credentialing committee, the WCHO will provide written communication to the applicant that their application was recommended to the CMHPSM specifying the clinical responsibilities granted and the time period covered. Clinical responsibilities may be granted for a time period of no more than two years. If clinical responsibilities are denied, the applicant will be notified in writing of the denial, including the reason for denial, along with a written notification of the Appeal Process.

#### **D. Temporary Clinical Responsibilities**

Temporary clinical responsibilities for licensed independent practitioners can be assigned at the initiation of any CMHPSM affiliate board based on a specific consumer need which cannot be met through use of existing regional network providers. The use of temporary clinical responsibilities should not take the place of the procedures outlined in this policy, except in the case of specific consumer need. The process for assignment of temporary clinical responsibilities will be initiated by the WCHO upon the request of the Executive Director of a CMHPSM affiliate board. The request will become part of the particular applicant's application file.

The licensed independent practitioner's application will be reviewed and evaluated using the procedures and standards for credential reviews and verification and clinical responsibilities as described in Sections B and C of this policy prior to Temporary Clinical Responsibilities granted. The following modification is added: the CMHPSM Credentialing Committee will make its recommendation about granting of temporary clinical responsibilities to the Executive Director of the CMHPSM affiliate board which initiated the request. The executive director of that affiliate board will then make the final decision about granting temporary clinical responsibilities to the applicant. The decision to

grant temporary clinical privileges will be made within 31 days of receipt of a completed application, accompanied by the documentation identified in Sections B or E of this policy.

Temporary clinical responsibilities may be granted for a time period of no longer than 120 days. The applicant will be notified in writing of the decision made by the executive director, including notification of the Appeals process if applicable. A copy of this notification will be provided to the WCHO for the applicant's file.

#### **E. Re-Credentialing & Renewal of Clinical Responsibilities**

The clinical responsibilities granted to licensed independent practitioners in accordance with this policy must be renewed at least every two years. The WCHO will initiate the re-credentialing process for network providers 90 days before the expiration of the current clinical responsibilities.

An LIP at the end of the two year credentialing period that no longer wishes to provide services with the WCHO or CMHPSM Affiliate will be automatically removed from the CMHPSM Provider Network. An LIP may also be automatically removed from the CMHPSM Provider Network if the WCHO and or CMHPSM Affiliate are no longer in need of the services provided by the LIP at the end of a two year credentialing period.

An LIP at the end of the two year credentialing period through the re-credentialing review by the credentialing committee is determined to not meet the necessary credentialing standards and or performance is deemed poor, a recommendation will be presented to the CMHPSM Affiliate board to remove clinical responsibilities and/or terminate or no longer contract with the LIP. The WCHO will also be notified to ensure that the LIP is no longer available within network for contracting by a CMHPSM Affiliate board. The WCHO will provide notification to the LIP in writing of the determination and reason for the determination along with written notification of the appeal process. The LIP file will contain the appropriate documentation supporting the decision for not re-credentialing the LIP.

For an LIP that is determined to be re-credentialed, a completed re-credentialing file for each applicant will contain updated information on all of the following:

1. An update of information obtained during the initial credentialing (see Section B of this policy).
2. Ongoing monitoring and intervention, if appropriate, of provider sanctions, complaints, and quality issues pertaining to the provider, which includes:
  - a. Sanctions/exclusions/restrictions – results of queries of Medicaid/Medicare sanctioned providers list, results of follow up on identified restrictions to clinical responsibilities, results of NPDB query for applicable disciplines.
  - b. Licensure – verification of license/certification/registration including any actions against license/certification/registration.
  - c. Consumer concerns, including any grievances or appeals against the LIP;
  - d. Any relevant performance improvement issues.

3. Confirmation of adherence to organization policies and procedures or contract requirements.
4. Clinical performance outside acceptable standards, if applicable.
5. Verification of Current Competence through the results of performance Improvement and peer review. For an LIP that has not contracted with a CMHPSM Affiliate board where consumer files are not available to be peer reviewed, two professional references will be obtained from the same or equivalent discipline.
6. Professional liability insurance – verification of current & adequate coverage provided by the insurance carrier.
7. Verification of Drug Enforcement Agency registration and, if applicable, controlled substance certificate.

The WCHO will conduct the re-credentialing process in a timely manner. Applicants will be notified as soon as possible of missing information which prevents the process from proceeding. Completed application files will be presented to the CMHPSM Credentialing Committee for review. The CMHPSM Credentialing Committee review will occur within 30 days from the date the applicant's information is verified. The CMHPSM Credentialing Committee will review the materials and make a recommendation regarding renewal of clinical responsibilities in accordance with the process outlined in Sections B and C of this policy.

An Applicant that is brought forward for re-credentialing whom does not have all necessary information submitted for the credentialing committee review prior to the credentialing expiration date, shall not deliver services past the expiration date. Upon completion of the application and a favorable credentialing committee recommendation the applicant shall deliver services.

#### **F. Additional Responsibilities of the CMHPSM Credentialing Committee**

In addition to the responsibilities identified in previous sections of this policy, the CMHPSM Credentialing Committee, which consist of cross disciplined practitioners and providers is charged with the following responsibilities:

1. Make recommendations to the WCHO Board via policy updates regarding additions, deletions, or changes to the list of professions covered by this policy and to the established clinical responsibilities contained in Attachment A: "Clinical Responsibilities Available to Licensed Independent Practitioners".
2. Review an LIP's documented performance in between credentialing and re-credentialing time periods per the request of the WCHO and or CMHPSM affiliate. Make recommendations to the CMHPSM Affiliate board on whether to maintain credentialing status or withdraw credentialing status. If credentialing status is withdrawn, the CMHPSM Affiliate boards shall proceed with terminating clinical responsibilities and the termination of the contract. The WCHO PRU will provide notification to the LIP in writing of the determination and reason for the determination along with written notification of the appeal process.

3. Develop credentialing criteria and update these criteria as needed. Criteria will be based on Joint Commission standards, DCH, federal or other state requirements, and other relevant professional standards. WCHO Board approval for these criteria will be obtained as necessary.
4. Establish reasonable time lines for the credentialing process.
5. Assist WCHO staff in creating provider applications and other forms or processes to assist in the implementation of this policy.

#### **G. Reporting**

The WCHO shall ensure that improper known practitioner misconduct is reported to the appropriate authorities (i.e., DCH, the provider's regulatory board or agency, and/or the Attorney General, etc), if such conduct results in the suspension or termination from the WCHO's provider network. Any such suspension or termination shall be recommended by the Network Management Committee and approved by the CMHPSM Affiliate Board.

Reporting procedures will be consistent with current federal and state requirements, including those specified in the DCH Medicaid Managed Specialty Supports and Services Contract.

#### **H. Appeal Process for Licensed Independent Practitioners**

Licensed independent practitioners may appeal adverse CMHSPM decisions about granting, renewing or revising clinical responsibilities.

LIPs will be notified of their right to appeal adverse decisions, during initial credentialing and re-credentialing processes.

Information relevant to an LIP's ability, suitability or appropriateness to fulfill CMHPSM's approved clinical responsibilities will be considered by the CMHPSM Credentialing Committee during the initial credentialing and subsequent re-credentialing processes, and at any other time that such information comes to the attention of CMHPSM. Additional information from the LIP or from other sources, when available, will be included for consideration. Criteria to terminate or deny clinical responsibilities may include:

- a. Failure to maintain appropriate insurance as required by contract;
- b. Failure to maintain an active license and failure to inform the WCHO of any changes in licensure status, pending investigations relating to licensure or malpractice suits being filed;
- c. Falsifying information on initial or renewal application;
- d. Falsifying any documents submitted with the initial or renewal application;
- e. Failure to abide by the terms of the contract;
- f. Illegal or fraudulent billing practices;
- g. Exclusion from participation in Federal health care programs;
- h. Clinical performance outside acceptable standards.

The CMHPSM Credentialing Committee will make any recommendation of adverse decisions about clinical responsibilities to the CMHPSM Affiliate Board Executive Director. The CMHPSM Affiliate Board Executive Director/designee will in turn make a recommendation to the CMHPSM Affiliate Board regarding the adverse action at the next regularly scheduled board meeting, as appropriate, and notify the LIP in writing of the Board's decision. Notification will occur within three business days of the board meeting and will include the reason for the adverse action and an explanation of the LIP's appeal rights. In the interim, the Executive Director/designee may immediately limit or suspend the LIP from contact with CMHPSM consumers.

The LIP may request to appeal an adverse decision regarding clinical responsibilities by contacting the WCHO CMHPSM Affiliate Board Executive Director's office directly within 10 business days of the date of the written notification. The appeal must be in writing and must specify the nature of the disagreement or the facts in dispute.

The CMHPSM Affiliate Board Executive Director/designee will schedule a hearing within 10 business days of the LIP's request for appeal. The CMHPSM Affiliate Board Executive Director/designee will convene an appeal committee which may include: members of the CMHPSM Credentialing Committee; another licensed independent practitioner who has clinical responsibilities in the same discipline as the LIP requesting the hearing, clinical staff, board members, consumers, and/or others based on their relevance to the nature of the appeal.

The CMHPSM Affiliate Board Executive Director/designee will preside over the hearing. The agenda will include: a restatement of the CMHPSM Credentialing Committee's adverse recommendation; an opportunity for the LIP requesting the appeal to present reasons why the adverse recommendation should be changed and to present any supporting information in oral and/or written form; and an opportunity for the appeal committee members to ask questions.

Following the hearing the CMHPSM Affiliate Board Executive Director/designee will consult with the appeal committee members. The CMHPSM Affiliate Board Executive Director/designee will then make a recommendation to the CMHPSM Affiliate Board regarding the appeal at the next regularly scheduled board meeting, and will notify the LIP, in writing, of the Board's decision regarding the appeal. Such notification will occur within three business days of the board meeting. A copy of all appeal documentation will be retained in the licensed independent practitioner's credentialing file.

**VI. EXHIBITS**

Attachment A: Clinical Responsibilities Available to Licensed Independent Practitioners

**VII. REFERENCES**

| Reference: | Check if applies: | Standard Numbers: |
|------------|-------------------|-------------------|
|            |                   |                   |

|   |   |                                   |
|---|---|-----------------------------------|
| Joint Commission on the Accreditation of Healthcare Organizations - Behavioral Health Standards | X | HR 4.10, 4.20, 4.30, 4.50 (06/07) |
| DCH Credentialing and Re-Credentialing Process Policy   | X |                                   |
| CMHPSM Financial Fraud and Abuse Reporting Policy   | X |                                   |
| Michigan Medicaid Provider Manual   | X |                                   |

## VIII. PROCEDURES

### WHO

### DOES WHAT

See Flowcharts:

Credentialing Process

Appeal Process

## Clinical Responsibilities Available to Licensed Independent Practitioners

**Discipline:** Psychiatrist

**Clinical Responsibilities:**

Psychiatric Evaluation  
Medication Review  
Treatment Planning  
Medication Administration  
Crisis Intervention/Hospital Screening

**Discipline:** Physician's Assistant

**Clinical Responsibilities:**

Psychiatric Evaluation  
Medication Review  
Treatment Planning  
Medication Administration  
Crisis Intervention/Hospital Screening

**Discipline:** Certified Nurse Practitioner

**Clinical Responsibilities:**

Psychiatric Evaluation  
Medication Review  
Treatment Planning  
Medication Administration  
Crisis Intervention/Hospital Screening  
Individual Therapy  
Group Therapy  
Family Therapy  
Marital Therapy

**Discipline:** Registered Nurse

**Clinical Responsibilities:**

Specialized Nursing Services  
Medication Administration  
Treatment Planning  
Crisis Intervention/Hospital Screening

**Discipline:** Licensed/Limited Licensed Psychologist

**Clinical Responsibilities:**

Mental Health Assessment  
Treatment Planning  
Individual Therapy  
Group Therapy  
Family Therapy  
Marital Therapy  
Psychological Testing  
Crisis Intervention/Hospital Screening

**Discipline:** Licensed Masters Social Worker

**Clinical Responsibilities:**

Mental Health Assessment  
Treatment Planning  
Individual Therapy  
Group Therapy  
Family Therapy  
Marital Therapy  
Crisis Intervention/Hospital Screening

**Discipline:** Licensed Professional Counselor

**Clinical Responsibilities:**

Mental Health Assessment  
Treatment Planning  
Individual Therapy  
Group Therapy  
Family Therapy  
Marital Therapy  
Crisis Intervention/Hospital Screening

**Discipline:** Physical Therapist

**Clinical Responsibilities:**

Physical Therapy Evaluation  
Treatment Planning  
Physical Therapy Treatment

**Discipline:** Occupational Therapist  
**Clinical Responsibilities:**  
Occupational Therapy Evaluation  
Treatment Planning  
Occupational Therapy Treatment

**Discipline:** Dietitian  
**Clinical Responsibilities:**  
Diet and Nutrition Evaluation  
Treatment Planning  
Diet and Nutrition Services

**Discipline:** Speech/Language Pathologist or  
**Clinical Responsibilities:**  
Speech/Language Evaluation  
Treatment Planning  
Speech/Language Treatment

**Discipline:** Massage Therapist  
(Child Waiver only)  
**Clinical Responsibilities:**  
Massage Therapy

**Discipline:** Music Therapist (Child Waiver only)  
**Clinical Responsibilities:**  
Music Therapy

**Discipline:** Art Therapist  
(Child Waiver only)  
**Clinical Responsibilities:**  
Art Therapy

**Discipline:** Recreation Therapist (Child Waiver only)  
**Clinical Responsibilities:**  
Recreation Therapy