



## **BEHAVIORAL HEALTH SYSTEMS**

*Behavioral Healthcare Programs for Business & Industry Since 1989*

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### **BHS CRITERIA FOR PROFESSIONAL PROVIDER NETWORK AFFILIATION**

#### **Part One**

- I. Providers must have at least one of the following:
  - A. Masters degree in behavioral sciences/human services (i.e., psychology, counseling, social work, psychiatric nursing); or
  - B. Doctoral degree in behavioral sciences/human services; or
  - C. Medical degree with specialization in psychiatry or addictionology.
  
- II. Providers must meet the following qualifications:
  - A. Three years post-degree clinical (direct care) experience.
  - B. State licensure in related discipline. Masters-prepared individuals not currently licensed may satisfy this requirement with: (1) three years post-masters supervised clinical (direct care) experience and current employment in a community mental health center; or (2) certification as an employee assistance professional (CEAP) by the Employer Assistance Certification Commission (referrals to these individual may be limited to only EAP treatment/services).
  - C. Continuing education at no less than the minimum level required by the state of licensure.
  - D. Support a least restrictive treatment philosophy and a managed care approach.
  - E. In practice at least 20 hours per week.
  
- III. Providers with a **Child/Adolescent** specialty must meet the following qualifications in addition to those in I. and II. above:
  - A. Three years post-degree clinical (direct care) experience with children/adolescents, as defined by association with a specialized treatment program/facility or carrying a caseload of at least 50% child/adolescent cases.
  - B. Current active child/adolescent caseload averaging 50% or more.
  - C. Experience in court hearing process desirable.
  - D. Continuing education specific to treatment of children/adolescents.
  
- IV. Providers with a **Substance Abuse** specialty must meet the following qualifications in addition to those in I. and II. above:
  - A. Certification as an Addictions Specialist, or three years post-degree clinical (direct care) experience in the field of substance abuse, as defined by association with a formal, structured substance abuse program or carrying a caseload of at least 50% substance abuse cases.
  - B. Current active substance abuse caseload averaging 50% or more.
  - C. Continuing education specific to substance abuse.
  
- V. Providers with a **Critical Incident Stress Debriefing** specialty must meet the following qualification in addition to those in I. and II. above:
  - A. Documented completion of a group debriefing course, or two Critical Incident Stress Debriefing cases done within the past two years.
  
- VI. Providers with a **Disability Management/Workers Compensation** specialty must meet the following qualification in addition to those in I. and II. above:
  - A. Two years post-degree clinical (direct care) experience in the field of disability management/workers compensation.

## **Part Two**

Because Behavioral Health Systems (BHS) has the utmost concern about both the quality of care provided to the patient, and the patient's perception of that quality of care, and because BHS operates as a preferred provider organization rather than as a health maintenance organization, BHS is adopting the following criteria for its provider network. These criteria apply to all BHS providers, present and future. These criteria may be amended by BHS from time to time.

### **I. Licensure**

- A. The provider may not have had a revoked, suspended, limited, or probationary license, or worked under a consent agreement, within the past ten years, regardless of the state of issuance of such revocation, etc. BHS reserves the right to reduce this period to five years for revocations, suspensions, limitations, probations, or consent agreements based on administrative infractions not directly impacting patient care.
- B. An unlicensed practitioner working under the supervision of a licensed or certified mental health professional, may not have had any disciplinary action taken against him/her by the supervisory individual, employing organization, ethical standards committee, or licensing board.
- C. The provider may not have received any form of mental health treatment for a diagnosis identified in DSM-IV-TR which was ordered by an ethical standards committee, licensing board, or other board of inquiry within the past five years.
- D. The provider may not have any actions or formal complaints pending or currently under investigation by any ethical standards committee, licensing board, or other board of inquiry or authority. (Provider status shall be suspended until the outcome is known.)
- E. Physicians must be authorized under current state and federal certificates to prescribe class 4 pharmaceuticals, and may not be prohibited from prescribing class 2, 2N, 3, or 3N pharmaceuticals as a result of any disciplinary action by a state or federal agency.

### **II. Insurance**

- A. The provider, either as an individual practitioner or as an owner of a corporation, may not have had any substantive liability claims, settlements, or judgments within the last ten years. However, lawsuits against a provider who is named *solely* due to his/her status as an owner/principal of a corporation shall be reviewed on a case by case basis for applicability under this section. Substantive shall be defined as either: 1) a combined dollar amount paid for compensatory damages within the ten year period in excess of \$250,000.00, or 2) any determination of sexual misconduct, patient injury/negligence/unwarranted confinement, or administrative/professional misconduct.
- B. The provider may not have any pending liability claims, settlements, or judgments of the substantive nature described in paragraph A above. (Provider status shall be suspended until the outcome is known.)
- C. The provider may not have been denied or refused renewal of liability insurance, or had liability insurance involuntarily terminated, within the last ten years.

### **III. Miscellaneous**

- A. The provider may not, concurrent with his/her active practice, be in a rehabilitation program or other treatment for substance abuse. Any provider who has participated in such a program or treatment must have successfully done so at least four years prior to applying for network affiliation, and must have completed four subsequent continuous years of non-substance abuse status and be able to demonstrate continued aftercare compliance (including random drug tests) for at least two years post-treatment. (Also refer to I.C. above.)
- B. The provider may not suffer from any medical or mental condition which impairs his/her ability to practice.
- C. The provider may not have any criminal record within the last ten years, nor have any criminal actions pending.
- D. The provider may not have had membership in any professional organization revoked, suspended, or terminated involuntarily for any reason other than failure to pay membership fees, within the last ten years.
- E. The provider may not have resigned from the staff of any hospital because of problems regarding privileges or credentials, nor had hospital privileges limited, suspended, revoked, or been denied renewal within the last ten years.
- F. BHS reserves the right to terminate or refuse/reject any application for provider status after reasonable investigation by BHS in the event: 1) more than five patients complain to BHS regarding the provider, and/or any allegation of sexual misconduct is made by a BHS patient with respect to such provider; or 2) BHS receives such direction by one or more of its corporate clients; or 3) BHS learns of inappropriate or unprofessional conduct on the part of that provider.
- G. The provider must have completed: 1) a BHS Treatment Provider Application and Certification, Authorization and Attestation; or 2) a state-approved Uniform Application, and BHS Treatment Provider Supplemental Application and Certification, Authorization and Attestation. The information contained in said application(s) must be true and complete, and any material misstatement, error, or omission in, said application(s) shall constitute cause for: 1) denial of said application(s); or 2) immediate termination of provider's participation in the network.