

Policy & Procedure

ACCMHS

Allegan County Community Mental Health Services
3283 122nd Avenue, Allegan, MI 49010

POLICY/PROCEDURE TITLE: Provider Credentialing and Re-credentialing POLICY/PROCEDURE #: 703 Section: Provider Network Developed and maintained by: Accountant Scope: <input checked="" type="checkbox"/> ACCMHS Staff <input type="checkbox"/> MH/IDD, <input type="checkbox"/> Housing, <input type="checkbox"/> SUD, <input type="checkbox"/> Integrated Health, <input checked="" type="checkbox"/> ACCMHS Contract Providers <input type="checkbox"/> Other _____	Approved By: <u>Mark Anelli</u> (Executive Director)	
	Approved By: _____ (Medical Director; <i>as applicable</i>)	
	DATES	
	First Effective	08/2006
	Revised	12/2020
	Supersedes	12/2019

POLICY

It is the policy of Allegan County Community Mental Health Services (ACCMHS) that all individuals served by ACCMHS (Individual) will receive care from providers who are properly and currently credentialed/licensed/qualified.

PROCEDURES

As of December 2017, the Lakeshore Regional Entity policy #4.4, Credentialing, Re-credentialing, Staff Qualifications and Background Checks, is utilized for all credentialing and re-credentialing of providers and provider staff.

REFERENCES

Lakeshore Regional Entity policy #4.4 - Credentialing, Re-credentialing, Staff Qualifications and Background Checks