

POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER C-01	TOTAL PAGES 5
	RELATED NCCHC / ACA STANDARDS: NCCHC: P-C-01 (Essential), J-C-01 (essential), MH-C-01 (essential), O-C-01 ACA: 5-ACI-6B-03 (Mandatory); 4-ALDF-4D-05; 4-ACRS-4E-05	
CHAPTER: 11 BUREAU OF HEALTHCARE, SUBSTANCE ABUSE, AND MENTAL HEALTH SERVICES	SUBJECT: Credentials	
APPROVED BY THE BUREAU CHIEF:	Michael Records (signature on file with BHSAMH)	
APPROVED BY THE COMMISSIONER AND EFFECTIVE THIS DATE	Commissioner Terra Taylor May 8, 2024 (signature on file with BHSAMH)	
APPROVED FOR PUBLIC RELEASE		

- I. AUTHORITY:** 11 *Del. C.* §6536 Medical Care
- II. PURPOSE:** To ensure that the facility's qualified health care professionals are legally eligible to perform their clinical duties.
- III. APPLICABILITY:** All Delaware Department of Correction (DDOC) employees and Contract Provider staff, offenders, and any outside healthcare provider servicing DDOC offenders.
- IV. DEFINITIONS:** See Glossary

SUMMARY OF CHANGES: This policy has been updated to require that all licensed healthcare staff are responsible for bringing to the attention of the responsible health authority any changes to their credentials or license. One additional specialty was added to the list of required specialties requiring credentialing review.

- V. POLICY:** It is the policy of the DOC that:
 - A. All qualified healthcare professionals have valid credentials and provide services consistent with the licensure, certification, and registration requirements of the State of Delaware.
 - B. The credentials of licensed medical, behavioral health, dental, and pharmacy providers are reviewed through a credential verification process to ensure that the facility's qualified healthcare professionals are legally eligible to perform their clinical duties.
 - C. Qualified healthcare professionals that are granted credentials do not perform tasks beyond those permitted by their license, certification, registration, and credentials.
 - D. All licensed healthcare staff are responsible for bringing to the attention of the responsible health authority any changes to their credentials or license.
- VI. PROCEDURES:**
 - A. The credentials of every licensed medical, behavioral health, dental, and pharmacy provider that treats or diagnoses offenders on-site, both full-time and part-time, are reviewed by the Bureau of Healthcare, Substance Abuse, and Mental Health Services (BHSAMH) Credentialing Committee. This includes, but is not limited to the following:
 1. Physicians (MD or DO),
 2. Psychiatrists,

3. Physician Assistants (PA),
 4. Advanced Practice Registered Nurse (APRN) (Nurse Practitioners, Nurse Midwives),
 5. Physical Therapists
 6. Health Service Administrators (HSA) (Only need to submit a resume for review),
 7. Psychologists,
 8. Mental Health Directors,
 9. Substance Use Program Directors,
 10. Clinical Supervisors,
 11. Sex Offender Treatment Staff, and
 12. Other categories as defined and requested by BHSAMH.
- B. The Credentialing Committee will make a recommendation to the BHSAMH Bureau Chief who will then grant or deny privileges for each provider. The decision of the BHSAMH Bureau Chief will be provided in writing. No provider shall be permitted to diagnose or treat an offender before the approval of the BHSAMH Bureau Chief is granted.
- C. Privileges shall be granted for a period not to exceed two (2) years. The BHSAMH Credentialing Committee may recommend a shorter period of time in some cases.
- D. The BHSAMH Credentialing Committee shall be comprised of the following:
1. BHSAMH Medical Director – Chairperson,
 2. BHSAMH Director of Community Health,
 3. BHSAMH Treatment Services Director – Medical,
 4. BHSAMH Treatment Services Director – Behavioral Health (if a behavioral health provider is being considered),
 5. BHSAMH Compliance Director,
 6. Bureau Chief of Prisons (or designee),
 7. Contract Provider Medical Director,
 8. Contract Provider Statewide Health Services Administrator (HSA)
 9. Contract Provider Chief Nursing Officer,
 10. Contract Provider Statewide Behavioral Health Director (if a behavioral health provider is being considered),
 11. Contract Provider Statewide Director of Substance Use Disorder Treatment Services, (if a substance use disorder healthcare provider is being considered),
 12. Contract Provider Dental Director (if a dental provider is being considered), and/or
 13. Contract Provider – Pharmacy – lead Pharmacist (if a pharmacist provider is being considered).
- E. The BHSAMH Credentialing Committee shall have a quorum of three that includes, at a minimum, one member from BHSAMH and one member from the contract provider.
- F. The BHSAMH Credentialing Committee will convene a minimum of once per month as needed.
1. If no candidates are submitted, the meeting may be cancelled.
 2. With the permission of the BHSAMH Bureau Chief, or designee, the Credentialing Committee Chair may conduct this meeting virtually through an electronic review and vote.
- G. The BHSAMH Credentialing Committee will review the candidates credentialing packet and vote to approve or reject a candidate or defer a candidate for more information.
1. The Credentialing Committee Chairperson shall inquire with reporting agencies about any negative report or aspect of the credentialing package.

2. A credentialing packet may be rejected if any required information is incomplete or illegible.
3. The Credentialing Committee's decision will be forwarded to the Bureau Chief of BHSAMH for review and final approval.
 - a. If the Bureau Chief rejects a candidate, the candidate will be notified in writing of the decision and the reason(s) for rejection. That decision may be appealed in writing to the DDOC Commissioner within 14 days.
- H. The initial credentialing package shall contain the following to be considered complete:
 1. Application,
 - a. For contract healthcare providers new to the State of Delaware, the Delaware licensure application may suffice.
 - b. Or, if licensed, a cover letter requesting privileges to provide care for offenders in the DDOC facilities.
 2. Signed Release of Information (ROI) form allowing DDOC to verify the information,
 3. Curriculum Vitae with no gaps in time longer than 30 days,
 - a. Any gaps longer than 30 days require a written explanation.
 4. Copies of professional degrees and Educational Commission for Foreign Medical Graduates (ECFMG) (if applicable),
 5. Copies of residency training certificates and specialty board certification certificates,
 6. Copies of all active State licenses,
 7. Copy of Drug Enforcement Administration (DEA) certificate (for all prescribers),
 8. Copy of Delaware Controlled Substance Registration (CSR) certificate (for all prescribers),
 9. Registration with the Delaware Prescription Monitoring Program (PMP) (for all prescribers),
 10. Copies of Privileges being held at the applicant's current facility or hospital,
 11. Copies of Basic Life Support (BLS) for healthcare providers,
 12. Copy of a recent (within 30 days) National Practitioner Data Bank (NPDB) report (for all prescribers),
 13. Copies of Liability Insurance (for contractor applicants),
 14. Statement of health that the provider does not have any medical or behavioral health problems that would interfere with the performance of his/her professional duties, and
 15. Copies of the provider's continuing education (CE) for the previous two years.
- I. A renewal credentialing package shall contain the following to be considered complete:
 1. Signed ROI form allowing DDOC to verify the information,
 2. Curriculum Vitae with no gaps in time longer than 30 days,
 - a. Any gaps longer than 30 days require a written explanation.
 3. Copies of all active State licenses,
 4. Copy of DEA certificate (for all prescribers),
 5. Copy of Delaware CSR certificate (for all prescribers),
 6. Registration with the Delaware Prescription Monitoring Program (PMP) (for all prescribers),
 7. Copies of BLS for Healthcare providers,
 8. Copy of a recent (within 30 days) NPDB report,
 9. Copies of Liability Insurance (for contractor applicants),

10. Statement of Health that the provider does not have any medical or behavioral health problems that would interfere with the performance of his/her professional duties,
 11. Copies of the provider's CE's for the previous two years, and
 12. Proof of completion of required DDOC annual training as outlined in the DDOC Annual Training Plan.
- J. In the case of providers who offer specialty services less than 5 times per month in facilities statewide, the credentialing package is the same except for DOC required annual training. That package shall include the following to be considered complete:
1. Signed ROI form allowing DDOC to verify the information,
 2. Curriculum Vitae with no gaps in time longer than 30 days,
 - a. Any gaps longer than 30 days require a written explanation.
 3. Copies of all active State licenses,
 4. Copy of DEA certificate (for all prescribers),
 5. Copy of Delaware CSR certificate (for all prescribers),
 6. Copies of BLS for Healthcare providers,
 7. Copy of a recent (within 30 days) NPDB report,
 8. Copies of Liability Insurance (for contractor applicants),
 9. Statement of Health that the provider does not have any medical or behavioral health problems that would interfere with the performance of his/her professional duties,
 10. Copies of the provider's CE's for the previous two years, and
 11. Proof of completion of DDOC annual training on the Prison Rape Elimination Act (PREA), Suicide Prevention, and Working with Female Offenders (if working in a female facility).

If the specialty services performed increase to more than 5 times per month, the Contracted Provider must notify BHSAMH and submit a full credentialing package for review and approval.

- K. Advanced Practice Registered Nurses (APRN) have been granted practice autonomy and prescribing authority and may practice independently.
1. Recent graduates of an APRN program shall have a Collaborative Agreement in accordance with 24 Del Code § 1936.
- L. BHSAMH shall maintain a copy of the credentialing package.
- M. On-going documentation of current privileged providers may be maintained on file by BHSAMH and may consist of copies of current credentials, letters from the state licensing or certifying bodies, or other documentation as deemed necessary by BHSAMH.
- N. New candidates and renewal candidates may be reviewed via electronic means and an electronic vote conducted. BHSAMH may request a meeting of the committee if there are negative indicators in the candidates credentialing package or as part of the on-going documentation maintained by BHSAMH.
- O. A provider may appeal a BHSAMH Credentialing Committee decision to the DDOC Commissioner, in writing. The appeal shall be received by the Commissioner within ten (10) business days of notification of the BHSAMH decision. The Commissioner shall review the minutes of the BHSAMH Credentialing Committee and/or may request additional information from the applicant or the BHSAMH Credentialing Committee. The Commissioner will make a recommendation to the BHSAMH Bureau Chief. The recommendation of the Commissioner shall be final.

- P. An application for renewal of clinical privileges shall be started 60-90 days prior to the expiration of the provider's privileges to avoid delays in renewal. If the credentialing renewal package is not submitted in time for a review and the provider's credentials expire, the provider shall have their privileges suspended until such time as the Credentialing Committee can review the package.
- Q. Every allegation of inappropriate professional conduct, malpractice, or inquiries that potentially will be reportable to the Delaware Division of Professional Regulation shall be investigated by the Contract Provider. The BHSAMH Medical Director shall also investigate, appoint an investigator, or request an investigation by DDOC IA to determine the facts of the allegation and report those findings to the BHSAMH Bureau Chief. The BHSAMH Bureau Chief shall make a determination and recommendation based upon the report and notify the Contract Provider of any situation that should be reported to the Division of Professional Regulation.
- R. Any medical condition that does (or potentially could) adversely affect an individual's ability to safely execute his or her responsibilities in providing health care may be considered an impairment. This includes alcohol or drug impairment, medical conditions, or behavioral health disorder. If a contracted healthcare provider becomes aware of a potential impairment, the BHSAMH Bureau Chief must be notified as soon as the impairment is identified. The BHSAMH Bureau Chief may then refer the individual to the BHSAMH Credentialing Committee. The BHSAMH Credentialing Committee shall review individuals who are impaired and determine if their health status hampers their practice.
- S. BHSAMH will not issue credentials for anyone with a license that limits practice only to correctional healthcare.
- T. All Contracted Healthcare Provider staff working in a DDOC facility must undergo a background check performed by DDOC.
 - 1. The DDOC IA may clear a contract provider staff member that is awaiting the issuance of a license by the Division of Professional Regulation (DPR) on the condition that the employee may not work in a facility or perform any clinical duties until the license has been issued. If this occurs, the staff member may begin working at the regional office until such time that DPR issues a license to that staff member. A copy of the newly issued license must be provided to DDOC Human Resources as soon as the license is issued to facilitate the completion of the background check process.
- U. If at any time a contracted healthcare professional's credentialing privileges are revoked for any reason, the chief of BOP and BCC shall be notified.
- V. The Contracted Healthcare Provider(s) shall develop within 30 days of the effective date of this policy, a site-specific procedure for each Level 4 and Level 5 facility implementing this policy and coordinating the procedure with the BHSAMH.