

1. Purpose

This procedure ensures all health care professionals (either contracted or employed) are appropriately credentialed to provide mental health services, are re-credentialed each year to specific expiring documentation, and appropriately inducted into the relevant program.

This ensures:

- Safety and quality of care that the client receives from APMHA HealthCare Ltd. staff.
- APMHA HealthCare Ltd. expectations of the clinician are clear and documented.
- APMHA HealthCare Ltd. employs / contracts staff who can provide appropriate support and service to health care professionals in their roles.
- APMHA HealthCare Ltd. employed, or contracted providers are appropriately “skills matched” to client need.

2. Scope

This procedure applies to employees and contractors who provide mental health care, program management and supervision. It also applies to those who perform the credentialing of employees and contractors.

3. Procedure

APMHA HealthCare Ltd. seeks to preserve the quality and capacity of its service delivery through stringent credentialing, contracting and induction processes.

For APMHA HealthCare Ltd., credentialing, contracting, and induction are an integral part of clinical governance.

Credentialing and induction ensure clinicians practice within the bounds of their training (scope of practice) and competency, and within the capacity of the service in which they are working.

Credentialing and induction enables better health outcomes for the consumers, risk mitigation for the organisation and implementation of high standard practice delivery.

3.1 Credentialing

Credentialing involves the initial review of current qualifications and ensures that qualifications and certificates of practice match the employee’s position description or the contractor’s eligibility to perform service delivery within specific program areas and streams.

3.1.1 All clinical service providers must apply to provide services on behalf of APMHA HealthCare Ltd. using the relevant application form:

1. Employee Provider Application Form
2. Contractor Provider Application Form
3. Organisation Provider Application Form

These forms set out the credential requirements and evidence required to provide APMHA HealthCare Ltd. services:

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Qualifications include:

- Tertiary qualification relating to the applicant's direct profession
- AHPRA's registration or registration with an alternate body for AASW
- Formal Individual Clinical Supervision Agreement or APMHA Supervision Declaration
- Current Curriculum Vitae
- Specific training evidence relating to scope extension (such as perinatal, suicide prevention services, child mental health, CALD clients, ATSI cultural training)

Associated mandatory documentation required:

- Insurance (public liability and professional indemnity)
- Working with Children's Check
- Police Check
- Evidence of COVID Vaccination for face to face services

3.1.2 Each health professional is provided a Portfolio on APMHA HealthCare Ltd.'s internal system to hold their credentialing information. APMHA HealthCare Ltd. staff will contact you during contract periods to update this Portfolio.

3.1.3 Providers are requested to provide their professional documents as evidence of their qualifications and experience. This is also housed on the APMHA HealthCare Ltd. internal Portfolio system and the Administration Manager is notified each time a document is provided.

3.1.4 The Executive Assistant:

- Monitor and upload relevant documentation into APMHA HealthCare Ltd.'s internal system 'Folio', adding the expiry date for each piece of evidence to prompt for re-credentialing, as expiries become due.
- Notifies the General Manager Operations when all evidence has been received and recorded
- Monitors the Provider Contract KPI Databases for expiring documentation and requests updated evidence from providers

3.1.5 The General Manager Operations, on notification from the Executive Assistant, will

1. Reviews credentials provided against Credentialing Matrix for employees and subcontractors
2. Approves and ceases service agreements and contracts, if required.
3. Issue the service provider (or their organisation) with:
 - A Service level Agreement created using the correct template and in compliance with the Clinical Supplier Contracting Procedure and the Chart of Delegations.
 - For organisation applications, each employee is to provide the required documentation for credentialing. Once credentialed, each employee is listed on the Schedule in the Service Level Agreement.
 - A copy of the relevant PHN service delivery manual

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3.2 Induction

On receipt of a signed contract (Service Level Agreement):

- 3.2.1 General Manager Operations will check the contract for accuracy, sign the contract and notify the Executive Assistant once it has been submitted to Folio.
- 3.2.2 The Executive Assistant will:
 1. Ensure the service provider is set up on appropriate systems
 2. Ensure relevant training and support is provided to the service provider
 3. Introduce the service provider to Finance and Intake teams for further support
 4. Conduct audits at 1 and 3 month periods
- 3.2.3 The relevant APMHA HealthCare Ltd. program lead will:
 1. Ensure the service provider has completed the required training and understands the program guidelines
 2. Managing the service providers referrals and capacity in the first instance
 3. Support any additional questions or concerns through commencement and service delivery

3.3 Re-credentialing

All providers are re-credentialed based on the expiry periods of each credentialing document, for example AHPRA renewals are processed in May & November. These renewals are prompted by our Folio system and service providers can directly submit new documents which are individually reviewed by the Executive Assistant or GM Business Operations.

- 3.3.1 The Executive Assistant:
 - Monitors, requests, and reviews uploaded document through APMHA's internal system 'Folio'. During this process, the new expiry date for each piece of evidence is provided to prompt for re-credentialing, as expiries become due.
 - Notifies the General Manager Business Operations when evidence has been received and highlights any concerns regarding evidence provided.
 - Notifies the General Manager Business Operations when evidence is over due so that they are aware of all potential issues. After an escalated request, the General Manager Business Operations will contact the service provider directly requesting the expired document within a 7 day time frame. In this event, the provider will be listed as 'Do not refer' in APMHA HealthCare Ltd.'s client management system (CRM), 'Insightly' and referrals will cease until renewed documentation is received.
 - If General Manager Business Operations request is not responded to, a full audit is conducted on the service provider and escalated to Executive team to manage service provider and current clients.

4. Definitions

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Credential

Credentialing by health service organisations is a process used to verify the qualifications and experience of health clinicians to determine their ability to provide safe, high quality health care services within a specific health care setting or program.

5. Responsibilities

Operations General Manager and Executive Assistant

The General Manager of Operations and Executive Assistant are responsible for overseeing APMHA HealthCare Ltd. credentialing process.

Employees / Contractors / Subcontractors

Service Providers are responsible for ensuring their qualifications, licensing boards, accrediting organisation and professional association registration and any other appropriate documentation do not lapse, are maintained, and provided annually to APMHA HealthCare Ltd.

Clinical staff are responsible for completing the activities in the Clinical Induction Checklist.

6. Internal Interdependencies

- Employee Credentialing Matrix
- Subcontractor Program Credentialing Matrix
- Clinical Supervision Guidelines
- Clinical Service Provider Auditing Policy and Procedure
- Service Delivery Policy
- Clinical Governance Framework
- Contract and Agreement Templates

7. External interdependencies

- Privacy Act 1988 and relevant state and territory legislation
- NDIS Quality and Safeguarding Framework
- National standards for mental health services 2010
- National Disability Insurance Scheme Act 2013
- ISO 9001:2016 – quality management systems
- Fair Work Act 2009
- Occupational Health & Safety Act 2004 (Vic) and related Regulations and Compliance Codes