

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: Credentialing Verification & Privileging

Policy Number: 508.04

Effective Date: 12/14/2020

Page Number: 1 of 4

Authority:
Commissioner

Originating Division:
Health Services Division
(Mental Health)

Access Listing:
Level I: All Access

I. Introduction and Summary:

It is the policy of the Georgia Department of Corrections (GDC) to maintain strict compliance with credentialing requirements for mental health care providers in accordance with State Law and the State Personnel Department.

II. Authority:

A. O.C.G.A.: 43-10A-11

B. GDC Board Rule: 125-4-4.02;

C. All professional Licensing Boards operating under the Office of the Georgia Secretary of State;

D. NCCHC Adult Standard: P-18;

E. NCCHC Juvenile Standard: Y-18;

F. GDC SOP: 508.07 Clinical Supervision; and

G. ACA Standard: 5-ACI-6B-03 (ref. 4-4382, Mandatory).

III. Definitions:

A. **Credentialing** - A review process whereby the qualifications of mental health primary care professionals (e.g., licensure, certification, training, experience) required for employment are verified and maintained in a credentialing file.

B. **Mental Health Care Provider** - Mental health staff member who is granted specific clinical privileges.

C. **Privileging** - The process of the clinical director/psychologist authorizing each mental health counselor or mental health technician's specific scope of mental health care services based on their credentials.

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IV. Statement of Policy and Applicable Procedures:

A. Credentialing:

1. When hiring, the mental health unit manager/designee, the statewide mental health director/designee along with an appropriate vendor administrative staff, when applicable, will jointly share the responsibility for verification of credentials.
2. Verification of current credentials for employees will be maintained by the facility mental health unit manager.
3. Employees governed by the State of Georgia's Professional Regulatory Boards will be responsible for keeping credentials current. This includes acquiring any continuing education credits that may be mandated.
4. A credential review update will be conducted in January of each year and whenever needed by the mental health unit manager/designee. The mental health unit manager will maintain the results of the credential review update on file.
5. The mental health unit manager maintains the responsibility for the annual credential review.
6. The credential review process includes but is not limited to the following areas:
 - a. Copy of the current professional license(s), when applicable;
 - b. Verification of malpractice insurance, when applicable;
 - c. Copy of degree(s);
 - d. Internship certification, when applicable;
 - e. Residency certification, when applicable;

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- f. Board certification(s), when applicable;
 - g. Curriculum vitae;
 - h. Pre-employment references;
 - i. GDC background check;
 - j. Supervisor documentation;
 - k. Continuing education credits, when applicable; and
 - l. CPR certification, when applicable.
7. All mental health primary care providers remain responsible for notifying the mental health unit manager and/or the warden/superintendent's office immediately if their license to practice has been revoked, restricted, or is under investigation for any reason.
8. The mental health unit manager/designee is responsible for notifying the warden/superintendent of the change in a mental health primary care provider's credentials (revocation, suspension, restriction, or investigation).
9. Verification of current credentials and job descriptions are on file in the facility.

B. Privileging:

- 1. The clinical duties of all mental health staff will be assigned by a clinical supervisor, using the Request for Clinical Privileges (Attachment 1 - form M10-01-01) (upon hire and every January), who in conjunction with the mental health unit manager and treatment team has the authority to restrict or place conditions on staff's clinical duties (see SOP 508.15 Mental Health Evaluations).
- 2. A description of duties considered to be clinical can be found in Description of Clinical Functions (Attachment 2 - form M10-01-02). Refer to Criteria for

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Clinical Privileges (Attachment 3 - form M10-01-03) for determining the criteria by number and letter to justify approving/disapproving an applicant's clinical privilege request.

3. Psychiatrists, licensed psychologists, licensed clinical social workers and Advance Practice Registered Nurses (APRNs) will be fully privileged upon hire.
4. An active privileging file pertaining to the clinical privileges granted each mental health provider will be kept by the mental health unit manager.
5. The mental health unit manager and the clinical supervisor will jointly review privileging files on an annual basis (every January) to ensure compliance.

V. Attachments:

Attachment 1: Request for Clinical Privileges (M10-01-01)

Attachment 2: Description of Clinical Functions (M10-01-02)

Attachment 3: Criteria for Clinical Privileges (M10-01-03)

VI. Record Retention of Forms Relevant to this Policy:

Upon completion, the original of Attachment 1 shall be placed in the applicant's/staff member's credentialing/privileging file and a copy will go to the applicant/staff member. Attachments 2 and 3 shall be utilized until obsolete or replaced.