

Policy 4.4

POLICY TITLE:	CREDENTIALING AND RECREDEING	POLICY # 4.4	REVIEW DATES	
Topic Area:	PROVIDER NETWORK	ISSUED BY: Chief Executive Officer APPROVED BY: Board of Directors	8/21/2017	12/16/2021
Applies to:	LRE, Member CMHSPs, and Network Providers		12/15/2022	12/5/2023
			10/1/2024	
Developed and Maintained by:	CEO or Designee			
Supersedes:	N/A	Effective Date: 1/1/2014	Revised Date: 10/1/2024	

I. PURPOSE

Federal regulation requires that Lakeshore Regional Entity (LRE) must implement written policies and procedures for selection and retention of network providers and that those policies and procedures that meet the minimum requirements set forth in 42 CFR §438.214. The Michigan Department of Health and Human Services (MDHHS)-LRE contract requires that LRE must have written credentialing policies and procedures for ensuring that all providers rendering services to individuals are appropriately credentialed within the State and are qualified to perform their services.¹ The MDHHS policy states that LRE is responsible for ensuring that each provider and/or practitioner, directly or contractually employed, meets all applicable licensing, scope of practice, contractual, and Medicaid Provider Manual (MPM) requirements.²

II. POLICY

- A.** LRE ensures the competency and qualifications of the service delivery network in the provision of Medicaid specialty services and supports covered services and programs. To achieve that goal, it is the policy of LRE that specific credentialing and recredentialing activities shall occur and be documented to ensure that LRE staff, CMHSP staff, Network Providers, both organizational providers and individual practitioners, are operating within assigned roles and scope of authority in service delivery or business functions. LRE shall adopt procedures that assure credentialing and recredentialing practices require that Member CMHSPs and Network Providers obtain and maintain proper credentials for their job position and responsibilities as required by regulation, statute, contract, policies, and/or job description qualifications. LRE's written credentialing policy and procedures reflect the scope, criteria, timeliness, and process for credentialing and recredentialing organizational providers and individual practitioners.

¹ FY24MDHHS-PIHP Contract, Schedule A, Section N. Provider Services(1)(a), pp. 62-63.

² MDHHS Policy, Credentialing and Recredentialing Processes, Section A, p. 1.

III. DEFINITIONS³

- 1) Civil Judgment: 45 CFR 60.3 defines civil judgment as a court-ordered action rendered in a federal or state court proceeding, other than a criminal proceeding. This does not include consent judgments that have been agreed upon and entered to provide security for civil settlements in which there was no finding or admission of liability.
 - a. When considering credentialing and recredentialing applications for organizational providers or individual practitioners with a civil judgment related to the delivery of a health care item or service, the PIHP can choose to exclude or suspend the provider or practitioner if it is determined that the credentialing poses an unreasonable potential for fraud, waste, abuse, or professional misconduct.
 - b. Any documented misconduct by a provider or practitioner reflecting on the business or professional competence and/or integrity of the provider or practitioner may be considered when considering credentialing and recredentialing applications for organizational providers or individual practitioners.
- 2) Credentialing: Confirmation system of the qualification of healthcare providers. The act of verifying a health care practitioner's "credentials" such as licensure, education, and training.
- 3) Criminal Conviction: The Social Security Act 1128(i) states that an individual or entity is considered to have been convicted of a criminal offense related to the delivery of a health care item or service when:
 - a. A judgment of conviction has been entered against an individual or entity by a federal, state, tribal, or local court regardless of whether there is an appeal pending or the conviction or other record relating to criminal conduct has been expunged;
 - b. There has been a finding of guilt against an individual or entity by a federal, state, tribal, or local court; or
 - c. A plea of guilty or nolo contendere (no contest) by the individual or entity has been accepted by a federal, state, tribal, or local court; or
 - d. When an individual or entity has entered into participation in a first offender, deferred adjudication, or other arrangement where conviction has been withheld.
- 4) Individual Practitioner: An individual who is engaged in the delivery of healthcare services and is legally authorized to do so by the State in which he/she delivers the services.
- 5) National Practitioner Databank (NPDB) and the Healthcare Integrity and Protection Databank (HIPDB): The U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Office of Workforce Evaluation and Quality Assurance, Practitioner Data Banks Branch is responsible for the management of the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. They can be located on the Internet at The NPDB – Home Page (hrsa.gov).

³ MDHHS Policy, Credentialing and Re-Credentialing Processes, Section F, p. 1.

- 6) **Organizational Providers:** Entities that directly employ and/or contract with independent contractors to provide behavioral health/health care services. Examples of organizational providers include but are not limited to: hospitals; nursing homes; homes for the aged; psychiatric hospitals, units, and partial hospitalization programs; substance abuse programs; home health agencies; licensed and unlicensed residential settings; skill building providers; and supported employment providers .
- 7) **PIHP:** A PIHP is a Prepaid Inpatient Health Plan under contract with MDHHS to provide managed behavioral health services to eligible individuals.
- 8) **CMHSP:** Community Mental Health Services Program. Mental health services in Michigan are coordinated through local Community Mental Health Services Programs (CMHSPs).
- 9) **Primary Source Verification:** Verification of an individual practitioner's reported qualifications by the original source or an approved agent of that source. Methods for conducting primary source verification of credentials include direct correspondence, documented telephone verification, and secure electronic verification from the original qualification source.⁴

IV. RESPONSIBILITY, DELEGATION, AND MONITORING

- 1) MDHHS must establish a uniform credentialing and recredentialing policy that addresses behavioral health, substance use disorder, and Long Term Supports and Services (LTSS) providers.⁵
- 2) LRE is responsible to ensure that contracted providers (organizational and individual) within Region 3 are appropriately qualified and competent to provide covered and authorized services.
- 3) LRE delegates the initial credentialing, temporary/provisional credentialing, and recredentialing of individual practitioners to its Member CMHSPs. Member CMHSPs are encouraged to share individual practitioner credentialing in order to reduce administrative burden to the provider.
- 4) LRE is responsible for meeting all requirements regarding delegated credentialing or recredentialing decisions, including but not limited to oversight, such as Medicaid Verification audits, Site Reviews, etc.⁶
 - a. Noncompliance with credentialing procedures by CMHSP may be cause for contractual sanction(s) by LRE, requiring a corrective action plan, and could be cause for contract suspension or termination. In accordance with the Medicaid Verification Policy, LRE may recoup funds for any fee-for-service provider for any claims/encounters that are found to be invalid as a result of improper credentialing. Any invalid claims/encounters will require correction either by resubmission or voiding.
- 5) Upon delegation to its Member CMHSPs, LRE retains the right to approve, suspend, or terminate from participation in the provision of Medicaid funded services, an organizational provider or individual practitioner selected by a Member CMHSP (provider

⁴ JOINT COMMISSION, [Verification - Primary Source Verification - Definition | Critical Access Hospital | Medical Staff MS | The Joint Commission](#), February 4, 2022, Last Visited February 2, 2024.

⁵ 42 CFR §438.214.

⁶ MDHHS Policy, Credentialing and Re-Credentialing Processes, Section (B)(3), p. 2; LSRE.org, LRE Policy 7.8.

or practitioner does not meet all requirements associated with the delegation of the credentialing and credentialing functions.)⁷

- a. If the reason for denial, suspension, or termination is egregious (serious threat to health safety of consumers or staff, represents a substantiated criminal activity, etc.), LRE shall take action immediately.
- b. In the event of immediate suspension or termination, LRE will coordinate with its Member CMHSPs to address coordination of care so as to prevent disruption of services.

A. SCOPE

- 1) LRE must conduct and document the credentialing and recredentialing processes for all organizational providers and LRE-affiliated individual practitioners according to this policy and accompanying procedures.
- 2) LRE, through delegation to its Member CMHSPs, must ensure and document the credentialing and recredentialing processes for individual practitioners who are affiliated and/or contracted with a Member CMHSP.

B. ADMINISTRATION⁸

- 1) LRE's Credentialing Specialist, under the direction of the LRE's Credentialing Committee, is responsible for the oversight and implementation of the credentialing and recredentialing process. LRE's Credentialing Committee Charter details the membership and roles/responsibilities for credentialing activities.
- 2) LRE does not use participating providers or practitioners in making credentialing decisions regarding organizational providers.
- 3) LRE's Credentialing Specialist will follow LRE's credentialing and recredentialing procedures to ensure the documentation in each credentialing or recredentialing file is complete and reviewed prior to presentation to the LRE Credentialing Committee for evaluation.
- 4) Where appropriate, LRE's Credentialing Specialist will review the Quality Assessment Performance Improvement Program (QAPI) metrics during the credentialing and recredentialing process.
- 5) LRE's Credentialing Specialist is responsible for performing sanction checks for organization providers and LRE-affiliated individual practitioners and reporting any findings on excluded or sanction lists to LRE's Compliance Officer in accordance with LRE Exclusion Screenings Policy and Procedure.⁹
- 6) LRE's Governing Board must approve this policy.¹⁰

C. CREDENTIALING & RECREDENTIALING STANDARDS¹¹

- 1) LRE, and its Member CMHSPs through delegation, must have a written system in place

⁷ MDHHS Policy, Credentialing and Re-Credentialing Processes, Section (B)(3), p. 2.

⁸ MDHHS Policy, Credentialing and Re-Credentialing Processes, Section (B)(5), p. 2.

⁹ LSRE.org, LRE Policy 9.9 and accompanying procedure.

¹⁰ MDHHS Policy, Credentialing and Re-Credentialing Processes, Section (B)(3), p. 2.

¹¹ MDHHS Policy, Credentialing and Re-Credentialing Processes, Section (B), pp. 2-3.

- for credentialing and recredentialing organizational providers and individual practitioners.¹²
- 2) LRE, and its Member CMHSPs through delegation, must ensure that its credentialing and recredentialing processes do not discriminate against:
 - a. A health care professional, solely based on license, registration, or certification; or
 - b. A health care professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.¹³
 - 3) LRE, and its Member CMHSPs through delegation, must ensure monthly checks are completed for compliance with Federal requirements that prohibit employment or contracts with organizational providers and/or individual practitioners excluded from participation under either Medicare or Medicaid.
 - a. A complete list of Centers for Medicare and Medicaid Services (CMS) sanctioned providers and practitioners is available on their website at <http://exclusions.oig.hhs.gov>.
 - b. A complete list of sanctioned providers and practitioners is available on the MDHHS website at www.michigan.gov/MDHHS. (<https://www.michigan.gov/mdhhs/doing-business/providers/providers/billingreimbursement/list-of-sanctioned-providers>).
 - c. Evidence of monthly checks must be maintained in the organizational provider and/or individual practitioner credentialing file.¹⁴
 - 4) LRE will assess compliance based upon the LRE credentialing and recredentialing policies and standards in effect at the time of the credentialing/recredentialing decision.¹⁵
 - 5) LRE, and its Member CMHSPs through delegation, must ensure that a complete and separate credentialing or recredentialing file is maintained for each credentialed or recredentialed organizational provider and individual practitioner. Each file must include:
 - a. The initial credentialing and all subsequent recredentialing applications and supporting documentation;
 - b. Information gained through primary source verification (PSV);
 - c. Any other pertinent information used in determining whether the organizational provider and/or individual practitioner met or did not meet the LRE's credentialing and recredentialing standards.¹⁶
 - 6) LRE, and its Member CMHSPs through delegation, must maintain a written process for ongoing monitoring, and intervention, if appropriate, of organizational providers or individual practitioners as it relates to sanctions, complaints, and quality issues. This process must include, at a minimum, review of:
 - a. Monthly Medicare/Medicaid sanction checks.
 - b. Monthly State sanction checks
 - c. Any limitations on licensure, registration, or certification.
 - d. Beneficiary concerns, which include appeals and grievances (complaints)

¹² MDHHS Policy, Credentialing and Re-Credentialing Processes, Section (B), pp. 2-3.

¹³ 42 CFR §438.12; MDHHS Policy, Credentialing and Re-Credentialing Processes, Section (B), pp. 2-3.

¹⁴ 42 CFR §438.114(d); LSRE.org, LRE Policy 9.9 and accompanying procedure.

¹⁵ MDHHS Policy, Credentialing and Re-Credentialing Processes, Section (B)(4), p. 2.

¹⁶ MDHHS Policy, Credentialing and Re-Credentialing Processes, Section (B)(6), . 2.

information.

- e. Noted quality issues at the LRE level, such as Quality Assessment Performance Improvement Program (QAPI) metrics.¹⁷
- 7) LRE, and its Member CMHSPs through delegation, must have a written process to inform organizational providers and individual practitioners of credentialing decisions (approval or adverse/denial) in writing within 30 days of the LRE's or Member CMHSP's determination.¹⁸
- 8) An organizational provider or individual practitioner that is denied credentialing or recredentialing by the LRE or one of its Member CMHSPs must be informed of the reasons for the adverse credentialing decision in writing by the LRE or Member CMHSPs within 30 days of the LRE's or Member CMHSP's decision.¹⁹
- 9) LRE, and its Member CMHSPs through delegation, must have a written appeal process that is available to an organizational provider or individual practitioner when credentialing or recredentialing is denied, suspended, or terminated for any reason other than lack of need. The written appeal process must be consistent with applicable federal and state requirements. The appeal process must be included as part of an adverse credentialing decision notification letter.²⁰
- 10) LRE, and its Member CMHSPs through delegation, must have written procedures for reporting improper known organizational provider or individual practitioner conduct, which could result in suspension or termination from the provider network to appropriate authorities (i.e., MDHHS, the provider's regulatory board or agency, the Attorney General, NPDB/HIPDB, etc.). Such written procedures must be consistent with current Federal and State requirements, including those specified in the MDHHS-LRE Contract, and in accordance with LRE's Compliance Reporting Responsibility Policy and Procedure.²¹
- 11) LRE ensures that organizational Network Providers residing and providing services in bordering states meet all applicable licensing and certification requirements within their state.²²
- 12) Member CMHSPs ensure that individual practitioner Network Providers residing and providing services in bordering states meet all applicable licensing and certification requirements within their state.

D. INITIAL CREDENTIALING & RE-CREDENTIALING OF INDIVIDUAL PRACTITIONERS²³

Please note that employees/contractors/staff working within the Region who do NOT fit into one of the categories/descriptions listed below are NOT credentialed with the definitions of traditional credentialing in this policy. Requirements for these workers can

¹⁷ MDHHS Policy, Credentialing and Re-Credentialing Processes, Section (B)(7), p. 2; MDHHS Policy, Quality Assessment Performance Improvement Program, December 2022.

¹⁸ MDHHS Policy, Credentialing and Re-Credentialing Processes, Section (B)(8), p.2.

¹⁹ MDHHS Policy, Credentialing and Re-Credentialing Processes, Section (B)(9), p. 3.

²⁰ MDHHS Policy, Credentialing and Re-Credentialing Processes, Section (B)(10), p. 3.

²¹ MDHHS Policy, Credentialing and Re-Credentialing Processes, Section (B)(11), p. 3; LSRE.org, LRE Policy 9.7 and accompanying procedures.

²² FY24 MDHHS-LRE Contract, Section N(a), pp. 62-63.

²³ MDHHS Policy, Credentialing and Re-Credentialing Processes, Section (C), pp. 3-5.

be found in other Medicaid documents.

- 1) Credentialing and re-credentialing processes must be conducted and documented for at least the following health care professionals:
 - a. Physicians (M.D.s and D.O.s)
 - b. Physician's Assistants
 - c. Psychologists (Licensed, Limited License, and Temporary License)
 - d. Licensed Master's Social Workers
 - e. Licensed Bachelor's Social Workers
 - f. Limited License Social Workers
 - g. Registered Social Service Technicians
 - h. Licensed Professional Counselors
 - i. Nurse Practitioners
 - j. Registered Nurses
 - k. Licensed Practical Nurses
 - l. Occupational Therapists
 - m. Occupational Therapist Assistants
 - n. Physical Therapists
 - o. Physical Therapist Assistants
 - p. Speech Pathologists
 - q. Board Certified Behavior Analysts
 - r. Licensed Family and Marriage Therapists
 - s. Other behavioral healthcare specialists licensed, certified, or registered by the State.
- 2) LRE, and its Member CMHSPs, must initially or temporarily/provisionally credential all individual practitioners prior to contracting.
- 3) LRE, and its Member CMHSPs, must recredential all individual practitioners every three (3) years.
- 4) LRE, and its Member CMHSPs, may temporarily/provisionally credential an individual practitioner if doing so would increase the available network of practitioners in underserved areas, whether rural or urban.²⁴
 - a. If the LRE, or its Member CMHSPs, engage in temporary/provisional credentialing, they must have written policies and procedures to address granting of temporary or provisional credentials when it is in the best interest of Medicaid Beneficiaries that practitioners be available to provide care prior to formal completion of the entire credentialing process.
 - b. Temporary/provisional credentialing must be completed within 31 calendar days from receipt of a completed, signed, and dated application accompanied by the minimum documents identified below [II(G)(5)(d)].
 - i. The start time begins when the LRE or one of its Member CMHSP has received complete, signed, and dated application accompanied by the minimum documents identified below, except for the Attestation by the applicant of the

²⁴ MDHHS Policy, Credentialing and Re-Credentialing Processes, Section (C), Temporary/Provisional Credentialing of Individual Practitioners, pp. 4-5.

- correctness and completeness of the application. See II(G)(5)(d)(iv) below.
- ii. Completion time is indicated when written communication is sent to the individual practitioner notifying them of the initial credentialing or recredentialing decision.
 - c. Temporary/provisional credentialing must not exceed 150 calendar days.
- 5) When completing any type of credentialing process (initial credentialing, recredentialing, and/or temporary/provisional credentialing), LRE, or its CMHSPs through delegation, must include:²⁵
- a. A search that reveals information substantially similar to information found on an Internet Criminal History Access Tool (ICHAT) check for each direct-hire or contractually employed practitioner: <https://apps.michigan.gov>.²⁶
 - b. A national sex offender registry check for each direct-hire or contractually employed practitioner: National Sex Offender Registry: <http://www.nsopw.gov>.
 - c. A state sex offender registry check for each direct-hire or contractually employed practitioner: Michigan Public Sex Offender Registry: <https://mspsor.com>.
 - d. A written application that is completed, signed, and dated by the individual practitioner and attests to the following elements:
 - i. Lack of present illegal drug use.
 - ii. History of loss of license, registration, certification, and/or felony convictions.
 - iii. Any history of loss or limitation of privileges or disciplinary action.
 - iv. Attestation by the applicant of the correctness and completeness of the application.
 - v. Attestation by the applicant that they are able to perform the essential functions of the position with or without accommodation.
 - e. An evaluation of the individual practitioner's work history for the prior five (5) years. Gaps in employment of six (6) months or more in the prior five (5) years must be addressed in writing during the application process.
 - f. Verification from primary sources of:
 - i. Licensure or certification and in good standing.
 - ii. Board Certification, or highest level of credentials attained, if applicable, or completion of any required internships/residency programs, or other postgraduate training.
 - iii. Official transcript of graduation from an accredited school and/or LARA license.
 - iv. National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all the following must be verified:
 - 1. Minimum five (5) year history check of criminal convictions related to the delivery of a health care item or service.
 - 2. Minimum five (5) year history check of civil judgments related to the delivery of a health care item or service.

²⁵ MDHHS Policy, Credentialing and Re-Credentialing Processes, Section (C)(1), p. 3.

²⁶ LSRE.org, LRE Policy 9.11 and accompanying procedure.

3. Disciplinary status with regulatory board or agency; and
4. Medicare/Medicaid sanctions and/or exclusions as described in II(D)(3) above.
- v. If the individual practitioner undergoing credentialing is a physician, then physician profile information obtained from the American Medical Association or American Osteopathic Association may be used to satisfy the primary source requirements of (i.), (ii.), and (iii.) above.
- 6) LRE's, or its Member CMHSPs', Credentialing Committee/designated staff member must review the information obtained and determine whether to grant credentials.
- 7) LRE must ensure that the initial credentialing and recredentialing of all individual practitioners applying for inclusion in the provider network must be completed within 90 calendar days of application submission.
 - i. The start time begins when the LRE or one of its Member CMHSP has received a completed signed and dated credentialing application from the individual practitioner.
 - ii. Completion time is indicated when written communication is sent to the individual practitioner notifying them of the initial credentialing or recredentialing decision.

E. INITIAL CREDENTIALING AND RECREDENTIALING OF ORGANIZATIONAL PROVIDERS²⁷

- 1) LRE must initially credential all organizational providers prior to CMHSP contracting.
- 2) LRE must recredential all organizational providers every three (3) years.
- 3) When completing any type of credentialing process (initial credentialing or recredentialing) of an organizational provider), LRE, must ensure:
 - a. The organizational provider completes the current credentialing application.
 - b. The organizational provider is licensed or certified and in good standing as necessary to operate in the State.
 - c. The organizational provider is approved by an accredited body (if a provider is not accredited, LRE must perform an on-site quality assessment).
 - d. For solely community-based providers (e.g., ABA or CLS in private residences), an on-site review is not required; an alternative quality assessment is acceptable, such as a virtual file review or desk audit.
 - e. There is a minimum five (5) year history check of criminal convictions related to the delivery of a health care item or service.
 - f. There is a minimum five (5) year history check of civil judgments related to the delivery of a health care item or service.
 - g. The organizational provider is not excluded from participation in Medicare, Medicaid, or other Federal contracts as outlined in II(D)(3)(a) above.
 - h. The organizational provider is not excluded from participation through the MDHHS Sanctioned Provider list as outlined in II(D)(3)(b) above.
 - i. Current insurance coverage meeting contractual expectations is on file with LRE. (Questions about meeting contractual expectations will be directed to the

²⁷ MDHHS Policy, Credentialing and Re-Credentialing Processes, Section (D), p. 5.

CMHSP Contracting Representative for resolution before credentialing can be approved.)

- 4) The contract between the LRE, or any of its Member CMHSPs, and any organizational provider specifies the requirement that the organizational provider must credential and recredential their direct employees, as well as subcontracted service providers and individual practitioners in accordance with the LRE's credentialing/ recredentialing policies and procedures, which must conform to MDHHS credentialing process.
- 5) The LRE's Credentialing Committee/designated staff member must review the information obtained and determine whether to grant credentials.
- 6) The LRE must ensure that the credentialing of all organizational providers applying for inclusion in the provider network be completed within 90 calendar days of application submission.
 - a. The start time begins when the LRE has received a completed signed and dated credentialing application from the organizational provider.
 - b. The completion time is indicated when written communication is sent to the organizational provider notifying them of the LRE's decision.

F. DEEMED STATUS & RECIPROCITY²⁸

Organizational providers or individual practitioners may deliver healthcare services to more than one (1) PIHP. LRE may recognize and accept credentialing activities conducted by any other PIHP in lieu of completing their own credentialing activities. In those instances where LRE chooses to accept the credentialing decision of another PIHP, LRE must maintain copies of the credentialing PIHP's decisions in the organizational provider and/or the individual practitioner's credentialing file.

G. RECORDS RETENTION

All initial credentialing, temporary/provisional credentialing, recredentialing, and monitoring records shall be retained in accordance with the LRE Records Retention Policy.²⁹

V. APPLICABILITY AND RESPONSIBILITY

LRE, Member CMHSPs, and Network Providers.

VI. MONITORING AND REVIEW

This policy is reviewed by LRE CEO and/or designee on an annual basis.

VII. RELATED POLICIES AND PROCEDURES

- LRE Policy 9.7 – Compliance Reviews and Investigations for Reporting
- LRE Procedure – Compliance Reporting Responsibility
- LRE Procedure – Sanctions Procedures
- LRE Policy 9.9 – Exclusion Screenings

²⁸ MDHHS Policy, Credentialing and Re-Credentialing Processes, Section (E), pp. 6-7.

²⁹ LSRE.org, LRE Policy 3.6.

- LRE Procedure – Exclusion Screening Procedure
- LRE Policy 9.11 – Criminal History Checks
- LRE Procedure – Criminal History Checks
- LRE Policy 7.8 – Medicaid Verification
- LRE Policy 3.6 – Records Retention Policy

VIII. REFERENCES/LEGAL AUTHORITY

- 42 CFR 438.214
- 42 CFR 438.12
- MDHHS-PIHP Master Contract
- Michigan Medicaid Provider Manual
- MDHHS Policy; Credentialing and Recredentialing Processes

IX. CHANGE LOG

Reason for Change	Date of Change	Description of Change	Responsible Party
	12/16/2021	Added general requirements, updated language	COO or Designee
	12/15/2022	Updated delegation language	CEO or Designee
	12/5/2023	Added related procedure	CEO or Designee
LRE Contracting Philosophy	01/25/2024	Aligned policy with Federal Regulation and FY24 MDHHS-PIHP and FY24 LRE-CMHSP contracts.	CEO or Designee
MDHHS Policy Change	02/02/2024	MDHHS policy change to clarify requirements and processes	CEO or Designee