

1.4.6 Licensed Medical Provider Credentialing and Privileging

(a) Policy

California Correctional Health Care Services (CCHCS) shall maintain a process to credential and privilege all licensed medical providers subject to this policy and who provide patient care services at California Department of Corrections and Rehabilitation (CDCR) institutions and the regional and headquarters offices of CCHCS to ensure that they meet minimum credentials, privileging, and performance standards. Licensed medical providers shall not provide any direct patient care services to CDCR patients prior to having their credentials approved and privileges granted. CCHCS considers its credentialing and privileging activities to be peer review activities within the meaning of Business and Professions Code, Section 805 and Evidence Code, Section 1157.

(1) Credentials Review

The credentials reviewed for all providers shall include, but not be limited to, licensure, certification, education, training and experience, current competence, and physical and mental ability to discharge patient care responsibilities appropriately in a correctional setting. This includes any information which bears on a provider's

(A) Clinical skills, competency, and judgment necessary to perform the health care services provided to patients.

(B) Judgement and ability to perform techniques in any specialty for which credentials are reviewed.

(C) Consistent observance of professional and ethical standards including a history of acting in a professional and collegial manner.

(D) Written and verbal communication skills.

(2) Scope

(A) Credentials for civil service providers and CCHCS Telemedicine Services Unit providers may be approved on a statewide basis. Registry and contract providers shall have credentials reviewed for each location where the licensed medical provider intends to provide services.

(B) Privileges may only be granted for the specific location where a licensed medical provider intends to provide services. The CCHCS Telemedicine Services Unit provides access to medical services and specialty services at all CDCR institutions; therefore, Telemedicine Services Unit providers may be privileged statewide. However, if a Telemedicine Services Unit licensed medical provider intends to provide in-person services in a CDCR facility, the licensed medical provider shall apply for privileges specific to each physical location. Privileges may only be granted once credentials have been approved.

(3) Reappointment, Expiration of Privileges, and Termination

(A) Reappointment shall occur biennially and at other times during a licensed medical provider's reappointment cycle as set forth in this chapter. If a licensed medical provider fails to complete the reappointment process, they may not continue providing patient care services, and their privileges shall expire, resulting in an automatic revocation of privileges. The failure of any civil service employee to participate in or complete reappointment shall be subject to progressive discipline, up to and including termination. Registry or contract providers shall be subject to termination of contract services upon the expiration of privileges.

(B) Any separation of 90 calendar days or greater from civil service or contract/registry employment, permanent separation from civil service employment, contract expiration or termination of services as a contract/registry licensed medical provider shall result in automatic termination of any privileges at the time of separation.

(b) Purpose

To ensure that all licensed medical providers subject to this policy and who provide patient care services at CDCR institutions meet minimum credentials, privileging, and performance standards.

(c) Applicability

This policy and procedure applies to civil service and contract/registry licensed medical providers and specialists used by Medical Services as follows:

(1) Receiver's Medical Executive (To include all working titles in the classification)

(2) Chief Physician and Surgeon (CP&S)

(3) Physician and Surgeon

(4) Physician Assistant (PA)

(5) Nurse Practitioner (NP)

(6) Specialty Consultant Practitioners

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(d) Responsibility

(1) Hiring/Contracting Authority

The Hiring/Contracting Authority (HCA) for each CDCR institution or facility where providers provide direct patient care services is responsible for ensuring that health care providers are appropriately credentialed and practice within the scope of their clinical privileges. Prior to submitting a request for credentialing and privileging, the HCA shall ensure that all pre-appointment human resources requirements have been met including, but not limited to, checking references and completing Live Scan reviews. The HCA, in consultation with the appropriate Regional Deputy Medical Executive (RDME), shall be responsible for reviewing requested clinical privileges and for making a determination regarding privileging actions for Chief Medical Executives (CME). For headquarter-based providers, the Deputy Director (DD), Medical Services or designee has the authority to make privileging determinations.

(2) Medical Reviewer

The Medical Reviewer (MR) is responsible for reviewing credentials applications and making a determination as to whether credentials can be approved or whether the application requires additional evaluation.

(3) Chief Medical Executive

The CME for each CDCR institution or facility where direct patient care services are provided is responsible for reviewing requested clinical privileges and for making a determination regarding privileging actions and for monitoring and surveillance of the professional competency and performance of those who provide patient care services with delineated clinical privileges. This includes the Focused Professional Practice Evaluations for new privileges (for providers new to the facility as well as providers requesting new privileges) and the ongoing monitoring and continued surveillance over time. The CME may delegate these responsibilities to the CP&S.

(4) Regional Deputy Medical Executive/Deputy Director, Medical Services

The RDME is responsible for coordinating and facilitating the Performance Evaluation Meeting (PEM) to make a determination regarding active privileges for the licensed medical provider in a probationary employment status. For HQ based providers, the DD, Medical Services or designee is responsible for making the privileging determination.

(5) Credentialing and Privileging Support Unit

The Credentialing and Privileging Support Unit (CPSU) shall review and process all applications for credentials and privileges in accordance with this policy and procedure.

(6) Medical Peer Review Committee

(A) The Medical Peer Review Committee (MPRC) shall take appropriate action on credentialing and privileging applications that are referred to it for review, monitor credentialing and privileging activities within CDCR/CCHCS, and ensure that program-specific standards for credentials and clinical privileges remain current and up-to-date under applicable legal, accreditation, and/or community standards.

(B) The MPRC shall refer all proposed actions that will impact the privileges of a licensed medical provider to the Health Care Executive Committee (HCEC) for approval and further action. All other actions taken by the MPRC shall be reported to the HCEC on an informational consent item report. This includes placement of credential alerts and credential bars as well as privilege modifications which are not taken for medical disciplinary cause or reason (i.e., lapse or expiration of credentials or privileges or a failure to secure required certifications or licenses).

(7) Health Care Executive Committee

(A) The HCEC shall ensure that providers who provide services to CDCR/CCHCS patients provide clinical services that consistently meet the standard of care. This includes oversight of the MPRC's credentialing and privileging activities.

(B) The HCEC shall review all privileging actions taken by the MPRC and may act independently in appropriate cases as necessary to ensure that patient health care at CDCR/CCHCS meets the standard of care.

(8) Applicants and Licensed Medical Providers

(A) Applicants and licensed medical providers are responsible for the following items:

1. Providing evidence of licensure, registration, certification and other relevant credentials as set forth in this chapter for verification prior to appointment and throughout the appointment process as requested.

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2. Keeping CDCR/CCHCS apprised of information that would adversely affect or otherwise limit their privileges at the earliest date after notification is received by the licensed medical provider but no later than 15 calendar days. This includes not only final actions but also pending and proposed actions.
3. Maintaining licenses, registrations, and certification in good standing and informing the HCA of any changes in the status of these credentials at the earliest date after notification is received by the licensed medical provider but no later than 15 calendar days including, but not limited to, any pending or proposed actions.
4. Obtaining and producing all needed information for a proper evaluation of professional competence, character, ethics, and other qualifications. The information must be complete and verifiable. The applicant and licensed medical provider has the responsibility for furnishing information that will help resolve any questions concerning these qualifications.

(B) Failure to keep CDCR/CCHCS fully informed on these matters may result in administrative or disciplinary action.

(e) Procedure Overview

- (1) The credentialing and privileging process includes primary source verifications and privileging determinations for licensed medical providers listed in Section (c)(1) who perform services and are requesting privileges related to clinical performance in CCHCS/CDCR.
- (2) The HCA, CPSU, Headquarters/Regional Medical Executives, MR, CME, CP&S, MPRC, and HCEC work collaboratively in collecting, reviewing, tracking, and evaluating licensures, relevant training, experience, and current competencies of each licensed medical provider.

(f) Procedure

(1) Initial Appointment

- (A) The applicant shall submit a completed CCHCS credential and privilege application package as outlined in the New Licensed Medical Provider Credentialing and Privileging Documentation Requirements (Appendix 1). In addition, the applicant shall:
1. Attest that all information submitted for the credentialing and privileging process is accurate.
 2. Agree to immediately report any change in the status of the information in the application or maintained in the credentials file.
 3. Agree to abide by the CDCR Code of Conduct, CDCR Department Operations Manual, Section 33030.3.1, and the Licensed Medical Provider Code of Professional Conduct (Appendix 2).
 4. Agree to renew credentials and active privileges at least every two years.
- (B) The CPSU shall review the application and supporting documentation, which shall include the documents listed in the Mandatory Primary Source Verification Documents (Appendix 3), to determine whether the applicant meets credentialing and privileging standards as listed in the Minimum Professional Requirements for Credentialing and Privileging Approval (Appendix 4).
1. If the application is incomplete, the CPSU shall actively work with the applicant and CME or registry/contract vendor to gather missing information until the necessary information is obtained or until the CME or RDME makes a determination regarding a final disposition for the application.
- (C) When the CPSU determines the application is complete, the CPSU shall forward the credentialing application and supporting documentation to the MR for review and determination.
- (D) Upon credentials approval, the CPSU shall forward the privileging application and supporting documentation to the CME for review and determination. For CMEs, upon credential approval, the CPSU shall forward the privileging application and supporting documentation to the RDME or HCA for review and determination. For HQ based providers, the CPSU shall forward the privileging application and documentation to the DD, Medical Services or designee for review and determination.
1. For institutions with a Correctional Treatment Center (CTC), the CME shall make a privilege recommendation to the Local Governing Body (LGB) for determination. The CME shall report the LGB's privilege determination to the CPSU. For institutions without a CTC, the CME shall make a privilege determination to the CPSU.
 2. If mentoring/proctoring is requested, proctoring shall be done at the institution by medical leadership or other peers who are experienced with performing the procedure(s). If there are no peers at the institution who can provide the mentoring, then institutions may reach out to the RDME for assistance.

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3. A provider may request any additional procedures based on their training and experience and the institution's needs. The provider shall "self-report" competency which means they are attesting that they are proficient in the procedure and typically have successfully completed at least three cases within the past 24 months without complications.
 4. When privileges for an additional procedure or procedures are requested, institution leadership or peers competent in that procedure or procedures shall proctor a minimum of three cases. If the provider requesting privileges has demonstrated competence in performing the procedure(s), this shall be noted in the privileging record and no further evaluation is needed.
 5. If additional oversight is needed in the performance of a procedure, the institution leadership shall make the determination regarding how many more cases need to be proctored/observed. If institution leadership or peers cannot provide proctoring for certain procedures, they may reach out to the RDME for assistance.
- (E) Upon receipt of the credentials and privileging determination, the CPSU shall do the following:
1. Civil Service Full-Time Applicants with six-month probation period: If credentials are approved and provisional privileges granted for up to 180 calendar days (from the licensed medical provider's date of appointment), the CPSU shall:
 - a. Inform the HCA, RDME, and applicant of the decision.
 - b. Request that the CME and CP&S or DD, Medical Services or designee complete and submit an Advanced Practice Provider (APP) Practice Agreement within five calendar days from the applicant's date of appointment (only applicable to PAs and NPs).
 2. Civil Service Full-Time Applicants with one-year probation period: If credentials are approved and provisional privileges are granted up to 365 calendar days (from the licensed medical provider's date of appointment) the CPSU shall:
 - a. Inform the HCA, RDME, and applicant of the decision.
 3. Civil Service Part-Time Applicants: If credentials are approved and provisional privileges are granted for a period proportional to the length of the probation period not to exceed 365 calendar days (from the licensed medical provider's date of appointment), the CPSU shall:
 - a. Inform the HCA, RDME and applicant of the decision.
 - b. Request that the CME and CP&S or DD, Medical Services or designee complete and submit an APP Practice Agreement within five calendar days from the applicant's date of appointment (only applicable to PAs and NPs).
 4. Contract/Registry Applicants: If credentials are approved and active privileges granted, the CPSU shall:
 - a. Inform the Contracting Authority of the decision.
 - b. Request that the CME and CP&S or DD, Medical Services or designee complete and submit an APP Practice Agreement within five calendar days from the applicant's start date (only applicable to PAs and NPs).
- (F) If credentials are not approved, the CPSU shall notify the HCA, RDME, or DD, Medical Services or designee of the decision.

(2) Provisional to Active Privileges

- (A) No less than 60 calendar days prior to expiration of provisional privileges, the CPSU shall:
1. Inform the HCA, CME, RDME, or DD, Medical Services or designee and licensed medical provider that the licensed medical provider's provisional privileges will be expiring and of the date of the expiration.
 2. Inform the HCA, CME, RDME, DD, Medical Services or designee of the PEM due date.
 3. Request that the CME or DD, Medical Services or designee submit an Attestation of Clinical Competency.
 4. If applicable, the CPSU shall also identify any referral criteria items which are listed in Referral Criteria (Appendix 5) and:
 - a. Inform the CME, RDME, or DD, Medical Services or designee of any referral criteria items.
 - b. Request the CME to provide additional information regarding any referral criteria items.
- (B) Once all necessary materials are gathered and no less than 30 calendar days prior to expiration of provisional privileges, the RDME or DD, Medical Services or designee shall facilitate a PEM to review the Initial Focused Professional Practice Evaluation (IFPPEs), results from Individual Improvement Plans (IIPs), available peer review documentation, and referral criteria items to make a determination regarding active privileges for the

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licensed medical provider. For HQ based providers with clinical privileges, the DD, Medical Services or designee shall facilitate a PEM. The PEM shall be facilitated with the following:

1. DD, Medical Services or designee (required for HQ based providers).
2. Assistant DD (optional).
3. Deputy Medical Executive (required for HQ based providers).
4. Headquarters Medical Executive (optional).
5. RDME (required for non-HQ based providers).
6. MR (optional).
7. CME (required).
8. Institution HCA, CP&S (required).
9. Health Care Employee Relations Officer (HCERO) (if there are significant concerns regarding the licensed medical provider's performance).

(C) If active privileges are granted, the CPSU shall notify the licensed medical provider.

(D) If, after the PEM, the determination is that active privileges shall not be granted, the HCA shall work with the HCERO to prepare a Rejection During Probation (RDP). A copy of the RDP shall be provided to the MPRC. The MPRC shall determine whether or not the RDP was for medical disciplinary cause or reason and thus needs to be reported to the provider's licensing board or the National Practitioner Data Bank.

(3) Biennial Reappointment

(A) No less than 60 calendar days prior to expiration of active credentials/privileges, the CPSU shall:

1. Inform the HCA, CME, RDME, or DD, Medical Services or designee, and licensed medical provider that the licensed medical provider's active credentials/privileges will be expiring and the date of the expiration.
2. Identify and gather available Peer Review documentation, including the Ongoing Professional Practice Evaluations (OPPE), any Focused Professional Practice Evaluations (FPPE), and the results from IIPs.
3. Identify any referral criteria items which are listed in the Referral Criteria (Appendix 5).
4. Request that the CME or DD, Medical Services or designee submit an Attestation of Clinical Competence based on the performance results obtained from the licensed medical provider's OPPEs and IIPs completed over the preceding two years.
5. Request that the CME, CP&S, and/or DD, Medical Services or designee review and submit an APP Practice Agreement (only applicable to PAs and NPs).
6. If applicable:
 - a. Inform the CME, RDME, or DD, Medical Services or designee of any referral criteria items.
 - b. Request additional information from the CME or DD, Medical Services or designee regarding referral criteria items.

(B) The licensed medical provider shall submit the reappointment application no less than 30 calendar days prior to expiration of active credentials/privileges.

(C) When the CPSU determines the reappointment application is complete, the CPSU shall forward the reappointment application and supporting documentation to the MR for review and a credentialing determination.

(D) Upon approval of the provider's reappointment credentials, the CPSU shall forward the reappointment application with requested privileges and supporting documentation to the CME, or DD, Medical Services or designee for review. The CME or DD, Medical Services or designee shall also review the FPPEs, results from IIPs, available Peer Review documentation, and referral criteria items prior to making a determination regarding the reappointment for the licensed medical provider. For HQ based providers, the DD, Medical Services or designee shall review and make a privileging determination.

(E) Licensed medical providers shall not be allowed to continue providing patient care if the provider's privileges expire.

(F) The CPSU shall refer providers whose privileges have expired to the HCA for further action including, but not limited to, progressive discipline, or an FPPE.

(G) If the licensed medical provider fails to complete the reappointment process before their privileges expire, privileges shall not be granted. The CPSU shall notify the HCA, CME, RDME, or DD, Medical Services or designee of the expiration of privileges and shall concurrently refer the file to the MPRC which shall take further action in pursuant to Section (d)(6).

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- (H) If reappointment is approved, the CPSU shall notify the HCA, RDME, or DD, Medical Services or designee, and licensed medical provider of the decision.
- (I) If reappointment is not approved, privileges shall not be granted. The CPSU shall notify the HCA of the decision and shall concurrently refer the file to the MPRC to determine whether any reports are required by law to be filed with the provider's licensing board and/or National Practitioner Data Bank and whether a referral to the HCA is necessary for further disciplinary action as a result of privileges not being granted.

(4) Changes to Privileging Status

- (A) Privileging status changes may be initiated by the MPRC, HCEC, HCA, CME, RDME, or DD, Medical Services or designee, or licensed medical provider. Changes to privileging status include, but are not limited to, resignation, rejection, denial, termination, revocation, suspension, restriction, withdrawal, or abandonment of a request for credentials and/or privileges.
- (B) A licensed medical provider who currently possesses any type or set of privileges and no longer wishes to exercise such privileges may voluntarily terminate their privileges by providing written notice to their HCA or CME, which shall include the effective date of the termination. The HCA or CME shall forward the notice of voluntary termination of privileges to the CPSU within five calendar days of the licensed medical provider's written notice.
- (C) Voluntary changes to any privileging status initiated by a licensed medical provider shall not automatically be deemed to be an unfavorable action for medical disciplinary cause or reason, triggering any form of peer review. However, the MPRC and HCEC retain the discretion to review all voluntary changes to a licensed medical provider's privileging status and to make an independent determination as to whether the change in privileging status warrants further reporting or action as required by law.

(5) Temporary Privileges

In the event that a provider's active privileges at the current institution expired during a temporary separation or approved leave of absence, temporary privileges may be granted without the need for a new application, not to exceed 60 calendar days from the date the provider returns to work.

- (A) The CPSU shall forward the most recent privileging application and supporting documentation to the CME or DD, Medical Services or designee to determine if temporary privileges should be granted.
- (B) The medical provider shall submit a current privileging application within ten calendar days of returning to work.

(6) Disaster Privileges

Disaster privileges may be granted to administer care, treatment, and services to patients when a disaster has been declared by the individual/agency with authority to declare a disaster or state of emergency (such as the Governor). The institution's local emergency operations plan must be activated in order to authorize disaster privileges. Privileges that are exercised should be equivalent to those exercised at the practitioner's primary hospital or within the statutory-defined scope of practice for those without primary hospital affiliations. At a minimum, the process for granting disaster privileges shall include:

- (A) A completed Disaster Privileging Form.
- (B) A valid, government-issued photo ID (i.e., driver's license or passport) and at least one the following:
 1. Current picture identification card from a health care organization that clearly identifies professional designation.
 2. Current license, certification, or registration to practice.
 3. Identification indicating that the practitioner is a member of a Disaster Medical Assistance Team, the Medical Reserve Corps, the Emergency System for Advance Registration of Volunteer Health Professional, or other recognized federal or state response organization or group.
 4. Identification indicating that the practitioner has been granted authority by a government entity to provide patient care, treatment, or services in a disaster circumstance.
 5. Confirmation by a licensed independent practitioner (LIP) currently privileged by the hospital or by a staff member with personal knowledge of the practitioner's ability to act as an LIP during a disaster.
 6. The CPSU shall confirm and verify the information above and Disaster Privileges shall be reviewed and granted by the CME or designee. The CME, or designee, shall document their review of the practitioner's performance within 72 hours of granting disaster privileges to determine whether the privileges shall be continued.

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(7) Emergency Privileges

- (A) For the purpose of this section, an "emergency" is defined as an unexpected or sudden event that significantly disrupts the institution's ability to provide care, or the environment of care itself, or that results in a sudden, significantly changed or increased demand for the institution's services, or a condition in which serious or permanent harm would result to a patient or in which the life of the patient is in immediate danger and any delay in administering treatment would add to that danger.
- (B) In the case of emergency, any practitioner, to the degree permitted by their license and regardless of service or staff status or lack of it, shall be permitted and assisted to do everything possible to save the life of a patient, using every facility of the institution necessary, including the calling for any consultation necessary or desirable.
- (C) When an emergency situation no longer exists, such practitioner shall request the privileges to continue to treat the patient. In the event such privileges are denied or they do not desire to request privileges, the patient shall be assigned to health care staff as appropriate.

(8) File Closure

The CPSU shall close the credentialing and privileging file if any of the following conditions are met:

- (A) The licensed medical provider withdraws the credentialing and/or privileging application.
- (B) The HCA, CME, RDME, DD, Medical Services or designee, or MR withdraws the credentialing and/or privileging request.
- (C) The CPSU is notified of a licensed medical provider's resignation, retirement, or death.

(9) Credentialing Actions

One of the following actions shall occur upon each review of a request for approval of credentials and granting of privileges:

- (A) Credentials approved: The MR determines that the credentials of the licensed medical provider have been verified to meet the minimum standards for credentialing. The CME or CP&S shall then proceed with making a privileging determination.
- (B) Credential file to be closed: The request to credential a licensed medical provider has been withdrawn or the HCA, RDME, CME, DD, Medical Services or designee, or MR determines that an application shall no longer be pursued.
- (C) Credential alert: If the MPRC determines that certain facts should be considered as part of the current or any subsequent request to approve credentials or grant privileges to the licensed medical provider, then a credential alert shall be placed in the credentials file and the MPRC, HCA, RDME, CME, DD, Medical Services or designee, and MR shall consider the facts before acting on any subsequent application for credentials and/or privileges.
- (D) Credential bar: The MPRC shall place a credential bar in the credentials file if the MPRC determines that the licensed medical provider's unsatisfactory service has resulted in any one or more of the following:
 - 1. Suspension or revocation of the licensed medical provider's privileges by the HCEC.
 - 2. Separation for cause from civil service employment with the CDCR/CCHCS.
 - 3. Termination for cause of the licensed medical provider's services as a contract/registry licensed medical provider with the CDCR/CCHCS.
 - 4. Any legally enforceable agreement including, but not limited to, a settlement agreement prohibiting the licensed medical provider from practicing as an employee or contract/registry licensed medical provider with the CDCR/CCHCS.

The placement of a credential bar by the MPRC shall be forwarded to the HCEC as a consent calendar item. After placement of a credential bar in the credentials file, any subsequent application for credentials and/or privileges must be reviewed by the HCEC.

- (E) Referral to MPRC: The MR shall defer a recommendation on an application for credential approval and refer the case to the MPRC in the event that the MR determines there is a need for additional evaluation of a licensed medical provider's credentials information due to the presence of referral criteria items or issues in the file; refer to categories I & II of the Referral Criteria (Appendix 5).
- (F) Credential disapproval: If the MPRC determines that the credentials of the licensed medical provider shall not be approved, the MPRC shall determine whether the disapproval is for a medical disciplinary cause or reason, and whether the disapproval must be reported to the provider's licensing board or the National Practitioner Data

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Bank, or the HCA for potential disciplinary action. The MPRC shall also prepare a recommendation and referral to the HCEC.

(10) Consideration of Requests for Credentials and/or Privileges

- (A) Before taking any action on a request to approve credentials and/or grant privileges, the CME, or DD, Medical Services or designee shall:
1. Consider all credentialing and peer review information including credential alerts or bars, in the credentials file.
 2. Confirm that the HCA who requested the credentialing is informed of and has considered all facts relevant to the employment or contracting decision including facts that resulted in the placement of a credential alert or bar.
- (B) If the credentials file contains a credential bar, the MR shall refer the request to MPRC with a recommendation for approval or disapproval. The MR is not required to refer files containing a credential alert to MPRC if they have previously reviewed the information on which the alert is based, and are satisfied that the information will not negatively reflect on the competence of the provider.
- (C) The MR shall approve credentials only if they determine that the licensed medical provider:
1. Meets all credentialing requirements as delineated in this chapter.
 2. Possesses the current competence and mental and physical ability to adequately discharge patient care responsibilities in a correctional setting.
- (D) Where the CME, or DD, Medical Services or designee, and MR lack sufficient information to make a finding regarding current competence and mental and physical ability, the CME and MR shall refer the request to the MPRC for a determination.

(11) Referring Actions for Medical Disciplinary Reasons

- (A) The CME, or DD, Medical Services or designee, and MR are not authorized to deny any application for credentials and/or privileges based on a medical disciplinary cause or reason within the meaning of the California Business and Professions Code, Section 805, et seq.
- (B) Where the CME and MR determine that they cannot make a recommendation to approve credentials or grant privileges without denying them based on a medical disciplinary cause or reason, the CME and MR shall refer their recommendation to the MPRC which shall take further action pursuant to Section (d)(6).

(12) Civil Service Licensed Medical Provider Transfers and Promotions

- (A) In addition to biennial reappointment, all civil service licensed medical providers who are selected for promotional appointments shall be required to undergo initial appointment pursuant to Section (f)(1) prior to beginning job duties for the promotional position. Appointment for a promotion shall be based on available documentation pertaining to the evaluation of the licensed medical provider's performance.
- (B) If a licensed medical provider laterally transfers to a different institution or facility and stays in the same job classification, full reappointment is not required prior to the expiration of the licensed medical provider's current credentialing cycle, but the licensed medical provider shall apply for privileges at the new facility or institution.
- (C) If a licensed medical provider transfers or promotes while providing services based on provisional privileges, the licensed medical provider shall still be required to complete all aspects of their provisional privileges and probationary period including probationary evaluations, IFPPEs, and IIPs before active privileges may be granted.

Appendices

- Appendix 1: New Licensed Medical Provider Credentialing and Privileging Documentation Requirements
- Appendix 2: Licensed Medical Provider Code of Professional Conduct
- Appendix 3: Mandatory Primary Source Verification Documents
- Appendix 4: Minimum Professional Requirements for Credentialing and Privileging Approval
- Appendix 5: Referral Criteria
- Appendix 6: Specialty Licensed Medical Provider Professional Requirements for Credentialing and Privileging Approval

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References

- *Plata* Physician Professional Clinical Practice Review, Hearing and Privileging Procedures, Pursuant to Order Approving, With Modifications, Proposed Policies Regarding Physician Clinical Competency, July 9, 2008; *Plata v. Newsom, et al.*, Federal Court Case No. C01-1351 published September 4, 2008, Court ordered procedures
- California Business and Professions Code, Division 2, Chapter 5, Article 12, Sections 2234 and 2261
- California Evidence Code, Division 9, Chapter 3, Section 1157
- California Penal Code, Part 3, Title 7, Chapter 2, Section 5068.5
- California Code of Regulations, Title 22, Division 5, Chapter 12. (22 CCR 79501 et seq.)
- California Department of Corrections and Rehabilitation, Department Operations Manual, Chapter 3, Article 22, Section 33030.3.1, Code of Conduct

Revision History

Effective: 12/2017

Revised: 02/2022

Appendix 1

New Licensed Medical Provider Credentialing and Privileging Documentation Requirements

Licensed medical providers shall complete a credentialing and privileging application. Contents of the credentialing and privileging application package may include the following items (the specific requirements are determined by the licensed medical provider's classification):

- Licensure information on any active or inactive licenses.
- Proof of current certification as a Human Immunodeficiency Virus (HIV) Specialist by the American Academy of HIV. (Only applicable to providers in the Statewide HIV Management Team).
- California registered Drug Enforcement Administration (DEA) certificate or attestation that the licensed medical provider will obtain a California registered DEA certificate within 30 calendar days of start date. DEA certificate must possess the authority to prescribe Schedule II/IIN, III/IIIN, IV, and V controlled substances. Contract/Registry licensed medical providers shall have a California registered DEA certificate with authority to prescribe Schedule II/IIN, III/IIIN, IV, and V controlled substances.
- Drug Addiction Treatment Act (DATA) Practitioner Waiver (i.e., X-Waiver certification) with the capacity to treat at least 100 patients, issued by the Substance and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) or an attestation that the licensed medical provider will obtain a DATA Practitioner Waiver with the capacity to treat at least 100 patients. If an applicant does not have X-waiver at the 100 patient limit at the time of hire, they shall have X-waiver at the 30 patient limit AND have completed the required MAT waiver training. In addition, the applicant shall provide proof of submitting a Notification of Intent to SAMHSA to increase to the 100 patient limit within 14 calendar days of start date.
- Controlled Substance Utilization Review and Evaluation System registration by providing a screenshot of User Profile.
- Work History (gaps greater than three months must be accounted for).
- Complete contact information for three professional peer references.
- Attestation Questionnaire that includes:
 1. Licensed medical provider attesting to reasons for inability to perform the essential functions of the position with or without accommodation.
 2. Lack of present illegal drug use.
 3. History of loss of license and/or criminal convictions.
 4. History of loss or limitation of privileges or disciplinary activity.
- Attestation to the correctness and completeness of the credentialing and privileging application.
- Authorization to Release Information Form.
- Proof of Professional Liability Insurance (Contract/Registry Only).
- Advanced Cardiovascular Life Support (ACLS) certification from an accredited American Heart Association (AHA) training site or attestation that the licensed medical provider will obtain AHA ACLS certification within 30 calendar days from the date of appointment is required for all primary care medical providers. Contract/Registry licensed primary care medical providers shall have current AHA ACLS certification. Contract/Registry Specialty Consultant Cardiologists and Certified Registered Nurse Anesthetists (CRNA) who provide onsite services must have current AHA ACLS certification.
- Basic Life Support (BLS) certification from an accredited American Heart Association or American Red Cross training site is required for Contract/Registry licensed medical Specialty Consultants who provide onsite services. Contract/Registry Specialty consultants who only provide services via Telemedicine are not required to have BLS certification.
- Attestation of Clinical Competence (Civil Service Only).
- Code of Conduct and Professional Behavior Form.
- California Correctional Health Care Services (CCHCS) Privilege Request Form.

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The CCHCS Human Resources or Contract Branch shall verify that the licensed medical provider requesting approval of credentials and privileges is the same licensed medical provider identified in the credentialing and privileging documents.

Revision History

Effective: 12/2017

Revised: 02/2022

Appendix 2

Licensed Medical Provider Code of Professional Conduct

To provide and promote quality health care, emphasizing professionalism, respect and sensitivity, I, _____, will adhere to the following Licensed Medical Provider Code of Professional Conduct in all interactions with patients, colleagues, other health professionals, and the public.

The Licensed Medical Provider Code of Professional Conduct (Code) is a series of principles and subsidiary rules that govern professional interactions. The Code applies to all Licensed Medical Providers, as defined in these policies, in the California Department of Corrections and Rehabilitation (CDCR) involved in clinical and administrative activities.

Failure to meet the professional obligations described below represents a violation of the Code. Items marked with an asterisk (*) indicate behaviors that may also violate federal or state laws.

1. Respect for Persons

The basis of all human interactions at any CDCR facility will be to treat each other with respect and dignity, no matter what station, degree, race, age, sexual orientation, religion, gender, disability and/or disease. To accomplish this, I resolve to:

- Treat patients, colleagues, other health professionals, and the public with the same degree of dignity and respect I would wish them to show me.
- Treat patients with kindness and gentleness.
- Respect the privacy and modesty of patients.
- Not use offensive language, verbally or in writing, when referring to patients or their illnesses.
- Not use offensive language when interacting with any others in the community.
- Not harass others physically, verbally, psychologically, or sexually.*
- Not abuse one's power or position for sexual and/or romantic ends.
- Not discriminate on the basis of sex, gender, religion, race, national origin, ancestry, color, disability, age, genetic information, marital status, medical condition, political affiliation or opinion, veteran status/military service, or sexual orientation.*

2. Respect for Patient Confidentiality

The confidentiality of patient communication and information is the basis of professional care. To realize its achievement, and consistent with the nature and confines of providing care in a correctional environment, I resolve to:

- Not share the medical or personal details of a patient with anyone except those health care professionals integral to the wellbeing of the patient or within the context of an educational endeavor.*
- Not discuss patients or their illnesses in public places where the conversation may be overheard.
- Not publicly identify patients, in spoken words or in writing, without patients' permission.
- Not invite or permit unauthorized persons into patient care areas, except as necessary in consideration of the correctional setting where care is provided.
- Not access or attempt to access confidential data on patients unless the information is necessary for the care of that patient.*

3. Honesty and Integrity

Honesty and integrity are the foundations of good physician-patient and professional-professional relationships. To this end, I resolve to:

- Be truthful in verbal and in written communications.
- Acknowledge an unanticipated outcome to colleagues and patients when the result of a treatment or procedure differs significantly from what was anticipated.
- Protect the integrity of clinical decision-making, regardless of financial impact.
- Not knowingly mislead others.

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- Not otherwise act dishonestly.

4. Responsibility for Patient Care

To maintain my responsibility for patient care, I resolve to:

- Obtain the patient's informed consent for diagnostic tests or therapies.
- Not abandon a patient. If unable/unwilling to continue care, I have the obligation to assist in making a referral to another competent practitioner willing to care for the patient.
- Follow up on ordered laboratory tests and complete patient record documentation conscientiously.
- Coordinate with clinical care teams about the timing of information sharing with patients to present a coherent and consistent treatment plan.
- Not document items in the medical record that were not performed.
- Not abuse alcohol or drugs.

5. Awareness of Limitations and Professional Growth

Lifelong learning is critical to the competent practice of our profession. To achieve this end, I resolve to:

- Be aware of my personal limitations and deficiencies in knowledge and abilities and know when and whom to ask for supervision, assistance, or consultation.
- Know when and for whom to provide appropriate supervision.
- Avoid patient involvement when ill, distraught, or overcome with personal problems.

6. Behavior as a Professional

Patients expect appropriate dress and identification. To fulfill this, I resolve to:

- Clearly identify myself and my role to patients and staff.
- Dress in a neat, clean, professionally appropriate manner.
- Maintain professional composure despite fatigue, professional pressures, personal problems, or the challenges of a correctional setting.
- Not write offensive or judgmental comments in patients' charts.
- Avoid disparaging and critical comments about colleagues and their medical decisions in the presence of patients.

7. Responsibility for Peer Behavior

Peer review, reporting and monitoring is part and parcel of my role as a professional who is allowed the privilege of self-regulation. To this end, I resolve to:

- Report breaches of the Code to my supervisor, or another individual in my supervisory chain of command if I believe my supervisor has breached this Code.

8. Respect for Personal Ethics

Each individual's beliefs and ethical principles will be respected. To this end, I resolve to:

- Inform patients of available treatment options that are consistent with acceptable standards of medical and nursing care.
- Respect patient wishes, including advance directives, consistent with acceptable standards of care.

9. Respect for Property and Laws

Adherence to the law is integral to professional behavior. To fulfill my commitment, I resolve to:

- Adhere to the policies governing CDCR and its institutions.
- Adhere to local, state, and federal laws and regulations.
- Not misappropriate, destroy, damage, or misuse state property.

Revision History

Effective: 12/2017

Revised: 02/2022

Appendix 3

Mandatory Primary Source Verification Documents

The Credentialing and Privileging Support Unit shall verify the following list of documents, as required according to the licensed medical provider's classification and credential review type:

- California Health Care License (i.e., Medical Board of California).
- California registered Drug Enforcement Administration (DEA) certificate, or an attestation that the licensed medical provider will obtain a California registered DEA certificate within 30 calendar days from the start date. DEA certificate must possess the authority to prescribe Schedule II/IIN, III/IIIN, IV and V controlled substances. Contract/Registry licensed medical providers shall have a California registered DEA certificate with authority to prescribe Schedule II/IIN, III/IIIN, IV, and V controlled substances.
- DATA Practitioner Waiver (X-Waiver Certification) with the capacity to treat at least 100 patients, issued by the Substance Abuse and Mental Health Services Administration (SAMHSA) CSAT and verified on the SAMHSA Buprenorphine Pharmacy Lookup Verification Registry or an attestation that the licensed medical provider will obtain a DATA Practitioner Waiver with the capacity to treat at least 100 patients if an applicant does not have X-Waiver at the 100 patient limit at the time of hire, they shall have X-Waiver at the 30 patient limit and have completed the required MAT waiver training. In addition, the applicant shall provide proof of submitting a Notification of Intent to SAMHSA to increase to the 100 patient limit within 14 calendar days of start date.
- Proof of Controlled Substance Utilization Review and Evaluation System registration.
- National Practitioner Data Bank report.
- Office of Inspector General exclusions.
- American Medical Association or American Osteopathic Association.
- Educational Commission for Foreign Medical Graduates.
- National Commission for Certification of Physician Assistants.
- American Nursing Credentialing Center or American Academy of Nurse Practitioners.
- American Academy of HIV Medicine.
- Curriculum Vitae (Current within 30 days), including:
 1. Education.
 2. Training.
 3. Work History to include clinical duties/responsibilities (last five years).
- Professional Liability Insurance (Contract/Registry Only).
- Explanations to attestation/disclosure questions.
- Signature and date on Authorization to Release Information form.
- Signature and date on Affirmation of Information form (Contract/Registry Only).
- Advanced Cardiovascular Life Support (ACLS) from an accredited American Heart Association (AHA) or American Red Cross training site or attestation that the licensed medical provider will obtain AHA/ARC ACLS certification within 30 calendar days from the start date. Contract/Registry licensed medical providers shall have current AHA/ARC ACLS certification.
- Basic Life Support (BLS) from an accredited American Heart Association training site or attestation that the licensed medical provider will obtain AHA BLS certification within 30 calendar days from the start date. Contract/Registry licensed medical providers shall have current AHA BLS certification.
- Attestation of Clinical Competence. (Civil Service Only)
- The Hiring/Contract Authority's recommendation for requested privileges.
- Current peer review recommendations and decisions.
- References and recommendations from former California Department of Corrections and Rehabilitation institutions where the licensed medical provider has previously provided services.
- Recommendation from the residency program director, if residency was completed within the past 12 months.
- References and recommendations for any other relevant individuals who may have firsthand knowledge of the applicant's ability to competently perform the requested privileges.

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- Hospital Affiliation Letter from any hospital or entity where the applicant has provided clinical services in the past five years, or is currently providing services.

Revision History

Effective: 12/2017

Revised: 02/2022

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Appendix 4

Minimum Professional Requirements for Credentialing and Privileging Approval
 (Requirements listed shall be reviewed annually and updated for each discipline as needed)

Physician and Surgeon / Chief Physician and Surgeon

Licensed Medical Provider shall meet the following requirements:

	M.D.	D.O.
License	Current unrestricted license as a Physician and Surgeon issued by the Medical Board of California.	Current unrestricted license as an Osteopathic Physician and Surgeon issued by the California Board of Osteopathic Examiners.
Training	<p>Completion of a three-year residency in Internal Medicine, Family Medicine, or Family Practice (IM/FM or FP) in a program accredited by the American Council for Graduate Medical Education (ACGME) or certified by the Royal College of Physicians and Surgeons of Canada (RCPSC).</p> <p>NOTE: Licensed medical providers who have not completed all three years of residency in IM/FM or FP may satisfy this requirement by demonstrating that their certifying board approved any non-IM/FM or FP portion of the residency.</p> <p>OR</p> <p>Completion of one year transitional/internship in an ACGME accredited program AND completion of a two-year residency in IM/FM in an ACGME or RCPSC accredited program.</p>	<p>Completion of a three-year residency in Internal Medicine, Family Medicine, or Family Practice (IM/FM or FP) in a program accredited by the American Council for Graduate Medical Education (ACGME), the Bureau of Osteopathic Education of the American Osteopathic Association (AOA), or certified by the Royal College of Physicians and Surgeons of Canada (RCPSC).</p> <p>NOTE: Licensed medical providers who have not completed all three years of residency in IM/FM or FP may satisfy this requirement by demonstrating that their certifying board approved any non-IM/FM or FP portion of the residency.</p> <p>OR</p> <p>Completion of one year transitional/internship in an ACGME accredited program or one (1) year traditional rotating osteopathic internship at an AOA accredited residency program AND completion of a two-year residency in IM/FM or FP in an ACGME, AOA, or RCPSC accredited program.</p>
Certifications	<p>Current board certification in IM/FM or FP issued by the American Board of Medical Specialties (ABMS).</p> <p>OR (Civil Service only)</p> <p>Applicants or current employees may be appointed or re-privileged without current board certification but shall become board certified in IM/FM or FP issued by the ABMS within three consecutive board certification exam administration periods.</p> <p>Advanced Cardiovascular Life Support (ACLS) certification obtained from the American Heart Association.</p> <p>OR (Civil Service only)</p>	<p>Current board certification in IM/FM or FP issued by the American Board of Medical Specialties (ABMS) or AOA.</p> <p>OR (Civil Service only)</p> <p>Applicants or current employees may be appointed or re-privileged without current board certification but shall become board certified in IM/FM or FP issued by the ABMS or AOA three consecutive board certification exam administration periods.</p> <p>Advanced Cardiovascular Life Support (ACLS) certification obtained from the American Heart Association.</p> <p>OR (Civil Service only)</p>

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Applicants may be appointed without current ACLS certification if an attestation that the licensed medical provider will update or obtain a California registered ACLS certificate within 30 calendar days from the start date is received.	Applicants may be appointed without current ACLS certification if an attestation that the licensed medical provider will update or obtain a California registered ACLS certificate within 30 calendar days from the start date is received.
California registered Drug Enforcement Administration (DEA) certificate with authority to prescribe Schedule II/IIN, III/IIIN, IV, and V controlled substances. OR (Civil Service only) Applicants may be appointed without current DEA certification if an attestation that the licensed medical provider will update or obtain a California registered DEA certificate within 30 calendar days from the start date is received.	California registered Drug Enforcement Administration (DEA) certificate with authority to prescribe Schedule II/IIN, III/IIIN, IV, and V controlled substances. OR (Civil Service only) Applicants may be appointed without current DEA certification if an attestation that the licensed medical provider will update or obtain a California registered DEA certificate within 30 calendar days from the start date is received.
DATA Practitioner Waiver (i.e., X-Waiver certification) with the capacity to treat at least 100 patients, issued by SAMHSA CSAT. OR Applicants may be appointed without the capacity to treat 100 patients if an attestation that the licensed medical provider will obtain a DATA Practitioner Waiver with the capacity to treat at least 100 patients. If an applicant does not have X-Waiver at the 100 patient limit at the time of hire, they shall have X-Waiver at the 30 patient limit AND have completed the required MAT waiver training. In addition, the applicant shall provide proof of submitting a Notification of Intent to SAMHSA to increase to the 100 patient limit within 14 calendar days of start date.	DATA Practitioner Waiver (i.e., X-Waiver certification) with the capacity to treat at least 100 patients, issued by SAMHSA CSAT. OR Applicants may be appointed without the capacity to treat 100 patients if an attestation that the licensed medical provider will obtain a DATA Practitioner Waiver with the capacity to treat at least 100 patients. If an applicant does not have X-Waiver at the 100 patient limit at the time of hire, they shall have X-Waiver at the 30 patient limit AND have completed the required MAT waiver training. In addition, the applicant shall provide proof of submitting a Notification of Intent to SAMHSA to increase to the 100 patient limit within 14 calendar days of start date.
Proof of Controlled Substance Utilization Review and Evaluation System (CURES) registration.	Proof of CURES registration.

NOTE: A licensed medical provider may be appointed to the Civil Service Physician and Surgeon, Correctional Facility (P&S, CF) classification only if he or she will be primarily practicing in a specialty area. Such licensed medical providers shall meet the following training and board certification requirements, in addition to the above requirements for license, ACLS, and DEA:

- Completion of residency in a specialty program accredited by the ACGME, AOA, or certified by the RCPSC.
- Current board certification issued by the AOA or ABMS.

Current and former civil service physicians and surgeons in the P&S, CF classification who passed the Quality Improvement in Correctional Medicine Physician Assessment (QICM) pursuant to orders of the Court in *Plata v. Newsom*, U.S. District Court, Northern District, Case No. C01-1351 JST, are exempt from the training and board certification requirements listed above. However, such licensed medical providers shall still maintain a current unrestricted license to practice medicine, ACLS certification, and DEA certificate.

Statewide HIV Management Team: Providers on the Statewide HIV Management Team shall have current certification as an HIV Specialist by the American Academy of HIV.

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Receiver's Medical Executive

Licensed Medical Providers shall meet the following requirements:

M.D.

D.O.

License	Current unrestricted license as a Physician and Surgeon issued by the Medical Board of California.	Current unrestricted license as an Osteopathic Physician and Surgeon issued by the California Board of Osteopathic Examiners.
Certifications	Current board certification issued by the ABMS.	Current board certification issued by the ABMS or AOA.
	ACLS certification obtained from the American Heart Association. OR (Civil Service only) Applicants may be appointed without current ACLS certification if an attestation that the licensed medical provider will update or obtain a California registered ACLS certificate within 30 calendar days from the start date is received.	ACLS certification obtained from the American Heart Association. OR (Civil Service only) Applicants may be appointed without current ACLS certification if an attestation that the licensed medical provider will update or obtain a California registered ACLS certificate within 30 calendar days from the start date is received.
	California registered DEA certificate with authority to prescribe Schedule II/IIN, III/IIIN, IV, and V controlled substances. OR (Civil Service only) Applicants may be appointed without current DEA certification if an attestation that the licensed medical provider will update or obtain a California registered DEA certificate within 30 calendar days from the start date is received.	California registered DEA certificate with authority to prescribe Schedule II/IIN, III/IIIN, IV, and V controlled substances. OR (Civil Service only) Applicants may be appointed without current DEA certification if an attestation that the licensed medical provider will update or obtain a California registered DEA certificate within 30 calendar days from the start date is received.
	DATA Practitioner Waiver (i.e., X-Waiver certification) with the capacity to treat at least 100 patients, issued by SAMHSA CSAT. OR Applicants may be appointed without the capacity to treat 100 patients if an attestation that the licensed medical provider will obtain a DATA Practitioner Waiver with the capacity to treat at least 100 patients. If an applicant does not have X-Waiver at the 100 patient limit at the time of hire, they shall have X-Waiver at the 30 patient limit AND have completed the required MAT waiver training. In addition, the applicant shall provide proof of submitting a Notification of Intent to SAMHSA to increase to the 100 patient limit within 14 calendar days of start date.	DATA Practitioner Waiver (i.e., X-Waiver certification) with the capacity to treat at least 100 patients, issued by SAMHSA CSAT. OR Applicants may be appointed without the capacity to treat 100 patients if an attestation that the licensed medical provider will obtain a DATA Practitioner Waiver with the capacity to treat at least 100 patients. If an applicant does not have X-Waiver at the 100 patient limit at the time of hire, they shall have X-Waiver at the 30 patient limit AND have completed the required MAT waiver training. In addition, the applicant shall provide proof of submitting a Notification of Intent to SAMHSA to increase to the 100 patient limit within 14 calendar days of start date.
	Proof of CURES registration.	Proof of CURES registration.

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Advanced Practice Registered Nurse – Nurse Practitioner

Licensed Medical Providers shall meet the following requirements:

License	Current unrestricted license as a Registered Nurse issued by the California Board of Registered Nursing. Current unrestricted certificate as a Nurse Practitioner issued by the California Board of Registered Nursing. Current Nurse Practitioner Furnishing Number issued by the California Board of Registered Nursing.
Certifications	Current board certification issued by the American Nursing Credentialing Center or American Academy of Nurse Practitioners. OR (Civil Service only) Applicants or current employees may be appointed or re-appointed without current board certification but shall become board certified within 18 months of appointment or re-privileging. NOTE: Current and former civil service nurse practitioners who were appointed prior to the effective date of this chapter are exempt from the board certification requirements listed above. However, such practitioners shall still comply with the licensure requirements set forth above. ACLS certification obtained from the American Heart Association. OR (Civil Service only) Applicants may be appointed without current ACLS certification if an attestation that the licensed medical provider will update or obtain a California registered ACLS certificate within 30 calendar days from the start date is received. California registered DEA certificate with authority to prescribe Schedule II/IIN, III/IIIN, IV, and V controlled substances. OR (Civil Service only) Applicants may be appointed without current DEA certification if an attestation that the licensed medical provider will update or obtain a California registered DEA certificate within 30 calendar days from the start date is received. DATA Practitioner Waiver (i.e., X-Waiver certification) with the capacity to treat at least 100 patients, issued by SAMHSA CSAT. OR Applicants may be appointed without the capacity to treat 100 patients if an attestation that the licensed medical provider will obtain a DATA Practitioner Waiver with the capacity to treat at least 100 patients. If an applicant does not have X-Waiver at the 100 patient limit at the time of hire, they shall have X-Waiver at the 30 patient limit AND have completed the required MAT waiver training. In addition, the applicant shall provide proof of submitting a Notification of Intent to SAMHSA to increase to the 100 patient limit within 14 calendar days of start date.
	Proof of CURES registration.

Physician Assistant

Licensed Medical Provider shall meet the following requirements:

License	Current unrestricted license as a Physician Assistant issued by the California Physician Assistant Board.
Certifications	Current board certification issued by the National Commission for Certification of Physician Assistants.

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	<p>OR (Civil Service applicants only)</p> <p>Applicants or current employees may be appointed or re-appointed without current board certification but shall become board certified within 18 months of appointment or re-privileging.</p> <p>NOTE: Current and former civil service Physician Assistants who were appointed prior to the effective date of this chapter are exempt from the board certification requirements listed above. However, such practitioners shall still comply with the licensure requirements set forth above, ACLS, and DEA requirements.</p>
	<p>ACLS certification obtained from the American Heart Association.</p> <p>OR (Civil Service only)</p> <p>Applicants may be appointed without current ACLS certification if an attestation that the licensed medical provider will update or obtain a California registered ACLS certificate within 30 calendar days from the start date is received.</p>
	<p>California registered DEA certificate with authority to prescribe Schedule II/IIN, III/IIIN, IV, and V controlled substances.</p> <p>OR (Civil Service Only)</p> <p>Applicants may be appointed without current DEA certification if an attestation that the licensed medical provider will update or obtain a California registered DEA certificate within 30 calendar days from the start date is received.</p>
	<p>DATA Practitioner Waiver (i.e., X-Waiver certification) with the capacity to treat at least 100 patients, issued by SAMHSA CSAT.</p> <p>OR</p> <p>Applicants may be appointed without the capacity to treat 100 patients if an attestation that the licensed medical provider will obtain a DATA Practitioner Waiver with the capacity to treat at least 100 patients. If an applicant does not have X-Waiver at the 100 patient limit at the time of hire, they shall have X-Waiver at the 30 patient limit AND have completed the required MAT waiver training. In addition, the applicant shall provide proof of submitting a Notification of Intent to SAMHSA to increase to the 100 patient limit within 14 calendar days of start date.</p>
	<p>Proof of CURES registration.</p>

Specialty Licensed Medical Provider (including, but not limited to, cardiologist, gastroenterologists, urologists, ophthalmologists, orthopedic surgeons, pain management, preventive medicine), shall meet the Credentialing and Privileging Standards (Appendix 6, Specialty Licensed Medical Provider Professional Requirements for Credentialing and Privileging Approval).

Revision History
 Effective: 12/2017
 Revised: 02/2022

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Appendix 5
Referral Criteria

Additional evaluation by the Hiring/Contracting Authority and the Medical Peer Review Committee (MPRC) is required based on the presence of one or more of the issues identified below. However, if any of the following referral criteria items have previously been reviewed and credentials were approved, they do not need to be reviewed as part of any subsequent credentialing and/or privileging evaluations if it is the exact same referral criteria item.

License Status
State health care license presents with a Board Accusation.
State health care license presents with a Board Action – Suspension, Probation.
Business and Professions Code section 805 report (exclude reports for non-change of address).
National Practitioner Data Bank Report
Any claims history.
Performance
The current supervisor, or former supervisor at any prior institution, does not endorse the applicant for core and/or requested privileges.
Open or pending peer review action which has resulted in summary suspension of privileges pursuant to a Safety Assessment.
Prior peer review proceedings which were initiated, but not completed, or action items resulting from the prior peer review finding remain incomplete.
Criminal Background
Practitioner attests to drug use or criminal activity/background check – misdemeanor or felony.
Certifications
Change in Drug Enforcement Agency Certification status.
Change in Advanced Cardiovascular Life Support Certification status.
Failure to meet Board Certification requirements as specified in Minimum Professional Requirements for Credentialing and Privileging Approval (Appendix 4).
Miscellaneous
Federal Office of Inspector General exclusions.

Revision History
 Effective: 12/2017
 Revised: 02/2022

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Appendix 6
Specialty Licensed Medical Provider Professional Requirements for Credentialing and Privileging Approval
(Licensed medical providers must meet the following requirements in accordance with their specialty)

Specialty	Title	Licensing Board	Certifying Specialty Board			ACLS	BLS	DEA
Certified Registered Nurse Anesthetist	Certified Registered Nurse Anesthetist	California Board of Registered Nursing	American Association of Nurse Anesthetists	<i>or</i>	National Board of Certification and Recertification for Nurse Anesthetists	Yes	No	No
Addiction Medicine*	Doctor of Medicine	California Medical Board	American Board of Preventive Medicine (Subspecialty – Addiction Medicine)			No	Yes	Yes
	Doctor of Osteopathy	Osteopathic Medical Board of California				No	Yes	Yes
Anesthesiology	Doctor of Medicine	California Medical Board	American Board of Anesthesiology			Yes	No	Yes
	Doctor of Osteopathy	Osteopathic Medical Board of California	American Board of Anesthesiology	<i>or</i>	American Osteopathic Board of Anesthesiology	Yes	No	Yes
Cardiology	Doctor of Medicine	California Medical Board	American Board of Internal Medicine (Subspecialty - Cardiology)			Yes	No	Yes
	Doctor of Osteopathy	Osteopathic Medical Board of California	American Board of Internal Medicine (Subspecialty - Cardiology)	<i>or</i>	American Osteopathic Board of Internal Medicine (Subspecialty - Cardiology)	Yes	No	Yes
ECG Cardiology	Doctor of Medicine	California Medical Board	American Board of Internal Medicine (Subspecialty – Cardiovascular Disease)			No	No	No
	Doctor of Osteopathy	Osteopathic Medical Board of California	American Board of Internal Medicine (Subspecialty – Cardiovascular Disease)	<i>or</i>	American Osteopathic Board of Internal Medicine (Subspecialty – Cardiology)	No	No	No

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Specialty	Title	Licensing Board	Certifying Specialty Board			ACLS	BLS	DEA
Endocrinology	Doctor of Medicine	California Medical Board	American Board of Internal Medicine (Subspecialty - Endocrinology)			No	Yes	Yes
	Doctor of Osteopathy	Osteopathic Medical Board of California	American Board of Internal Medicine (Subspecialty - Endocrinology)	or	American Osteopathic Board of Internal Medicine (Subspecialty - Endocrinology)	No	Yes	Yes
Dermatology	Doctor of Medicine	California Medical Board	American Board of Dermatology			No	Yes	Yes
	Doctor of Osteopathy	Osteopathic Medical Board of California	American Board of Dermatology	or	American Osteopathic Board of Dermatology	No	Yes	Yes
Gastroenterology	Doctor of Medicine	California Medical Board	American Board of Internal Medicine (Subspecialty - Gastroenterology)			No	Yes	Yes
	Doctor of Osteopathy	Osteopathic Medical Board of California	American Board of Internal Medicine (Subspecialty - Gastroenterology)	or	American Osteopathic Board of Internal Medicine (Subspecialty - Gastroenterology)	No	Yes	Yes
Infectious Disease	Doctor of Medicine	California Medical Board	American Board of Internal Medicine (Subspecialty - Infectious Disease)			No	Yes	Yes
	Doctor of Osteopathy	Osteopathic Medical Board of California	American Board of Internal Medicine (Subspecialty - Infectious Disease)	or	American Osteopathic Board of Internal Medicine (Subspecialty - Infectious Disease)	No	Yes	Yes
Medical Oncology	Doctor of Medicine	California Medical Board	American Board of Internal Medicine (Subspecialty - Medical Oncology)			No	Yes	Yes
	Doctor of Osteopathy	Osteopathic Medical Board of California	American Board of Internal Medicine (Subspecialty - Medical Oncology)	or	American Osteopathic Board of Internal Medicine (Subspecialty - Medical Oncology)	No	Yes	Yes

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Specialty	Title	Licensing Board	Certifying Specialty Board			ACLS	BLS	DEA
Nephrology	Doctor of Medicine	California Medical Board	American Board of Internal Medicine (Subspecialty - Nephrology)			No	Yes	Yes
	Doctor of Osteopathy	Osteopathic Medical Board of California	American Board of Internal Medicine (Subspecialty - Medical Oncology)	or	American Osteopathic Board of Internal Medicine (Subspecialty - Medical Oncology)	No	Yes	Yes
Neurology	Doctor of Medicine	California Medical Board	American Board of Psychiatry and Neurology			No	Yes	Yes
	Doctor of Osteopathy	Osteopathic Medical Board of California	American Board of Psychiatry and Neurology	or	American Osteopathic Board of Neurology and Psychiatry	No	Yes	Yes
Obstetrics and Gynecology	Doctor of Medicine	California Medical Board	American Board of Obstetrics and Gynecology			No	Yes	Yes
	Doctor of Osteopathy	Osteopathic Medical Board of California	American Board of Obstetrics and Gynecology	or	American Osteopathic Board of Obstetrics and Gynecology	No	Yes	Yes
Ophthalmology	Doctor of Medicine	California Medical Board	American Board of Ophthalmology			No	Yes	Yes
	Doctor of Osteopathy	Osteopathic Medical Board of California	American Board of Ophthalmology	or	American Osteopathic Board of Ophthalmology	No	Yes	Yes
Optometrist**	Doctor of Optometry	California State Board of Optometry	Not Applicable			No	Yes	No

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Specialty	Title	Licensing Board	Certifying Specialty Board			ACLS	BLS	DEA
Orthopedic Surgery	Doctor of Medicine	California Medical Board	American Board of Orthopedic Surgery			No	Yes	Yes
	Doctor of Osteopathy	Osteopathic Medical Board of California	American Board of Orthopedic Surgery	<i>or</i>	American Osteopathic Board of Orthopedic Surgery	No	Yes	Yes
Otolaryngology	Doctor of Medicine	California Medical Board	American Board of Otolaryngology			No	Yes	Yes
	Doctor of Osteopathy	Osteopathic Medical Board of California	American Board of Otolaryngology	<i>or</i>	American Osteopathic Board of Otolaryngology	No	Yes	Yes
Pain Management	Doctor of Medicine	California Medical Board	American Board of Pain Management			Yes	No	Yes
	Doctor of Osteopathy	Osteopathic Medical Board of California				Yes	No	Yes
Podiatry	Doctor of Podiatric Medicine	California Board of Podiatric Medicine	American Board of Foot and Ankle Surgery	<i>or</i>	American Board of Podiatric Orthopedics and Primary Podiatric Medicine	No	Yes	Yes
Preventive Medicine	Doctor of Medicine	California Medical Board	American Board of Preventive Medicine			No	Yes	Yes
	Doctor of Osteopathy	Osteopathic Medical Board of California				No	Yes	Yes
Pulmonology	Doctor of Medicine	California Medical Board	American Board of Internal Medicine (Subspecialty - Pulmonology)			Yes	No	Yes

Appendix 6

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Specialty	Title	Licensing Board	Certifying Specialty Board			ACLS	BLS	DEA
	Doctor of Osteopathy	Osteopathic Medical Board of California	American Board of Internal Medicine (Subspecialty - Pulmonology)	<i>or</i>	American Osteopathic Board of Internal Medicine (Subspecialty - Pulmonology)	Yes	No	Yes
Radiology	Doctor of Medicine	California Medical Board	American Board of Radiology and valid Radiology Supervisor and Operator Certificate or Operator Permit issued by the California Department of Public Health, Radiological Health Branch			No	No	Yes
	Doctor of Osteopathy	Osteopathic Medical Board of California	American Board of Radiology and valid Radiology Supervisor and Operator Certificate or Operator Permit issued by the California Department of Public Health, Radiological Health Branch	<i>or</i>	American Osteopathic Board of Radiology and valid Radiology Supervisor and Operator Certificate or Operator Permit issued by the California Department of Public Health Branch	No	No	Yes
Sleep Medicine	Doctor of Medicine	California Medical Board	American Board of Sleep Medicine	<i>or</i>	Current subspecialty certification or certificate of added qualification in Sleep Medicine by the American Board of Family Medicine, American Board of Otolaryngology, American Board of Internal Medicine, American Board of Psychiatry and Neurology, or the American Board of Anesthesiology	No	No	No

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Sleep Medicine	Doctor of Osteopathy	Osteopathic Medical Board of California	American Board of Sleep Medicine	or	Current subspecialty certification or certificate of added qualification in Sleep Medicine by the American Board of Family Medicine, American Board of Otolaryngology, American Board of Internal Medicine, American Board of Psychiatry and Neurology, American Board of Anesthesiology, American Osteopathic Board of Family Physicians, American Osteopathic Board of Neurology and Psychiatry, American Osteopathic Board of Internal Medicine, or the American Osteopathic Board of Ophthalmology and Otolaryngology - Head and Neck Surgery	No	No	No
Urology	Doctor of Medicine	California Medical Board	American Board of Urology			No	Yes	Yes
	Doctor of Osteopathy	Osteopathic Medical Board of California	American Board of Urology	or	American Osteopathic Board of Surgery (Urologic Surgery)	No	Yes	Yes

License: Licensed medical provider must have and maintain a current unrestricted license to practice in California.

ACLS Certification: Advance Cardiovascular Life Support (ACLS) Certification obtained from an American Heart Association accredited training site. Telehealth Specialty Consultants that do not come onsite are not required to have ACLS.

BLS Certification: Basic Life Support Certification obtained from an American Heart Association or the American Red Cross accredited training site. Telehealth Specialty Consultants that do not come onsite are not required to have BLS. American Heart Association Advanced Cardiac Life Support can be accepted in lieu of Basic Life Support.

DEA Certificate: California registered Drug Enforcement Administration (DEA) certificate.

Board Certification: Licensed medical provider must have and maintain board certification within their specialty.

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eConsult Specialty Licensed Medical Provider Requirements: DEA registration, CURES registration, and ACLS/BLS certification is waived for eConsult providers.

***DATA Practitioner Waiver (i.e., X-Waiver certification):** Addiction Medicine specialty providers must have a DATA Practitioner Waiver (i.e., X-Waiver certification) with the capacity to treat at least 275 patients, issued by SAMHSA CSAT.

****Optometrist Experience Requirement:** Twelve continuous months of experience within the last 3 years in providing optometry services; internship does not count toward the required experience.

Revision History

Effective: 12/2017

Revised: 08/2022