

	Date Revised: <u>1/17/12</u> By: <u>[Signature]</u> Mental Health Director
<u>POLICY: Restriction of Privileges for Practitioners</u>	Date Approved: <u>October 28, 1997</u> Policy No.: _____

POLICY TITLE: Restriction of Privileges for Practitioners

ACBHCS-MHP shall deny, restrict, modify or revoke privileges of any practitioner that, subsequent to a Credentialing Committee determination is found to be unsuitable to serve Alameda County beneficiaries.

A review of a practitioner will occur when the professional conduct or competence of a practitioner adversely affects, or could adversely affect the health or welfare of a client. Additionally a review will be warranted if a legal issue such as engaging in illegal behavior, conduct that might constitute criminal charges (e.g., Medi-Cal fraud), or misrepresenting facts on an application or other documents occurs.

PROCEDURE:

Investigation:

- Referrals for the investigation of a Provider may be initiated by any department in ACBHCS or any complaint, grievance, or appeal by a consumer or provider against a provider.
- All said referrals are given to the Quality Assurance Office for investigation.
- The QA Office will gather input from as many sources as feasible to complete an investigation.
- Upon completion of the investigation, a report with recommendations will be written and submitted to the Credentials Committee for review and decision.

Notice of Intent:

- Pursuant to a recommendation from the ACBHCS-MHP Credentialing Committee a notice of intent to deny, revoke, modify or restrict privileges shall be sent to the practitioner.
- The notice of intent will include the nature of the proposed action and the reason(s) for such action, usually in the form of the report. It will also inform the practitioner of his/her option to request a hearing (if applicable) and provide information about the hearing process. The practitioner will have up to thirty (30) days from the date of the notice to request a hearing. (see Letter 1)
 - No option to request a hearing exists for providers removed for “no cause.”
 - If no hearing is requested, the intended action will be completed.
 - All “Actions” taken will be communicated at a minimum to: Provider Relations, Finances, and the relevant System of Care Director.

Hearing:

Hearing requests will be received in writing by the QA Office and forwarded to the Credentialing Committee for review. A hearing shall be held within sixty (60) calendar days. The sixty (60) days will be calculated from the receipt date of the hearing request.

A notice will be sent to the practitioner indicating the place, time and date of the hearing. The practitioner has the right to access documentary evidence prior to the hearing and may have a copy of all documentary evidence.

During the hearing, the practitioner has the right to:

- Have a record made of proceedings
- To call, examine and cross-examine witnesses
- To present and rebut evidence
- To submit a written statement at close of hearing
- During the hearing the burden of proof is upon the applicant to persuade the committee of his/her qualifications.

Representation:

The practitioner has the option of being represented by an attorney at the practitioner's expense. If this is to occur, the Credentialing Committee must be notified at least ten days prior to the hearing. The Credentialing Committee may not have an attorney if the practitioner is not also represented.

Hearing Decision

- A written hearing decision including findings of fact and the decision reached shall be sent to the practitioner within thirty (30) calendar days of the hearing.
- If the hearing decision remains the same an explanation of the procedure for appealing the decision will be included.

Appeal

- The practitioner may appeal the hearing decision by submitting a written request for an appeal within thirty (30) days of the receipt of the hearing decision.
- Appeal hearing requests will be forwarded to the Administrative Team for review and a hearing shall be held within sixty (60) calendar days. The sixty (60) days will be calculated from the receipt of the appeal hearing request.
- Prior to the appeal hearing the Administrative Team will designate a peer review committee consisting of an unbiased panel of at least three (3) peers of the practitioner.
- The peer review committee will review all documentation and make written recommendations to the Administrative Team.
- The practitioner may have an attorney or other representation at the appeal hearing. If this is to occur, the Administrative Team must be notified at least ten (10) days prior to the hearing.
- The Administrative Team will provide the practitioner with a written decision within thirty (30) days of the appeal hearing.

805 Reports: Denial of Privileges, Membership, Employment for Cause:

“Any committee organized by an entity consisting of or employing more than 25 licentiates of the same class that functions for the purpose of reviewing the quality of professional care provided by members or employees of that entity” is required to file an 805 report if:[B&P §805].

- A licentiate’s application for staff privileges or membership is denied or rejected for a medical disciplinary cause or reason.
- A licentiate’s membership, staff privileges, or employment is terminated or revoked for a medical disciplinary cause or reason.
- Restrictions are imposed or voluntarily accepted on staff privileges, membership or employment for cumulative total of 30 days or more for any 12-month period, for medical disciplinary cause or reason.
- A licentiate’s resignation or leave of absence from membership, staff, or employment following notice of an impending investigation based on information indicating medical disciplinary cause or reason.

A medical disciplinary cause or reason is defined as an aspect of a practitioner’s competence or professional conduct which is reasonably likely to be detrimental to patient safety or to the delivery of patient care.

The reporting is not a waiver of confidentiality of medical records and committee reports. The information reported will be kept confidential except as for that portion that can be shared with the accused licentiate (or counsel or representative) and except as to disclosure to law enforcement or regulatory agency when required, per Section 800 (c).

Removal of privileges whether voluntary or involuntary, for a non-medical disciplinary cause or reason or for an institutional policy reason unrelated to discipline does not require an 805 Report.

Send 805 Reports to:
Medical Board of California
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Sacramento, CA 95815
Phone: (916)263-2441
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