

## **Credentialing/Recredentialing Criteria Non-Physician HealthCare Practitioner – Licensed Behavior Analysts**

In order to be able to treat members, the Plan must assure itself that the providers affiliating with the Plan are appropriately credentialed. To that end, the following items will constitute the credentialing/recredentialing criteria for Licensed Behavior Analysts (LBAs):

1. Have been and continue to be in good standing in the provider community, including holding a current license to practice ABA as a Licensed Behavior Analyst issued by the New York State Board for Applied Behavior Analysis (“ABA Board”)
2. Must meet the requirements set forth in the Education Law with respect to education and experience to be licensed as an LBA, even when licensure is granted based on the grandfathering provisions of the Education Law. The Plan reserves the right to waive this requirement for the good of the community.
3. Not have been convicted of a felony or crime involving moral turpitude, dishonesty, or false statement, or other acts, which may be grounds for suspension or termination of your right to practice.
4. All changes in licensure or alleged medical liability involving any member must be reported to the Plan within ten (10) business days of notification to the provider.
5. Have sufficient facilities and support staff needed to provide all the services which may be required of members for the specialty practiced by the provider.
6. Have \$1,000,000.00 per occurrence / \$3,000,000.00 general aggregate professional liability insurance as required.
7. Be willing to participate in and accept the results of the Utilization Management and Quality Management Programs.
8. The provider must authorize the release of information regarding professional history and agrees to absolve the Plan and its personnel from any liability to the provider or associate with review and/or evaluation of the provider's credentials.
9. Have completed and certified the accuracy of the information provided in the application and provided documentation upon request regarding previous and current challenges to licensure, loss of membership in any professional organization, and previous and current pending medical liability actions.
10. Be able to provide all services which may be required in a timely manner pursuant to agreement for the designated appointment category.
11. Practitioner coverage must be provided by another Plan participating practitioner.
12. The provider must be willing to be listed as a participating provider in Plan literature.
13. Applicant will submit three (3) references including at least one (1) reference from a department head or direct supervisor.
14. Be in good mental and physical health.
15. Have appropriate background, training, experience and current clinical competence required by the Plan.

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