

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS**

CREDENTIALING AND PRIVILEGING DIRECTIVE

**IHSC Directive: 01-44
ERO Directive Number: 11770.3
Federal Enterprise Architecture Number: 306-112-002b
Effective Date: June 23, 2022**

By Order of the Assistant Director
(b)(6),(b)(7)(C) DHSc, FACHE

(b)(6),(b)(7)(C)

1. **PURPOSE:** The purpose of this directive is to set forth policies and procedures for credentialing and granting clinical privileges for health care practitioners.
2. **APPLICABILITY:** This directive applies to all U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) personnel, including but not limited to, U.S. Public Health Service (PHS) officers, civil service employees, and contract personnel. It applies to IHSC personnel supporting health care operations in ICE-owned and contracted detention facilities (CDFs) and to IHSC Headquarters (HQ) staff.
3. **AUTHORITIES AND REFERENCES:**
 - 3-1. IHSC Clinical Staff Bylaws, dated March 28, 2022.
4. **POLICY:** IHSC ensures its licensed independent practitioners (LIPs), licensed supervised practitioners (LSPs), and licensed dependent providers (LDPs) are qualified to provide care to patients and work within the scope of their credentials.
 - 4-1. Credentialing and Privileging Unit (ICPU) staff verify and confirm the qualifications of every licensed or certified health care practitioner through the credentialing process. This includes, but is not limited to, specialist practitioners who may perform on-site, off-site, or telehealth care based on appropriate licenses and certifications maintained by the ICPU. Any license that limits practice to solely correctional health care is not in compliance with this directive or standards, such as NCCHC.
 - 4-2. ICPU staff use primary sources to verify the accuracy of qualifications reported by licensed or certified individual health care practitioners. IHSC includes this verification in the credential portfolio for each practitioner.

4-3. The IHSC Executive Governing Board (EGB) reviews privileges for LIPs approved by the IHSC Medical Executive Committee (MEC), which has approved privileges based on evaluation of the individual's clinical qualifications and/or performance. These privileges authorize the scope of practice and define the patient care services a practitioner may provide as outlined in the IHSC Clinical Staff Bylaws.

4-3.1 Advanced practice providers (APPs) include nurse practitioners, physician assistants, and clinical pharmacists. Within the IHSC health care system, APPs work as LSPs under the terms of an IHSC collaborative practice agreement (CPA) and prescriptive authority agreement (PAA).

4-3.2 Federally employed APPs must sign a CPA and PAA with a federal physician. Contract employed APPs must sign a CPA and PAA with a contract physician and a federal physician, as needed.

4-4. IHSC credentials community practitioners who provide services to noncitizens referred for their care.

4-5. ICPU obtains National Practitioner Data Bank (NPDB) reports upon initial hire, at least annually, and as needed for all LIPs, LSPs, and LDPs,

4-5.1 Dental hygienists work as LDPs under the terms of the scope of practice located in IHSC 09-01 G-01, *Dental Services Guide*.

4-5.2 Nurses work as LDPs under the terms of the IHSC directive, 03-42, *Clinic Nursing Scope, Standards, and Competences*.

4-6. IHSC appoints individuals to the clinical staff without regard to race, religion, color, age, sex, national origin, disability, or sexual orientation.

5. RESPONSIBILITIES:

5-1. The IHSC Executive Governing Board (EGB). The EGB is comprised of the deputy assistant director (DAD) of clinical services/medical director, DAD of health systems support, DAD of health care compliance, DAD of administration, and the IHSC chief of staff. The EGB:

5-1.1 Reviews the privileging recommendations submitted by the medical executive committee (MEC) and may concur, non-concur, or defer clinical privileges as the final decision-making authority for the privileging process.

5-1.2 Consults with the MEC to obtain additional information for privileging when necessary.

5-1.3 Renders the final decision for all clinical staff appointments or reappointments.

5-1.4 The EGB Chair or designee grants and signs clinical privileges.

5-2. The Medical Executive Committee (MEC).

5-2.1 Employs a credential verification process to confirm current licensure, certification, and clinical competence for all new and reappointed applicants.

5-2.2 Determines clinical privileges and scopes of practice for respective health staff as IHSC's executive medical committee.

5-2.3 Reviews all IHSC health care staff credentialing and peer review information to deliver quality health care to detained non-citizens.

5-2.4 Includes voting members comprised of IHSC discipline chiefs and specialty consultants as required.

5-2.5 Includes non-voting members comprised of the ICPU chief or designee and the IHSC Personnel Unit chief or designee.

5-3. DAD of Clinical Services/Medical Director.

5-3.1 Provides medical oversight, guidance, and instruction to IHSC practitioners and allied health professionals who deliver medical, mental, and dental health care to detained noncitizens.

5-3.2 Reviews MEC recommendations and presents all initial and reappointment requests to the EGB.

5-3.3 Presents proposed disciplinary action to the EGB for final review.

5-3.4 Maintains peer review files for IHSC HQ clinical staff.

5-4. The Deputy Medical Director (DMD) chairs and facilitates all MEC meetings to determine privileging, scope of practice determination, and clinical performance.

5-5. The Deputy Assistant Director (DAD) of Administration.

5-5.1 Establishes and maintains a comprehensive credentialing and privileging program directly related to the delivery of quality medical care, professional ability, judgment, and IHSC's needs.

5-5.2 Creates and maintains a state-based licensing continuing education requirement list for LIP, LSP, and LDP staff.

5-5.3 Maintains the list of mandatory trainings for IHSC staff.

5-6. IHSC Credentialing and Privileging Unit (ICPU).

- 5-6.1 Administers initial appointment, reappointment, and privileging process for applicants in accordance with *IHSC Clinical Staff Bylaws*.
- 5-6.2 Gathers information to establish credential portfolios for all LIPs, LSPs, and LDPs before the provider commences patient care.
- 5-6.3 Assists the DMD with coordinating and convening MEC meetings.
- 5-6.4 Maintains and updates all credentialing documentation of each licensed or certified practitioner.
- 5-6.5 Establishes and maintains annual license verification and National Practitioner Data Bank (NPDB) information for all community practitioners.

5-7. The IHSC Personnel Unit (IPU) identifies federal applicants who require credentialing and privileging prior to the individual providing patient care.

5-8. IHSC Discipline Chiefs.

- 5-8.1 Attend MEC meetings to offer scope of practice expertise for clinical privileging, collaborative agreements, and annual peer reviews.

5-9. Health Services Administrator (HSA) or designee.

- 5-9.1 Oversees and monitors health care personnel compliance with providing cardiopulmonary resuscitation (CPR) to ensure health staff are prepared, competent, and certified to provide CPR.
- 5-9.2 Ensures health care personnel are prepared and competent to use the automatic external defibrillator at IHSC facilities at orientation and annually.
- 5-9.3 Maintains local clinical staff practitioner portfolios at IHSC-staffed facilities.

5-10. Contracting Officer Representatives (COR).

- 5-10.1 Coordinate and communicate IHSC credentialing requirements to contract vendors.
- 5-10.2 Ensure contract vendors appropriately identify applicants who require credentialing and privileging.
- 5-10.3 Monitor contract vendor credentialing and privileging compliance requirements in alignment with this directive.

5-11. The Medical Education and Development Unit (MEDU) monitors health care personnel compliance with obtaining an annual minimum of 12 hours of agency provided mandatory training.

6. PROCEDURES:

6-1. New Provider Credentialing. ICPU collects applicant demographics, statement of health, education, NPDB, collaborative practice agreement, licensure, certification, work history, curriculum vitae or resume, American Medical Association report (as applicable), cardiopulmonary resuscitation card, and peer reference information for practitioner portfolios.

6-2. Required Documentation. LIPs, LSPs, and LDPs must submit documentation to ICPU, along with an attestation that all information is true, prior to starting patient care duties. The vendor assists with gathering required documentation for the contract staff. The documentation list includes, but is not limited to:

6-2.1 Demographic information that includes name, date of birth, current address, and year of graduation.

6-2.2 Education – professional school attended or completed.

6-2.3 Training, experience, and work history.

6-2.4 Basic Life Support (BLS) certification, as required.

6-2.5 Professional references.

6-2.6 Competency, including all licenses, their jurisdictions and required certifications, unrestricted license, and malpractice insurance certifications.

6-2.7 Statement of health.

6-2.8 Background check.

6-2.9 Sanctions or disciplinary actions of state boards, where applicable.

6-2.10 Previous employers.

6-2.11 Any additional requested information to complete a thorough credential review.

6-3. ICPU Verification:

6-3.1 ICPU verifies all required credentialing documents through primary sources and documents verification in the credential portfolio for each practitioner.

- 6-3.2 ICPU conducts a National Practitioner Data Bank (NPDB) query and reviews sanctions or disciplinary actions of state boards.
- 6-3.3 The contract vendor provides applicant documentation and performs the initial and annual NPDB queries for the contract staff.
- 6-3.4 ICPU creates a practitioner portfolio after it completes all verifications and checks.

6-4. Credential Portfolio Review:

- 6-4.1 ICPU completes the credential verification process to confirm unrestricted licensure, certification, and registration, and sends the portfolio to the discipline chiefs for review.
- 6-4.2 Discipline chiefs review the portfolio and recommend approval or disapproval to the MEC.
- 6-4.3 The MEC meets at least bi-weekly to review medical staff credentials portfolios and to approve or disapprove initial and/or reappointments.
- 6-4.4 The MEC reviews initial and reappointment requests and decides whether to recommend the practitioner for privileges.
- 6-4.5 ICPU forwards the MEC minutes to the IHSC EGB for final review.
- 6-4.6 The MEC present their recommendations to the DAD of clinical services/medical director, who further reviews and recommends approval to the EGB.
- 6-4.7 In the event the MEC disapproves an appointment reappointment request for privileges, the DAD of Clinical Services/Medical Director, as outlined in the clinical staff bylaws, notifies the EGB of the MEC's disapproval.
- 6-4.8 The EGB reviews the MEC minutes to concur or non-concur with the MEC recommendation. The EGB notifies ICPU of its decision.

6-5. Initial Appointment:

- 6-5.1 The MEC recommends an initial appointment.
- 6-5.2 Privileging approval/disapproval.
 - 6-5.2.a When IHSC approves provider privileges, ICPU sends an approval letter signed by the DMD to the provider confirming credentials verification and award of IHSC privileges.

6-5.2.b Qualified LIPs and LSPs must not perform tasks beyond those permitted by their credentials.

6-5.2.c Upon initial approval, IHSC grants the provider privileges for up to 24 months with annual peer review. Reappointments are valid for 24 months.

6-6. Reappointment: Upon request for reappointment of privileges, the MEC considers peer reviews as part of the reappointment process. The discipline chief or designee conducts a peer review assessing the provider's clinical performance.

6-6.1 Reappointment requirements, at a minimum, include a state license check, NPDB query, and BLS certification.

6-6.2 ICPU oversees reappointment processing.

6-7. Disapproval:

6-7.1 Upon identification of negative information from ICPU credentials review or, incomplete portfolios, the MEC may disapprove a practitioner's credential or privileges request.

6-7.2 The DMD submits information to the EGB for review. The EGB is the final authority to disapprove or deny a practitioner's credential or privileges request.

6-7.3 The DMD writes a disapproval or denial letter to the provider.

6-7.4 Each applicant has the right to review or receive a copy of any information in their credential portfolio, if requested.

6-7.5 Additional action by the EGB may include reporting disapprovals or denials to regulation authorities.

7. HISTORICAL NOTES: This directive replaces the IHSC directive 01-44, *Credentials and Privileging*, dated February 18, 2020.

7-1. Summary of Changes. Language added to address referenced NCCHC, J-C-01 Credentials and J-C-03 Professional Development and compliance indicators added to align with 2018 standards.

7-2. March 2022 Clinical Staff Bylaws added under authorities and references.

8. DEFINITIONS: The following definitions apply for purposes of this directive only:

8-1. Credentialing – Validating a professional's eligibility for medical staff membership and/or privileges. IHSC credentials medical staff based on academic preparation, licensing, training, certifications, and performance.

- 8-2. **Licensed dependent provider (LDP)** – Practitioners who graduate from an approved, accredited program located in the United States territories or District of Columbia. LDPs include nurses and dental hygienists.
- 8-3. **Licensed independent practitioner (LIP)** – IHSC-privileged providers who are physicians, dentists, psychologists, and licensed clinical social workers.
- 8-4. **Licensed supervised practitioner (LSP)** – Practitioners who work under the supervision of an LIP, within IHSC-staffed facilities. LSPs include nurse practitioners, physician assistants, and clinical pharmacists.
- 8-5. **Peer Review** – The process of having a health professionals clinical work reviewed by another professional of at least equal training and responsibilities, in the same general discipline.
- 8-6. **Primary source verification** – Verification of an individual practitioner's reported qualifications by the original source or an approved agent of that source.
- 8-7. **Privileging** – Authorizing a licensed or certified health care practitioner's specific scope of patient care services. IHSC privileges medical staff in conjunction with an evaluation of the individual's clinical qualifications and/or performance.
- 8-8. **Provider Network** – A listing of licensed practitioners who provide specialty medical, mental health or dental care to noncitizens outside detention facilities. The list includes, but not limited to, physicians, dentists, psychologists, and licensed clinical social workers, nurse practitioners, physician assistants, physical therapists, occupational therapists, respiratory therapists, and podiatrists.
- 8-9. **Secondary source verification** - Documented verification of credentials obtained through a verification report from a recognized entity considered as an acceptable source of information.

9. APPLICABLE STANDARDS:

- 9-1. **Performance-Based National Detention Standards: Medical Care.**
 - 9-1.1 Part 4: Care; 4.3 Medical Care; B. Designation of Authority.
- 9-2. **Family Residential Standards (FRS):**
 - 9-2.1 Part 4: Care; 4.3 Health Care; B. Designation of Authority.
- 9-3. **American Correctional Association (ACA): Performance-Based Standards for Adult Local Detention Facilities, 4th Edition.**
 - 9-3.1 4-ALDF-4D-05, Credentials.

9-4. National Commission on Correctional Health Care, Standards for Health Services in Jails (2018):

9-4.1 J-C-01 Credentials.

9-4.2 J-C-03 Professional Development.

- 10. PRIVACY AND RECORDKEEPING:** IHSC limits access to information related to employees' credentials privileges to those individuals who need to know the information for the performance of their official duties, and who have appropriate clearances or permissions. IHSC secures paper records in a locked cabinet or room when not under the direct control of an officer or employee with a need for the paper record to perform their duties.
- 10-1.** IHSC staff complete annual training on the protection of patient health information and sensitive personally identifiable information.
- 10-2.** IHSC staff reference the Department of Homeland Security Handbook for Safeguarding Sensitive PII (Handbook) at DHS Handbook for Safeguarding Sensitive PII for additional information concerning safeguarding sensitive PII.
- 10-3.** All relevant documents produced or provided in accordance with this Directive must be maintained in accordance with an applicable National Archives and Records Administration (NARA) General Records Schedule (GRS) or a NARA-approved agency-specific records control schedule. If the records are not subject to a records schedule, they must be maintained indefinitely by the agency. In the event the records are subject to a litigation hold, they may not be disposed of under a records schedule until further notification. Prior to the disposition of any records referenced in this directive, ICE Records Officer approval must be obtained.
- 11. NO PRIVATE RIGHT STATEMENT:** This directive is an internal directive statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.
- 12. POINT OF CONTACT:** Chief, IHSC Credentialing and Privileging Unit.