[Provider Name] Behavior Tech Requirements

	Staff Name:			_	
		Date	Verification Received	•	Notes
VI	ERIFICATIONS:				
	Date of Hire				
	Initial Criminal Background Check				-
	Most Recent Criminal Background Check				
	Initial Michigan Central Registry Clearance				
	Federal Sex Offender Registry check (initial)				-
	State Sex Offender Registry check (initial)				-
	Initial GSA / SAM Check				
	Most Recent GSA / SAM Check				
	Initial Michigan Sanctioned Provider Check				-
	Most Recent Michigan Sanctioned Provider Check				
	Initial OIG Check				-
	Most Recent OIG Check				-
	Proof of age (must be 18 or older)				
		Date	Verification Received		Notes
TI	RAINING REQUIRED PRIOR TO PROVIDING SERVICES:				
	BACB - Registered Behavior Task List (40 hour training must be completed on RBT)				
	Communicate Expressively & Receptively				
	Evidence of beneficiary specific IPOS training				
	Evidence of beneficiary specific ABA Plan training				
		Initial Date	Verification Received	Most Current Date	Notes
М	SHN REGIONAL TRAINING/REQUIREMENTS: (The trainings below are to be completed upon hire a	and thereafter as	defined in the MSHI	N Regional Traini	ng Grid)
	Corporate & Regulatory Compliance (Initial and annual)				
	First Aid				
	Cultural Competency & Diversity (Initial and annual)				
	Environmental Safety (Initial)				
	Health Management (Blood Borne Pathogens/Infection Control) (Initial and annual)				
	HIPAA Privacy & Security (Initial and annual)				
	Limited English Proficiency (Initial and annual)				
	Medication Administration (If passing meds) (Initial)				
	Non-Physical Intervention/Verbal De-escalation (Initial)				
	Person Centered Planning (Initial and annual)				
	Recipient Rights (Initial and annual)				
	Trauma Informed Care (Initially)				
	, ,,				
	!				
	CMHSP Designee Signature	-	Date		

CMHSP Designee Print Name	CMHSP
Civil Die Signee Frank Plante	CAN ISI

[Provider Name] BCaBA Requirements

	Staff Name:			_	
		Date	Verification Received		Notes
٧	PERIFICATIONS:				
	Date of Hire				
	LARA License as Behavior Analysist or Assistant Behavior Analyst (effective Jan. 7, 2020)				
	Initial Criminal Background Check				
	Most Recent Criminal Background Check				
	Initial Michigan Central Registry Clearance				
	Federal Sex Offender Registry check (initial)				
	State Sex Offender Registry check (initial)				
	Initial GSA / SAM Check	+			
	Most Recent GSA / SAM Check	+			
	Initial Michigan Sanctioned Provider Check	+ +			
	Most Recent Michigan Sanctioned Provider Check	+ + + + + + + + + + + + + + + + + + + +			
	Initial OIG Check	+			
	Most Recent OIG Check	+ 1			
	CERTIFICATIONS:	Date	Verification Received		Notes
	Current Ceritfication through the BACB				
	Current Certification through the BACB			<u> </u>	
		Date	Supervision Documentation Received		Notes
Sl	UPERVISION:				
	Name of BCBA:				
_		Initial Date	Veritication Received	Most Current Date	Notes
M	MSHN REGIONAL TRAINING/REQUIREMENTS: (The trainings below are to be completed upon his	ire and thereafter a	as defined in the MSF	IN Regional Trair	ning Grid)
L	Appeals & Grievances (Initial and annual)				
L	Corporate & Regulatory Compliance (Initial and annual)				
L	Cultural Competency & Diversity (Initial and annual)				
L	Environmental Safety (Initial)				
	Health Management (Blood Borne Pathogens/Infection Control) (Initial and annual)				
L	HIPAA Privacy & Security				
L	Limited English Proficiency (Initial and annual)				
L	Medication Administration (If passing meds) (initial)				
Ĺ	Non-Physical Intervention/Verbal De-escalation (Initial)				
	Person Centered Planning (Initial and annual)				
	Recipient Rights (Initial and annual)				
	Trauma Informed Care (Initial)		1		

CMHSP Designee Signature	Date
CMHSP Designee Print Name	СМНЅР

[Provider Name] BCBA & BCBA-D Requirements

	Staff Name:			_	
		Date	Veritication Received		Notes
ν	ERIFICATIONS:				
	Date of Hire LARA License as Behavior Analysist or Assistant Behavior Analyst (effective Jan. 7, 2020)				
	Initial Criminal Background Check				
	Most Recent Criminal Background Check				
	Initial Michigan Central Registry Clearance				
	Federal Sex Offender Registry check (initial)				
	State Sex Offender Registry check (initial)				
	Initial GSA / SAM Check				
	Most Recent GSA / SAM Check				
	Initial Michigan Sanctioned Provider Check				
	Most Recent Michigan Sanctioned Provider Check				
	Initial OIG Check				
	Most Recent OIG Check				
		Date	Verification Received		Notes
C	ERTIFICATIONS:				
	Current Ceritfication through the BACB				
		Initial Date	Verification Received	Most Current Date	Notes
N	ISHN REGIONAL TRAINING/REQUIREMENTS: (The trainings below are to be completed upon hire		Received	Date	
N			Received	Date	
N	(The trainings below are to be completed upon hire		Received	Date	
N	(The trainings below are to be completed upon him Appeals & Grievances (Initial and annual)		Received	Date	
N	(The trainings below are to be completed upon him Appeals & Grievances (Initial and annual) Corporate & Regulatory Compliance (Initial and annual)		Received	Date	
N	(The trainings below are to be completed upon him Appeals & Grievances (Initial and annual) Corporate & Regulatory Compliance (Initial and annual) Cultural Competency & Diversity (Initial and annual)		Received	Date	
N	(The trainings below are to be completed upon him Appeals & Grievances (Initial and annual) Corporate & Regulatory Compliance (Initial and annual) Cultural Competency & Diversity (Initial and annual) Environmental Safety (Initial) Health Management (Blood Borne Pathogens/Infection		Received	Date	
	(The trainings below are to be completed upon him Appeals & Grievances (Initial and annual) Corporate & Regulatory Compliance (Initial and annual) Cultural Competency & Diversity (Initial and annual) Environmental Safety (Initial) Health Management (Blood Borne Pathogens/Infection Control) (Initial and annual)		Received	Date	
N	(The trainings below are to be completed upon him Appeals & Grievances (Initial and annual) Corporate & Regulatory Compliance (Initial and annual) Cultural Competency & Diversity (Initial and annual) Environmental Safety (Initial) Health Management (Blood Borne Pathogens/Infection Control) (Initial and annual) HIPAA Privacy & Security (Initial and annual)		Received	Date	
N	(The trainings below are to be completed upon him Appeals & Grievances (Initial and annual) Corporate & Regulatory Compliance (Initial and annual) Cultural Competency & Diversity (Initial and annual) Environmental Safety (Initial) Health Management (Blood Borne Pathogens/Infection Control) (Initial and annual) HIPAA Privacy & Security (Initial and annual) Limited English Proficiency (Initial and annual)		Received	Date	
~	(The trainings below are to be completed upon him Appeals & Grievances (Initial and annual) Corporate & Regulatory Compliance (Initial and annual) Cultural Competency & Diversity (Initial and annual) Environmental Safety (Initial) Health Management (Blood Borne Pathogens/Infection Control) (Initial and annual) HIPAA Privacy & Security (Initial and annual) Limited English Proficiency (Initial and annual) Medication Administration (If passing meds) (Initial)		Received	Date	
	(The trainings below are to be completed upon him Appeals & Grievances (Initial and annual) Corporate & Regulatory Compliance (Initial and annual) Cultural Competency & Diversity (Initial and annual) Environmental Safety (Initial) Health Management (Blood Borne Pathogens/Infection Control) (Initial and annual) HIPAA Privacy & Security (Initial and annual) Limited English Proficiency (Initial and annual) Medication Administration (If passing meds) (Initial) Non-Physical Intervention/Verbal De-escalation (Initial)		Received	Date	
	(The trainings below are to be completed upon himed Appeals & Grievances (Initial and annual) Corporate & Regulatory Compliance (Initial and annual) Cultural Competency & Diversity (Initial and annual) Environmental Safety (Initial) Health Management (Blood Borne Pathogens/Infection Control) (Initial and annual) HIPAA Privacy & Security (Initial and annual) Limited English Proficiency (Initial and annual) Medication Administration (If passing meds) (Initial) Non-Physical Intervention/Verbal De-escalation (Initial) Person Centered Planning (Initial and annual)		Received	Date	
	(The trainings below are to be completed upon hime Appeals & Grievances (Initial and annual) Corporate & Regulatory Compliance (Initial and annual) Cultural Competency & Diversity (Initial and annual) Environmental Safety (Initial) Health Management (Blood Borne Pathogens/Infection Control) (Initial and annual) HIPAA Privacy & Security (Initial and annual) Limited English Proficiency (Initial and annual) Medication Administration (If passing meds) (Initial) Non-Physical Intervention/Verbal De-escalation (Initial) Person Centered Planning (Initial and annual) Recipient Rights (Initial and annual)		Received	Date	
	(The trainings below are to be completed upon hime Appeals & Grievances (Initial and annual) Corporate & Regulatory Compliance (Initial and annual) Cultural Competency & Diversity (Initial and annual) Environmental Safety (Initial) Health Management (Blood Borne Pathogens/Infection Control) (Initial and annual) HIPAA Privacy & Security (Initial and annual) Limited English Proficiency (Initial and annual) Medication Administration (If passing meds) (Initial) Non-Physical Intervention/Verbal De-escalation (Initial) Person Centered Planning (Initial and annual) Recipient Rights (Initial and annual)		Received	Date	

[Provider Na	me]
OLP Requirem	ents

	QLP	Kequiremen	ts		
	Staff Name:				
	Stail Name.		Verification	_	
. ,	EDIFICATIONS.	Date	Received		Notes
Ľ	ERIFICATIONS: Date of Hire	l	1	T	
_	Initial Criminal Background Check				
_	Most Recent Criminal Background Check				
	Initial Michigan Central Registry Clearance				
	Federal Sex Offender Registry check (initial)				
	State Sex Offender Registry check (initial)				
	Initial GSA / SAM Check				
	Most Recent GSA / SAM Check				
	Initial Michigan Sanctioned Provider Check				
	Most Recent Michigan Sanctioned Provider Check				
	Initial OIG Check				
	Most Recent OIG Check				
		Date	Verification Received		Notes
C	ERTIFICATION/LICENSURE:				
	Current License in the state of Michigan				
	Is one of the following QLP:				
	1 A physician with a specialty in psychiatry or neurology				
	2 A physician with a sub specialty in developmental pedia	atrics, developm	nental-behavioral pe	diatrics, or a relate	ed discipline
_	3 A physician with a speciality in pediatrics				
_	4 A psychologist (LP or LLP/TLLP)				
	5 An advanced practice registerred nurse				
	6 A physician assistant with training, experience or expert				
	7 A clinical social worker (must indicate the practitioner is	s a Clincal MSH	not Macro MSW)		
		Date	Verification Received		Notes
A	SD TRAINING				
	Has training/experience in ASD and/or behavioral health				
		Initial Date	Verification Received	Most Current Date	Notes
Ν	ISHN REGIONAL TRAINING/REQUIREMENTS:				
	(The trainings below are to be completed upon hire	and thereafter	as defined in the MS	HN Regional Trai	ning Grid)
_	Appeals & Grievances (Initial and annual)				
_	Corporate & Regulatory Compliance (Initial and annual)				
_	Cultural Competency & Diversity (Initial and annual)				
	Environmental Safety (Initial)				
	Health Management (Blood Borne Pathogens/Infection Control) (Initial and annual)				
	HIPAA Privacy & Security (Initial and annual)				
	Limited English Proficiency (Initial and annual)				
	Medication Administration (If passing meds) (Initial)				
	Non-Physical Intervention/Verbal De-escalation (Initial)				
	Person Centered Planning (Initial and annual)				
	Recipient Rights (Initial and annual)				
	Trauma Informed Care (Initial)				
-			·		
	CMHSP Designee Signature		Date		
	CMHSP Designee Print Name	-	CMHSP		

	Autism Provider Staff Credentials Verification							
	[Provider Name] QBHP Requirements							
		Staff Name:	equirements					
			Date	Verification Received	N	lotes		
E		TIONS:	ı					
_	Date o							
		Criminal Background Check Recent Criminal Background Check						
_		Michigan Central Registry Clearance						
		Il Sex Offender Registry check (initial)						
	State S	ex Offender Registry check (initial)						
	Initial	GSA / SAM Check						
		Recent GSA / SAM Check						
		Michigan Sanctioned Provider Check						
_		Recent Michigan Sanctioned Provider Check OIG Check						
		Recent OIG Check						
	<u> </u>		Date	Expiration Date	Verification	on Received		
E	RTIFIC	ATIONS/TRAINING:						
		ysician or licensed practitioner in a mental health related						
		e.g. APRN, Psychologist, Clinical Social Worker, PA, etc.) d in the State of Michigan						
		~ OR ~						
		a masters degree in a mental health related field from an						
		ited institution or a BACB approved degree category.						
	evalua	ecialized training and one year experience in examination, tion, and treatment of children with ASD						
		tensive knowledge and training in behavior analysis d as having documented course work at the graduate level						
	(i.e. co	empletion of 3 BACB evaluated graduate courses or BACB						
		d course sequence meeting specific standards toward ation) from an accredited university in at least threee of						
		following areas:						
	1	Ethical Considerations;						
	2	Definition & characteristics and principles, processes & concept of behavior;						
	3	Behavioral assessment and selecting interventions, outcomes and strategies;						
	4	Experimental evaluation of interventions;						
	5	Measurement of behavior and developing and interpreting behavioral data;						
	6	Behavioral change procedures and systems supports						
	<u> </u>	** - starting January 1, 2020 a QBHP must be certified	within two yea	ars of successfully co	npleting their ABA	\		
		graduate coursework or by 9/30/2025	5 which ever is	the shorter time peri	od.			
			Date	Supervision		lotes		
			Duic	Documentation	•	iole,		
1	PERVIS	ION		Received				
,		of BCBA:	I					
					continued	I on back>		
			Initial Date	Verification Received	Most Current Date	Notes		
1	SHN R	EGIONAL TRAINING/REQUIREMENTS:		Received	Dute			
		(The trainings below are to be completed upon hire and	thereafter as d	efined in the MSHN	Regional Training	Grid)		
	Annea	Is & Grievances (Initial and annual)	1	l				
		rate & Regulatory Compliance (Initial and annual)						
		al Competency & Diversity (Initial and annual)						
	Enviro	nmental Safety (Initial)						
		Management (Blood Borne Pathogens/Infection Control)						
	•	and annual) Privacy & Security (Initial and annual)						
		d English Proficiency (Initial and annual)						
		ation Administration (If passing meds) (initial)						
	Non-Physical Intervention/Verbal De-escalation (Initial)							
_	Persor	Centered Planning (Initial and annual)						
_		ent Rights (Initial and annual)				·		
	Traum	a Informed Care (initial)	1					
	СМН	SP Designee Signature	-	Date				
		- -						

CMHSP

CMHSP Designee Print Name

[Provi	der i	Na	me]
LP & LLP	Rea	iirei	ment

			Staff Name:				
				Date	Verification Received	N	lotes
VE	RIFICA	TIONS:					
	Date o	of Hire					
	Initial	Criminal Background Che	eck				
	Most	Recent Criminal Backgrou	nd Check				
	Initial	Michigan Central Registry	Clearance				
	Federa	al Sex Offender Registry c	heck (initial)				
	State S	Sex Offender Registry che	ck (initial)				
		GSA / SAM Check					
		Recent GSA / SAM Check					
		Michigan Sanctioned Pro					
		Recent Michigan Sanction	ed Provider Check				
		OIG Check					
	Most	Recent OIG Check					
				Date	Expiration Date	Verification	on Received
CE		ATIONS/TRAINING:		1			
		lichigan. Must complete a	ologist licensed by the State of all coursework and experience rements.				
			OR ~				
	State	of Michigan. Limited psyd d for one two-year period	evel psychologist licensed by the chologist master's limited license is . Must complete all coursework te requirements.				
	Has sp		e year experience in examination, ent of children with ASD				
	define (i.e. ve	ed as having documented completion of 3 BACB ev rified course sequence me fication) from an accredite	nd training in behavior analysis course work at the graduate level aluated grauate courses or BACB eting specific standards toward ed university in at least threee of				
	1	the six foll Ethical Considerations;	owing areas:				
	2	Definition & characteristi concept of behavior;	cs and principles, processes &				
	3	Behavioral assessment an outcomes and strategies;	d selecting interventions,				
	4	Experimental evaluation	of interventions;				
	5	Measurement of behavio behavioral data;	r and developing and interpreting				
	6	Behavioral change proce	dures and systems supports				
			** Must be BCBA Co	ertififed by 9/3	0/2020		
				Date	Supervision Documentation	N	lotes
SU	PERVIS	SION:			Received		
	Name	of BCBA:		I			
				l		continued	on back>
				Initial Date	Verification	Most Current	Notes
					Received	Date	
M:	SHN R	REGIONAL TRAINING/	-				
		(The trainings below a	re to be completed upon hire and	thereafter as d	lefined in the MSHN	Regional Training	Grid)
		als & Grievances (Initial a	· · · · · · · · · · · · · · · · · · ·				
		0 , 1	iance (Initial and annual)				
	Cultur	ral Competency & Diversit	y (Initial and annual)				
	Enviro	onmental Safety (Initial)					
	(Initia	l and annual)	rne Pathogens/Infection Control)				
		A Privacy & Security (Initi	•				
		d English Proficiency (Ini					
	Medic	ation Administration (If p	assing meds) (initial)				
Ĺ		Physical Intervention/Verb	, ,				
		n Centered Planning (Initi	•				
Ĺ		ent Rights (Initial and an	nual)				
	Traum	na Informed Care (initial)					
	СМН	SP Designee Signature		•	Date		
	СМН	SP Designee Print Nam	9	-	CMHSP		