

Autism Provider Staff Credentials Verification

[Provider Name]

Behavior Tech Requirements

Staff Name: _____

	Date	Verification Received	Notes
VERIFICATIONS:			
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
TRAINING 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
MSHN REGIONAL TRAINING/REQUIREMENTS:					
(The trainings below are to be completed upon hire and thereafter as defined in the MSHN Regional Training 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

Autism Provider Staff Credentials Verification

[Provider Name]
BCaBA Requirements

Staff Name: _____

	Date	Verification Received	Notes
VERIFICATIONS:			
Date of Hire			
LARA License as Behavior Analyst 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
CERTIFICATIONS:			
Current Certification through the BACB			

	Date	Supervision Documentation Received	Notes
SUPERVISION:			
Name of BCBA:			

	Initial Date	Verification Received	Most Current Date	Notes
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MSHN REGIONAL TRAINING/REQUIREMENTS: (The trainings below are to be completed upon hire and thereafter as defined in the MSHN Regional Training 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				
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]
BCBA & BCBA-D Requirements

Staff Name: _____

	Date	Verification Received	Notes
VERIFICATIONS:			
Date of Hire			
LARA License as Behavior Analyst 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
CERTIFICATIONS:			
Current Certification through the BACB			

	Initial Date	Verification Received	Most Current Date	Notes
MSHN REGIONAL TRAINING/REQUIREMENTS: (The trainings below are to be completed upon hire and thereafter as defined in the MSHN Regional Training 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]
QLP Requirements

Staff Name: _____

Date Verification Received Notes

VERIFICATIONS:				
	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			

Date Verification Received Notes

CERTIFICATION/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 pediatrics, developmental-behavioral pediatrics, or a related discipline		
	3	A physician with a speciality in pediatrics		
	4	A psychologist (LP or LLP/TLLP)		
	5	An advanced practice registered nurse		
	6	A physician assistant with training, experience or expertise in ASD and/or behavioral health		
	7	A clinical social worker (must indicate the practitioner is a Clinical MSH not Macro MSW)		

Date Verification Received Notes

ASD TRAINING				
	Has training/experience in ASD and/or behavioral health			

Initial Date Verification Received Most Current Date Notes

MSHN REGIONAL TRAINING/REQUIREMENTS: (The trainings below are to be completed upon hire and thereafter as defined in the MSHN Regional Training 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: _____

	Date	Verification Received	Notes
VERIFICATIONS:			
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			

	Date	Expiration Date	Verification Received
CERTIFICATIONS/TRAINING:			
Is a physician or licensed practitioner in a mental health related field (e.g. APRN, Psychologist, Clinical Social Worker, PA, etc.) licensed in the State of Michigan			
~ OR ~			
Holds a masters degree in a mental health related field from an accredited institution or a BACB approved degree category.			
Has specialized training and one year experience in examination, evaluation, and treatment of children with ASD			
Has extensive knowledge and training in behavior analysis defined as having documented course work at the graduate level (i.e. completion of 3 BACB evaluated graduate courses or BACB verified course sequence meeting specific standards toward certification) from an accredited university in at least three of the six 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			

**** – starting January 1, 2020 a QBHP must be certified within two years of successfully completing their ABA graduate coursework or by 9/30/2025 which ever is the shorter time period.**

	Date	Supervision Documentation Received	Notes
SUPERVISION:			
Name of BCBA:			

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	Initial Date	Verification Received	Most Current Date	Notes
MSHN REGIONAL TRAINING/REQUIREMENTS: (The trainings below are to be completed upon hire and thereafter as defined in the MSHN Regional Training 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]
LP & LLP Requirements

Staff Name: _____

	Date	Verification Received	Notes
VERIFICATIONS:			
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			

	Date	Expiration Date	Verification Received
CERTIFICATIONS/TRAINING:			
LP = a doctoral level psychologist licensed by the State of Michigan. Must complete all coursework and experience requirements.			
~ OR ~			
LLP = a doctoral or master level psychologist licensed by the State of Michigan. Limited psychologist master's limited license is good for one two-year period. Must complete all coursework and experience requirements.			
Has specialized training and one year experience in examination, evaluation, and treatment of children with ASD			
Has extensive knowledge and training in behavior analysis defined as having documented course work at the graduate level (i.e. completion of 3 BACB evaluated graduate courses or BACB verified course sequence meeting specific standards toward certification) from an accredited university in at least three of the six 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			

**** Must be BCBA Certified by 9/30/2020**

	Date	Supervision Documentation Received	Notes
SUPERVISION:			
Name of BCBA:			

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	Initial Date	Verification Received	Most Current Date	Notes
MSHN REGIONAL TRAINING/REQUIREMENTS: (The trainings below are to be completed upon hire and thereafter as defined in the MSHN Regional Training 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)				
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Medication Administration (If passing meds) (initial)				
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Person Centered Planning (Initial and annual)				
Recipient Rights (Initial and annual)				
Trauma Informed Care (initial)				

CMHSP Designee Signature

Date

CMHSP Designee Print Name

CMHSP