



MID-STATE HEALTH NETWORK
AUTISM ABA SITE REVIEW- QBHP Credentialing



WSA Case ID: _____

MSHN Reviewer: _____

PIHP: _____

CMHSP/Provider: _____

Qualified Behavioral Health Professional (QBHP) Provider Qualifications Review

18.12 Medicaid Provider Manual: Behavioral Health Treatment-ABA services are highly specialized services that require specific qualified providers who are available within PIHP/CMHSP provider networks and have extensive experience providing specialty mental health and behavioral health services. *PLEASE NOTE: YOU MUST BE ABLE TO PROVIDE DOCUMENTED EVIDENCE DURING THE SITE REVIEW THAT SHOW YOU MEET THESE FEDERAL REQUIREMENTS.*

<u>MSHN Confirmed</u>	<u>PIHP Verified</u>	Name: _____ Employed by: _____
Y/N	<input type="checkbox"/>	Date of Hire: ____/____/____ (Please provide Employer letter, HR documentation, or other documentation)
Y/N	<input type="checkbox"/>	Date of 1st & last Criminal Background Checks: ____/____/____ & ____/____/____ (Please provide documentation)
Y/N	<input type="checkbox"/>	Holds a masters in a degree from an accredited institution in a mental health related field or a BACB approved degree category (Please provide documentation of degree) OR is a physician or licensed practitioner licensed in the State of Michigan (Please provide documentation of license).
Y/N	<input type="checkbox"/>	Has specialized training and one year experience in examination, evaluation, and treatment of children with ASD. (Please provide an Employer letter, job description, resume, or other documentation)
Y/N	<input type="checkbox"/>	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 sequences meeting specific standards toward certification) from an accredited university in at least three of the six following areas: ____ 1. Ethical considerations; ____ 2. Definitions & characteristics and principles, processes & concepts 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 (Please provide transcript that documents successful completion/QBHPs must be BCBA certified by 9/30/2020)
Y/N	<input type="checkbox"/>	Works under the supervision of a BCBA BCBA Name: _____ (Please provide supervision documentation from BCBA)