



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



WSA Case ID: _____

MSHN Reviewer: _____

PIHP: _____

CMHSP/Provider: _____

Board Certified Behavior Analyst (BCBA or BCBA-D) 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 current certification as a BCBA through the Behavior Analyst Certification Board (BACB) (Please provide a copy of BCBA certificate with expiration date: ____/____/____)