



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>MDHHS 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"/>	Trained on Individual IPOS - <i>IPOS Training must include date of training (must match signature of person being trained), content of training (must include date of IPOS being trained for), who was trained (printed or legible signature), who did the training (printed, or legible signature) with credentials. If training on IPOS amendment, training on specific amendment is accessible if the staff have been trained on rest of IPOS.</i> Initial: ____/____/____ IPOS amendment (if applicable): ____/____/____
Y/N	<input type="checkbox"/>	Holds a current BCBA license through LARA (Please provide a copy of BCBA license with expiration date: ____/____/____)