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| **MSHN – SUD Credentialing Chart Review** | | | | | | | | | | |
| **Provider:** Click or tap here to enter text. | | | | **Date of Review:** Click or tap to enter a date. | | | | | | |
| **Reviewer:** Click or tap here to enter text. | | | |  | | | | | | |
|  |  |  |  | |  |  |  |  |  |
| Required MCBAP Certified Supervisor and credentials |  | | | | | | | | |
| Assigned Staff to perform credentialing |  | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Utilize columns to identify Staff Initials/Title/Date of Hire* | Staff 1: | Staff 2: | Staff 3: | Staff 4: | Staff 5: | Staff 6: | Staff 7: | Staff 8: | |
| **Initial Application - Indicate date of completion of initial credentialing - could be expiration date, date of signature, or date verified** | | | | | | | | | |
| **Complete Application** (Education, work Experience, attestations, etc.)  \*See Peer Recovery Coach note below |  |  |  |  |  |  |  |  | |
| **Primary Source Verification** |  |  |  |  |  |  |  |  | |
| * State Licensure |  |  |  |  |  |  |  |  | |
| * Criminal Background Check **(indicate type/date)** |  |  |  |  |  |  |  |  | |
| * Prior convictions identified **(Y/N and indicate convictions)** |  |  |  |  |  |  |  |  | |
| * Medicaid/Medicare Sanctions **(indicate type/frequency)** |  |  |  |  |  |  |  |  | |
| * Education/Internship/Residency (Physicians, NP, PA, ETC). Indicate if waiver is used (e.g. home based) |  |  |  |  |  |  |  |  | |
| * Employment verification |  |  |  |  |  |  |  |  | |
| **Measures of Current Clinical Competency in Areas of Work/Privilege. Could include** |  |  |  |  |  |  |  |  | |
| (MCBAP certs, trainings, Professional Enhancements, Performance Evaluations) |
| **Proof of Liability Coverage (**if applicable) |  |  |  |  |  |  |  |  | |
| **MCBAP Credential** (or dev plan submitted within 30 days of hire) |  |  |  |  |  |  |  |  | |
| **Re-Credentialing - Indicate date of completion of re-credentialing - could be expiration date, date of signature, or date verified** | | | | | | | | |  |
| **Complete Application** (Education, work Experience, attestation, etc.)  \*See Peer Recovery Coach note below |  |  |  |  |  |  |  |  | |
| **Primary Source Verification Updates** |  |  |  |  |  |  |  |  | |
| * Licensure |  |  |  |  |  |  |  |  | |
| * Criminal Background Check **(indicate type/date** |  |  |  |  |  |  |  |  | |
| * Prior convictions identified **(Y/N and indicate convictions)** |  |  |  |  |  |  |  |  | |
| * Medicaid/Medicare Sanctions **(indicate type/frequency)** |  |  |  |  |  |  |  |  | |
| **Measures of Current Clinical Competency in Areas of Work/Privilege. Could include:** |  |  |  |  |  |  |  |  | |
| * QI/Performance Monitoring, |
| * Performance Evaluation |
| * Peer Review |
| **Proof of Liability Coverage** (if applicable) |  |  |  |  |  |  |  |  | |
| **MCBAP Credential** |  |  |  |  |  |  |  |  | |
| \***Peer Recovery Coach** must be at least 18 years of age (application); have 2 continuous years in recovery from addiction(s) with experience in navigating treatment services and/or prevention (attestation); experience receiving publicly funded treatment and recovery services for addiction(s) (attestation); be employed at least 10 hours per week by a licensed SUD Treatment Organization or another organization under contract (timesheets); and attend and successfully complete MDHHS Peer Recovery Coach training and certification. |  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  |  | |
| **Staff Credentialing Findings and Corrective Action** | | | | | | | | | |
| Strengths:  Findings:  Recommendations: | | | | | | | | | |
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