

Autism Provider Staff Credentials Verification

[Provider Name] Behavior Tech Requirements

Staff Name:	recii Kequirei	Herits		
	Date	Verification Received	- 1	Notes
VERIFICATIONS:				
Date of Hire				
Initial Criminal Background Check				
Most Recent Criminal Background Check				
Michigan Central Registry Clearance (Initial)				
Federal Sex Offender Registry check (initial)				
State Sex Offender Registry check (initial)				
Initial GSA / SAM Check				
Evidence of ongoing GSA / SAM Check (the last 3 months prior to review)				
Initial Michigan MDHHS Sanctioned Provider Check				
Evidence of ongoing Michigan MDHHS Sanctioned Provider Check (the last 3 months prior to review)				
Initial OIG Check				
Evidence of ongoing OIG Checks (the last 3 months prior to review)				
Proof of age (must be 18 or older)				
Reviewer Note: If Verifications are not directly from the source, such checks were included as required.	as a background	Verification Received		viewer must confirm al
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				
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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 a	s defined in the MSH	N Regional Training	g 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)				
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		





CMHSP Designee Print Name

[Provider Name] BCaBA Requirements

	BCai	3A Kequiremei	11.5		
	Staff Name:				
			Veritication	_	
		Date	Received		Notes
VΙ	ERIFICATIONS:				
	Date of Hire				
	LARA License for BCaBA				
	Initial Criminal Background Check				
	Most Recent Criminal Background Check				
	Michigan Central Registry Clearance (Initial)				
	Federal Sex Offender Registry check (initial)				
	State Sex Offender Registry check (initial)				
	Initial GSA / SAM Check				
	Evidence of ongoing GSA / SAM Check (the last 3 months prior to review)				
	Initial Michigan MDHHS Sanctioned Provider Check				
	Evidence of ongoing Michigan MDHHS Sanctioned Provider Check (the last 3 months prior to review)				
	Initial OIG Check				
	Evidence of ongoing OIG Checks (the last 3 months prior to				
	review)				
	eviewer Note: If Verifications are not directly from the source, s	uch as a backgrou	ınd check company o	or similar, then the	e reviewer must confirm
all	checks were included as required.		Supervision		
			Documentation		
CI	IDED.VICIONI.	Date	Received		Notes
SU	PPERVISION: I Name of BCBA:	Date	Received	ı	Notes
SU	PERVISION: Name of BCBA:	Date	Received Verification	Most Current	Notes
SU		Date Initial Date		Most Current Date	Notes
	Name of BCBA: SHN REGIONAL TRAINING/REQUIREMENTS:	Initial Date	Verification Received	Date	Notes
	Name of BCBA: SHN REGIONAL TRAINING/REQUIREMENTS: (The trainings below are to be completed upon him	Initial Date	Verification Received	Date	Notes
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CMHSP



Autism Provider Staff Credentials Verification

[Provider Name] BCBA & BCBA-D Requirements

Staff Name:			_	
	Date	Verification Received	- N	otes
VERIFICATIONS:				
Date of Hire				
LARA License (LBA)				
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				
Evidence of ongoing GSA / SAM Check (the last 3 months prior to review)				
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MSHN REGIONAL TRAINING/REQUIREMENTS:				
(The trainings below are to be completed upon hir	e and thereafter a	as defined in the MSI	HN Regional Training	g Grid)
Trained on individual's current IPOS				
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)				
Non-Physical Intervention/Verbal De-escalation (Initial)				
Person Centered Planning (Initial and annual)				
Recipient Rights (annual and initial)				
Trauma Informed Care (Initial)				
CMHSP Designee Signature	_	Date		
CMHSP Designee Print Name	_	CMHSP		