

[Provider Name]
Behavior Tech Requirements

Staff Name: _____

	Date	Verification Received	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 as a background check company or similar, then the reviewer must confirm all checks were included as required.

	Date	Verification Received	Notes
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			
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 as defined in the MSHN Regional Training 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

Autism Provider Staff Credentials Verification



[Provider Name]
BCaBA Requirements

Staff Name: _____

	Date	Verification Received	Notes
VERIFICATIONS:			
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)			

Reviewer Note: If Verifications are not directly from the source, such as a background check company or similar, then the reviewer must confirm all checks were included as required.

	Date	Supervision Documentation Received	Notes
SUPERVISION:			
Name of BCBA:			

	Initial Date	Verification Received	Most Current Date	Notes
MSHN REGIONAL TRAINING/REQUIREMENTS: (The trainings below are to be completed upon hire and thereafter as defined in the MSHN Regional Training 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				
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 (Initial)				

CMHSP Designee Signature

Date

CMHSP Designee Print Name

CMHSP

Autism Provider Staff Credentials Verification

[Provider Name]
BCBA & BCBA-D Requirements

Staff Name: _____

	Date	Verification Received	Notes
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)			
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)			

Reviewer Note: If Verifications are not directly from the source, such as a background check company or similar, then the reviewer must confirm all checks were included as required.

	Initial Date	Verification Received	Most Current Date	Notes
MSHN REGIONAL TRAINING/REQUIREMENTS: (The trainings below are to be completed upon hire and thereafter as defined in the MSHN Regional Training 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