



MID-STATE HEALTH NETWORK
AUTISM ABA SITE REVIEW-Behavior Technician Credentialing



WSA Case ID: _____

MSHN Reviewer: _____

PIHP: _____

CMHSP/Provider: _____

Behavior Technician (BT) 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"/>	18 years of age? Date of Birth: ____/____/____ (Please provide Driver's License, state identification, or other documentation)
Y/N	<input type="checkbox"/>	Able to protect against the transmission of communicable diseases? (Please provide training date ____/____/____ & certificate, or other documentation)
Y/N	<input type="checkbox"/>	Able to perform and be certified in basic First Aid procedures? (Please provide training date ____/____/____ & certificate, or other documentation)
Y/N	<input type="checkbox"/>	Received beneficiary-specific IPOS/ behavioral plan of care training? (Please provide training date ____/____/____ & certificate, or other documentation)
Y/N	<input type="checkbox"/>	Able to communicate expressively & receptively in order to follow IPOS requirements, emergency procedures, and report on activities performed? (Please provide college/university diploma, documentation from BCBA indicating Aide possess these skills, or job description requiring these skills)
Y/N	<input type="checkbox"/>	Received BACB approved training outlined in the Registered Behavior Task List? (Please provide training date ____/____/____ & objectives, or other documentation)