

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? (Training evidence must include date of training (must match signature of person being trained), content of training (must include date of plan being trained for), who was trained (printed or legible signature), who did the training (printed or legible signature) with credentials.  (Please provide training date (IPOS) ____/____/____ & certificate, or other documentation) (Please provide training date (ABA Plan) ____/____/____ & 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)