



MID-STATE HEALTH NETWORK
AUTISM ABA SITE REVIEW- LP/LLP Credentialing



WSA Case ID: _____

MSHN Reviewer: _____

PIHP: _____

CMHSP/Provider: _____

Licensed Psychologist (LP)/ Limited Licensed Psychologist (LLP) 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"/>	Holds a doctorate (LP/LLP) or masters (LLP) and a current state license in psychology (Please provide a copy of your license, license expiration date ____/____/____ and documentation of degree)
Y/N	<input type="checkbox"/>	Has a minimum of one year experience in treating children with ASD based on the principles of behavior analysis (Please provide an Employer letter, job description, resume, or other documentation)
Y/N	<input type="checkbox"/>	Has documented course work at the graduate level at an accredited university in at least three of the six following areas. ____ 1. Ethical considerations; ____ 2. Definitions & characteristics and principles, processes & concepts of behavior; ____ 3. Behavioral assessment and selecting interventions outcomes and strategies; ____ 4. Experimental evaluation of interventions; ____ 5. Measurement of behavior and developing and interpreting behavioral data; ____ 6. Behavioral change procedures and systems supports (Please provide transcript that documents successful completion/must be certified by 9/30/2020)
Y/N	<input type="checkbox"/>	Works in consultation with a BCBA BCBA Name: _____ (Please provide supervision documentation from BCBA)