MSHN Mid-State Health Network

Autism Provider Staff Credentials Verification

[Provider Name] Behavior Tech Requirements

Staff Name: _____

	Date	Verification Received		Notes
VERIFICATIONS:				
Date of Hire				
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 Sanctioned Provider Check				
Evidence of ongoing Michigan 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)				
	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 ar	nd thereafter a	as defined in the MSH	N Regional Trair	ning 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)				
Medication Administration (If passing meds) (Initial)				
Non-Physical Intervention/Verbal De-escalation (Initial)				
Person Centered Planning (Initial and annual)				
Recipient Rights (Initial and annual)				
Trauma Informed Care (Initially)				
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CMHSP Designee Signature

Date

CMHSP Designee Print Name



[Provider Name] BCaBA Requirements

		 _		•	 <u> </u>

	Staff Name:			_	
			Verification		
		Date	Received		Notes
VERIFICATIONS:					
Date of Hire					
LARA License as Be	havior Analysist or Assistant Behavior				
Analyst (effective J	an. 7, 2020)				
Initial Criminal Bac	kground Check				
Most Recent Crimi	nal Background Check				
Initial Michigan Ce	ntral Registry Clearance				
	er Registry check (initial)				
	Registry check (initial)				
Initial GSA / SAM (
Evidence of ongoir prior to review)	ng GSA / SAM Check (the last 3 months				
	nctioned Provider Check				
_	ng Michigan Sanctioned Provider Check (the				
last 3 months prior	to review)				
Initial OIG Check	ng OIG Checks (the last 3 months prior to				
review)	is old checks (the last 5 months prior to				
		Date	Verification Received		Notes
CERTIFICATIONS:					
Current Ceritficatio	on through the BACB				
		Date	Supervision Documentation Received		Notes
SUPERVISION:					
Name of BCBA:					
		Initial Date	Verification Received	Most Current Date	Notes
MSHN REGIONAL	TRAINING/REQUIREMENTS:				
(The tr	ainings below are to be completed upon hir	e and thereafter	as defined in the MS	HN Regional Tra	ining Grid)
Appeals & Grievan	ces (Initial and annual)				
Corporate & Regul	atory Compliance (Initial and annual)				
Cultural Competer	cy & Diversity (Initial and annual)				
Environmental Safe					
	nt (Blood Borne Pathogens/Infection				
Control) (Initial ar	nd annual)				
HIPAA Privacy & S	ecurity				
Limited English Pro	ficiency (Initial and annual)				
Medication Admin	istration (If passing meds) (initial)				
Non-Physical Inter	vention/Verbal De-escalation (Initial)				
Person Centered P	anning (Initial and annual)				
Recipient Rights (I	nitial and annual)				
Trauma Informed	Care (Initial)				
CMHSP Designee		_	Date		

MSHN Mid-State Health Network

Autism Provider Staff Credentials Verification

[Provider Name] BCBA & BCBA-D Requirements

Staff Name:				
	Date	Verification Received	_	Notes
VERIFICATIONS:				
Date of Hire				
LARA License as Behavior Analysist or Assistant Behavior Analyst (effective Jan. 7, 2020)				
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 Sanctioned Provider Check				
Evidence of ongoing Michigan 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)				
	Date	Verification Received		Notes
CERTIFICATIONS:	Date			Notes
	Date		Ι	Notes
CERTIFICATIONS: Current Ceritfication through the BACB	Date		Most Current Date	Notes
	Initial Date	Received Verification Received	Date	Notes
Current Ceritfication through the BACB MSHN REGIONAL TRAINING/REQUIREMENTS:	Initial Date	Received Verification Received	Date	Notes
Current Ceritfication through the BACB MSHN REGIONAL TRAINING/REQUIREMENTS: (The trainings below are to be completed upon hire	Initial Date	Received Verification Received	Date	Notes
Current Ceritfication through the BACB MSHN REGIONAL TRAINING/REQUIREMENTS: (The trainings below are to be completed upon hire Appeals & Grievances (Initial and annual)	Initial Date	Received Verification Received	Date	Notes
Current Ceritfication through the BACB MSHN REGIONAL TRAINING/REQUIREMENTS: (The trainings below are to be completed upon hire Appeals & Grievances (Initial and annual) Corporate & Regulatory Compliance (Initial and annual)	Initial Date	Received Verification Received	Date	Notes
Current Ceritfication through the BACB MSHN REGIONAL TRAINING/REQUIREMENTS: (The trainings below are to be completed upon hire Appeals & Grievances (Initial and annual) Corporate & Regulatory Compliance (Initial and annual) Cultural Competency & Diversity (Initial and annual)	Initial Date	Received Verification Received	Date	Notes
Current Ceritfication through the BACB MSHN REGIONAL TRAINING/REQUIREMENTS: (The trainings below are to be completed upon hire 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	Initial Date	Received Verification Received	Date	Notes
Current Ceritfication through the BACB MSHN REGIONAL TRAINING/REQUIREMENTS: (The trainings below are to be completed upon hire 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)	Initial Date	Received Verification Received	Date	Notes
Current Ceritfication through the BACB MSHN REGIONAL TRAINING/REQUIREMENTS: (The trainings below are to be completed upon hire 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)	Initial Date	Received Verification Received	Date	Notes
Current Ceritfication through the BACB MSHN REGIONAL TRAINING/REQUIREMENTS: (The trainings below are to be completed upon hire 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)	Initial Date	Received Verification Received	Date	Notes
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Current Ceritfication through the BACB MSHN REGIONAL TRAINING/REQUIREMENTS: (The trainings below are to be completed upon hire 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) Medication Administration (If passing meds) (Initial) Non-Physical Intervention/Verbal De-escalation (Initial)	Initial Date	Received Verification Received	Date	Notes

CMHSP Designee Signature



[Provider Name] QLP Requirements

	Staff Name:			_	
		Date	Verification Received	h	lotes
VERIFIC	CATIONS:	Date			10163
	of Hire				
Initia	l Criminal Background Check				
	Recent Criminal Background Check				
_	I Michigan Central Registry Clearance				
	ral Sex Offender Registry check (initial)				
	Sex Offender Registry check (initial)				
Initia	I GSA / SAM Check				
	ence of ongoing GSA / SAM Check (the last 3 months to review)				
Initia	l Michigan Sanctioned Provider Check				
Evide	ence of ongoing Michigan Sanctioned Provider Check (the months prior to review)				
Initia	I OIG Check				
Evide revie	ence of ongoing OIG Checks (the last 3 months prior to w)				
		Date	Verification Received		lotes
CERTIF	ICATION/LICENSURE:				
Curre	ent License in the state of Michigan				
1		•		•	
_	e of the following QLP:				
1	A physician with a specialty in psychiatry or neurology				
2	A physician with a sub specialty in developmental pediat	rics, developmer	ital-denavioral pedi	atrics, or a related di	scipline
3	A physician with a speciality in pediatrics				
4	A psychologist (LP or LLP/TLLP)				
5	An advanced practice registerred nurse				
6	A physician assistant with training, experience or expertis				
7	A clinical social worker (must indicate the practitioner is a	a Clincal MSH no	ot Macro MSW)		
		Date	Verification Received	١	lotes
ASD TR	AINING				
Has t	raining/experience in ASD and/or behavioral health				
		Initial Date	Verification Received	Most Current Date	Notes
MSHN	REGIONAL TRAINING/REQUIREMENTS: (The trainings below are to be completed upon hire	e and thereafter	as defined in the M	SHN Regional Traini	ng Grid)
Appe	als & Grievances (Initial and annual)				
Corp	orate & Regulatory Compliance (Initial and annual)				
Cultu	ral Competency & Diversity (Initial and annual)				
_	onmental Safety (Initial)			1 1	
	th Management (Blood Borne Pathogens/Infection			1	
	rol) (Initial and annual)				
HIPA	A Privacy & Security (Initial and annual)				
Limit	ed English Proficiency (Initial and annual)				
_	cation Administration (If passing meds) (Initial)				
_	Physical Intervention/Verbal De-escalation (Initial)			1 1	

Person Centered Planning (Initial and annual)		
Recipient Rights (Initial and annual)		
Trauma Informed Care (Initial)		

CMHSP Designee Signature

Date

CMHSP Designee Print Name

_	der Name Requirement	-	
Staff Name:			
	Date	Verification Received	Notes
VERIFICATIONS:			
Date of Hire			
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 Sanctioned Provider Check			
Evidence of ongoing Michigan Sanctioned Provider Check (the las 3 months prior to review)	t		
Initial OIG Check			
Evidence of ongoing OIG Checks (the last 3 months prior to			
review)			
	Date	Expiration Date	Verification Received
CERTIFICATIONS/TRAINING:			
Is a physician or licensed practitioner in a mental health related			
field (e.g. APRN, Psychologist, Clinical Social Worker, PA, etc.)			
licensed in the State of Michigan	-		
Holds a masters degree in a mental health related field from an			
accredited institution or a BACB approved degree category.			
Has specialized training and one year experience in examination, evaluation, and treatment of children with ASD			
evaluation, and treatment of children with ASD	d		
evaluation, and treatment of children with ASD Has extensive knowledge and training in behavior analysis defined	d		
evaluation, and treatment of children with ASD Has extensive knowledge and training in behavior analysis defined as having documented course work at the graduate level (i.e. completion of 3 BACB evaluated graduate courses or BACB	d		
evaluation, and treatment of children with ASD Has extensive knowledge and training in behavior analysis defined as having documented course work at the graduate level (i.e. completion of 3 BACB evaluated graduate courses or BACB verified course sequence meeting specific standards toward			
evaluation, and treatment of children with ASD Has extensive knowledge and training in behavior analysis defined as having documented course work at the graduate level (i.e. completion of 3 BACB evaluated graduate courses or BACB verified course sequence meeting specific standards toward certification) from an accredited university in at least threee of the			
evaluation, and treatment of children with ASD Has extensive knowledge and training in behavior analysis defined as having documented course work at the graduate level (i.e. completion of 3 BACB evaluated graduate courses or BACB verified course sequence meeting specific standards toward certification) from an accredited university in at least threee of the six following areas:			
 evaluation, and treatment of children with ASD Has extensive knowledge and training in behavior analysis defined as having documented course work at the graduate level (i.e. completion of 3 BACB evaluated graduate courses or BACB verified course sequence meeting specific standards toward certification) from an accredited university in at least threee of the six following areas: Ethical Considerations; 			
 evaluation, and treatment of children with ASD Has extensive knowledge and training in behavior analysis defined as having documented course work at the graduate level (i.e. completion of 3 BACB evaluated graduate courses or BACB verified course sequence meeting specific standards toward certification) from an accredited university in at least threee of the six following areas: Ethical Considerations; Definition & characteristics and principles, processes & 			
 evaluation, and treatment of children with ASD Has extensive knowledge and training in behavior analysis defined as having documented course work at the graduate level (i.e. completion of 3 BACB evaluated graduate courses or BACB verified course sequence meeting specific standards toward certification) from an accredited university in at least threee of the six following areas: Ethical Considerations; Definition & characteristics and principles, processes & concept of behavior; 			
 evaluation, and treatment of children with ASD Has extensive knowledge and training in behavior analysis defined as having documented course work at the graduate level (i.e. completion of 3 BACB evaluated graduate courses or BACB verified course sequence meeting specific standards toward certification) from an accredited university in at least threee of the six following areas: Ethical Considerations; Definition & characteristics and principles, processes & concept of behavior; 			
 evaluation, and treatment of children with ASD Has extensive knowledge and training in behavior analysis defined as having documented course work at the graduate level (i.e. completion of 3 BACB evaluated graduate courses or BACB verified course sequence meeting specific standards toward certification) from an accredited university in at least threee of the six following areas: Ethical Considerations; Definition & characteristics and principles, processes & concept of behavior; Behavioral assessment and selecting interventions, 			
evaluation, and treatment of children with ASDHas extensive knowledge and training in behavior analysis defined as having documented course work at the graduate level (i.e. completion of 3 BACB evaluated graduate courses or BACB verified course sequence meeting specific standards toward certification) from an accredited university in at least threee of the six following areas:1Ethical Considerations;2Definition & characteristics and principles, processes & concept of behavior;3Behavioral assessment and selecting interventions, outcomes and strategies;			

** - starting January 1, 2020 a QBHP must be certified within two years of successfully completing their ABA graduate coursework or by 9/30/2025 which ever is the shorter time period.

Behavioral change procedures and systems supports

6

			Date	Supervision Documentation Received	Notes	
SL	IPERVISION:					
	Name of BCBA:					
			Initial Date	Verification Received	Most Current Date	Notes
М	SHN REGIONAL TRAINING/	-	d thoreafter as	defined in the MCUN	Designal Training	Swid)
	(The trainings below	are to be completed upon hire ar	iu thereafter as			Shu)
	Appeals & Grievances (Initial a	nd annual)				
	Corporate & Regulatory Compli	ance (Initial and annual)				
	Cultural Competency & Diversit	y (Initial and annual)				
	Environmental Safety (Initial)					
	Health Management (Blood Bor (Initial and annual)	ne Pathogens/Infection Control)				
	HIPAA Privacy & Security (Initia	il and annual)				
	Limited English Proficiency (Init	ial and annual)				
	Medication Administration (If page	assing meds) (initial)				
	Non-Physical Intervention/Verba	al De-escalation (Initial)				
	Person Centered Planning (Initia	al and annual)				
	Recipient Rights (Initial and anr					
	Trauma Informed Care (initial)					

CMHSP Designee Signature

Date

CMHSP Designee Print Name

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_	er Name	-				
	Requiremen	175				
Staff Name:						
	Date	Verification	Notes			
VERIFICATIONS:						
Date of Hire		I I				
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 Sanctioned Provider Check						
Evidence of ongoing Michigan 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)						
· · ·	Date	Expiration Date	Verification Received			
CERTIFICATIONS/TRAINING:						
LP = a doctoral level psychologist licensed by the State of Michigan. Must complete all coursework and experience requirements.						
~ OR ~						
LLP = a doctoral or master level psychologist licensed by the State of Michigan. Limited psychologist master's limited license is good for one two-year period. Must complete all coursework and experience requirements.						
Has specialized training and one year experience in examination, evaluation, and treatment of children with ASD						
Has extensive knowledge and training in behavior analysis defined as having documented course work at the graduate level (i.e. completion of 3 BACB evaluated grauate courses or BACB verified course sequence meeting specific standards toward certification)						

compl course	etion of 3 BACB evaluated grauate courses or BACB verified sequence meeting specific standards toward certification) an accredited university in at least threee of the six following		
1	Ethical Considerations;		
	Definition & characteristics and principles, processes & concept of behavior;		
	Behavioral assessment and selecting interventions, outcomes and strategies;		
4	Experimental evaluation of interventions;		
	Measurement of behavior and developing and interpreting behavioral data;		
6	Behavioral change procedures and systems supports		

		Date	Supervision Documentation Received	N	lotes
su	PERVISION:				
	Name of BCBA:				
		Initial Date	Verification Received	Most Current Date	Notes
M	SHN REGIONAL TRAINING/REQUIREMENTS:				
	(The trainings below are to be completed upon hire an	d thereafter as	defined in the MSHN	l Regional Trainin	g Grid)
	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)				
	Medication Administration (If passing meds) (initial)				
	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