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| **Autism – LRE/CMHSP Staff Credentialing/Training Tool FY2023** | |
| **CMHSP Name:** | **Date of Review:** Click here to enter a date. |
| **Name of Reviewer(s):** | |

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| **STAFF INFORMATION** | | |  | | |
| **Staff/Contractor Name:** *(Please identify which service/program assigned)* | | | **Agency and Specialized Residential Home or Fiscal Intermediary Name:** | | |
| **#** | **CRIMINAL BACKGROUND CHECKS** | | | **EVIDENCE DOCUMENTS** | |
| 1.1 | Date of Hire *(provide proof)*:Click here to enter a date. | | | HR Letter, Offer Letter, Federal Hire Documents | |
| 1.2 | Date of termination, if no longer employed *(provide proof)*: Click here to enter a date. | | | Termination Letter | |
| 1.3 | Criminal background check is completed prior to hire.  Date of initial criminal background check: | | | CBC Record | |
| 1.4 | Last criminal background check was completed within the last two years.  Date of last background check: | | | CBC Record | |
| 1.5 | Agency providers Rap Back.  Yes  No | | | HR letter indicating Rap Back is used. | |
| **#** | **REQUIRED TRAINING** | **Basis/Source** | **Frequency of Training:** | | **Provide last (within the past year).** |
| **General Training Required of ALL Autism Staff:** *(unless noted)* | | | | | |
| 2.1 | Appeals and Grievances | MDHHS Contract | Initial (30 days of hire) and Annually | | Date of Last: |
| 2.2 | Corporate Compliance | Balanced Budget Act, Deficit Reduction Act, MDHHS Contract | Initial (60 days of hire) and Annually | | Date of Last: |
| 2.3 | Cultural Competency | MDHHS Contract Mental Health Code, Code of Federal Regulations | Initial (60 days of hire) and Annually | | Date of Last: |
| 2.4 | First Aid Certification  *Not required for QLP evaluators* | Medicaid Provider Manual | Initial (60 days of hire) and as per certificate. | | Date of Last: |
| 2.5 | Health Insurance Portability and Accountability Act (HIPAA) | Code of Federal Regulations, MDHHS Contract | Initial (60 days of hire) and Annually | | Date of Last: |
| 2.6 | Limited English Proficiency (LEP) | Balanced Budget Act, MDHHS Contract | Initial (60 days of hire) and Annually | | Date of Last: |
| 2.7 | Person-Centered Planning and Self-Determination | MDHHS Contract | Initial (60 days of hire) and Annual Refresher | | Date of Last: |
| 2.8 | Recipient Rights | MI Administrative Code, MI Mental Health Code, MDHHS Contract | Initial (30 days of hire) and Annually | | Date of Last: |
| 2.9 | Standard Precautions (Blood Borne Pathogens/Infection Control) | MI Mental Health Code, MI Administrative Code, Medicaid Provider Manual | Initial (60 days of hire) and Annually | | Date of Last: |

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| **Behavior Technician Requirements** | | | |  |
| **#** | **Standard/Requirement** | **Basis/Source** | **Evidence** |  |
| 3.1 | Able to communicate expressively and receptively | Medicaid Provider Manual | College/university diploma, documentation from BCBA indicating Aide possess these  skills, or job description requiring these skills |  |
| 3.2 | Working under the supervision of an ABA supervisor (BCBA, BCaBA, QBHP) | Medicaid Provider Manual | Progress/Supervision notes, BCBA letter, job description |  |
| 3.3 | BACB approved training outlined in the RBT Task List | Medicaid Provider Manual | Training Certificate |  |
| 3.4 | Proof individual is age 18 or older | Medicaid Provider Manual | Driver’s License, Passport, or State ID |  |
| 3.5 | Beneficiary Specific IPOS Training   * Date of the IPOS training: * Staff was trained by the appropriate professional. * The IPOS training document must include the following:  1. The name and credentials of the individual who conducted the training. 2. The date the IPOS training occurred. 3. The name of the client. 4. The date of the IPOS. 5. The subject matter of the training. 6. The name of the staff receiving the training.   ***Only required for Behavior Technicians*** | Medicaid Provider Manual | Initial – prior to working with the individual and annually. | Date of Last: |
| **BCBA or BCBA(D) Requirement** | | | |  |
| **#** | **Standard/Requirement** | **Basis/Source** | **Evidence** |  |
| 4.0 | Current License | Medicaid Provider Manual, LARA | Michigan Behavior Analyst License |  |
| **QBHP Requirements** | | | |  |
| **#** | **Standard/Requirement** | **Basis/Source** | **Evidence** |  |
| 5.1 | Minimum one-year experience in diagnosing / treating children with ASD based on the principles of ABA | Medicaid Provider Manual | employer letter, job description, resume, or other documentation |  |
| 5.2 | Working under the supervision of a BCBA if QBHP or in consultation with a BCBA if a LP or LLP. | Medicaid Provider Manual | Progress/Supervision notes, BCBA letter |  |
| 5.3 | Documented course work at graduate level from an accredited university in at least 3 of the following 6 areas:   * Ethical Considerations * Definitions & characteristics & principles, process, concepts of behavior * Behavior assessment & selecting interventions, outcomes, and strategies. * Experimental evaluation of interventions * Measurement of behavior & developing & interpreting behavior data * Behavioral change procedures and system supports.   *\*If LLP or LP acting as QBHP this coursework must be provided* | Medicaid Provider Manual | College transcripts, certificates, or course outline |  |
| 5.4 | Scheduled to become a BCBA by 9/30/2025 and is certified and licensed as a BCBA within two years of completing ABA coursework if QBHP. | Medicaid Provider Manual | College transcripts, diploma |  |
| 5.5 | An LP/LLP must hold a doctorate or masters and a current State of Michigan license in psychology or if a QBHP is a physician, licensed practitioner, or holds a minimum of a master's degree in a mental health related field from an accredited institution | Medicaid Provider Manual | College transcripts, diploma |  |
| **BCaBA Requirements** | | | | |
| **#** | **Standard/Requirement** | **Basis/Source** | **Evidence** |  |
| 6.1 | Current Certification through the BACB | Medicaid Provider Manual | BACB certification |  |
| 6.2 | Working under the supervision of a licensed BCBA. | Medicaid Provider Manual | Progress/Supervision notes, BCBA letter |  |
| **Qualified Licensed Practitioner (evaluators)** | | | |  |
| **#** | **Standard/Requirement** | **Basis/Source** | **Evidence** |  |
| 7.1 | Minimum one-year experience in diagnosing / treating children with ASD based on the principles of ABA |  |  |  |
| 7.2 | Must be one of the following professions:   * a physician with a specialty in psychiatry or neurology; * a physician with a subspecialty in developmental pediatrics, developmental-behavioral pediatrics * or a related discipline; a physician with a specialty in pediatrics or other appropriate specialty with training, experience or expertise in ASD and/or behavioral health; * a psychologist; * an advanced practice registered nurse with training, experience, or expertise in ASD and/or behavioral health; * a physician assistant with training, experience, or expertise in ASD and/or behavioral health; * a clinical social worker, working within their scope of practice, and is qualified and experienced in diagnosing ASD. |  |  |  |

**Comments:**