**PROVIDER QUALITY/CREDENTIAL CHECKLIST**

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| Staff Name: | Title: | |
| Date of Hire: | Hire Letter, Offer Letter, HR Form |  |
| Date of Termination, if no longer employed | Resignation or Term Letter, HR Form |  |
| Signed Job Description | Signed Job Description |  |
| Annual Performance Appraisals | Last Two Performance Appraisal Dates |  |
| Proof Individual is Age 18 or Older  (must be valid/current) | Driver’s License (both front and back), Passport, or State ID |  |
| If Agency uses Rap Back, HR letter stating Rap Back is used | HR letter indicating Rap Back is used |  |
| Pre-Hire Criminal Background Check | Pre-Hire [ICHAT](https://apps.michigan.gov/Home/Login?q=MlGPpWZJC+eyoP6U6CpNUg==%27), CBC results – date stamped |  |
| Ongoing Criminal Background Checks, minimally every 2 yrs to align with credentialing timing. Some grants and services required more frequent checks. | Bi-Annual [ICHAT](https://apps.michigan.gov/Home/Login?q=MlGPpWZJC+eyoP6U6CpNUg==%27), CBC results – date stamped |  |
| Pre-Hire Michigan Public Sex Offender Registry (SOR) Check | Pre-Hire [Michigan SOR](https://mspsor.com/) results – date stamped |  |
| Ongoing Michigan Public SOR Checks, minimally every 2 yrs to align with credentialing timing. | Bi-Annual [Michigan SOR](https://mspsor.com/) results – date stamped |  |
| Pre-Hire National Sex Offender Registry (SOR) Check | Pre-Hire [National SOR](https://www.nsopw.gov/%3Cfront%3E) results – date stamped |  |
| Ongoing National SOR Checks, minimally every 2 yrs to align with credentialing timing. | Bi-Annual [National SOR](https://www.nsopw.gov/%3Cfront%3E) results – date stamped |  |
| Pre-Hire Central Registry Check – Must be done on all new hire staff, interns, volunteers, and subcontractors working with youth consumers. | Pre-Hire [Central Registry](https://www.michigan.gov/en/mdhhs/adult-child-serv/abuse-neglect/accordion/forms/central-registry-clearance-requests) |  |
| Prior convictions identified? | Y/N and indicate convictions. If “Y,” include credentialing/recredentialing approval rationale (acknowledged, signed, dated by agency leadership) w/ dated note that conviction was discussed/resolved |  |
| Pre-hire/Initial Sanction Checks – Office of Inspector General (OIG), System for Award Management (SAM), Michigan Sanctioned Provider (MSP) List | Date stamped screenshots of [OIG](https://exclusions.oig.hhs.gov/), [MSP](https://www.michigan.gov/mdhhs/doing-business/providers/providers/billingreimbursement/list-of-sanctioned-providers), and [SAM](https://sam.gov/search/?page=1&pageSize=25&sort=-modifiedDate&sfm%5BsimpleSearch%5D%5BkeywordRadio%5D=ALL&sfm%5Bstatus%5D%5Bis_active%5D=true) check results (showing provider’s name among checked names and results showing “no sanctions found”) |  |
| Evidence of Ongoing Monthly Sanction Checks | If via service, name, frequency, and screenshot of list showing provider’s name (last 2 mos.). If not via service, reports from last 3 mos. ([OIG](https://exclusions.oig.hhs.gov/), [SAM](https://sam.gov/search/?page=1&pageSize=25&sort=-modifiedDate&sfm%5BsimpleSearch%5D%5BkeywordRadio%5D=ALL&sfm%5Bstatus%5D%5Bis_active%5D=true), [MSP](https://www.michigan.gov/mdhhs/doing-business/providers/providers/billingreimbursement/list-of-sanctioned-providers)) |  |
| Credentialing Application for Licensed Practitioners (See full list of practitioners this applies to at [MDHHS Credentialing and Re-credentialing Processes](https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder3/Folder82/Folder2/Folder182/Folder1/Folder282/Provider_Credentialing.pdf?rev=5fd6fea3eac6466d8caee4a240957b24&hash=DED00CBA6EA416C260D50248F8BA178C)) | See link for the 5 attestations the application must include. |  |
| If licensed or certified, you must have a copy of the license/certification on file and/or an official copy of transcripts (sent to you directly, not to the staff). | We recommend having both. A primary source verification from [LARA](https://www.michigan.gov/lara/i-need-to/find-or-verify-a-licensed-professional-or-business) for any state licensure or certification with a date stamp is also required. |  |
| Primary Source Verification of licensure/certification from either LARA website and/or certification source (i.e. MCBAP, RMA, CAN, etc.). | Must include a date stamp. [LARA verification](https://www.michigan.gov/lara/i-need-to/find-or-verify-a-licensed-professional-or-business) |  |
| Letter to the staff approving or denying them credentials. (See full list of practitioners this applies to at [MDHHS Credentialing and Re-credentialing Processes](https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder3/Folder82/Folder2/Folder182/Folder1/Folder282/Provider_Credentialing.pdf?rev=5fd6fea3eac6466d8caee4a240957b24&hash=DED00CBA6EA416C260D50248F8BA178C)) | Must be completed and sent within 90 days of the credentialing application date. |  |
| Re-credentialing of staff must occur every 3 years minimally. | Follow guidelines in the MDHHS Processes document linked above. |  |
| Training Requirements – Refer Training Section | See [Attachment I](https://healthwest.net/wp-content/uploads/2024/05/Attachment-I_Training-Requirements.docx) from your contract. |  |