A logo for a health wellness company

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**New Hire Employee Verification Form**

**for Substance Use Disorder Treatment Staff**

Please complete the following information within 14 days of hire for any staff that provide direct service and submit to HealthWest at [latitude43support@healthwest.net](mailto:contracts@healthwest.net).

*HealthWest delegates responsibility for credentialing and re-credentialing of employed and subcontracted direct service providers to contracted provider organizations. Credentialing and Re-Credentialing carried out by provider organizations must uphold all contractual requirements and be done in accordance with HealthWest policies and MDHHS Credentialing and Re-Credentialing Processes. Please see* [*www.healthwest.net/providers*](http://www.healthwest.net/providers) *for more information.*

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| --- | --- | --- | --- | --- |
| **Please complete all fields in the section.** | | | | |
| **Agency:** | |  | | |
| **Staff Name** | | **First:** | **Middle:** | **Last:** |
| **Date of Hire:** | |  | **Position:** | |
| **Type of Staff:** | | Treatment Supervisor with: | CCS-M or  CCS-R or  DP-CCS | |
|  | | SATS – Please complete information under items **1., 3., and 4.** | | |
|  | | SATP – Please complete information under items **2., 3., and 4.** | | |
|  | | Specifically Focused Staff (specify):       (See items 3. or 5.) | | |
|  | | Treatment Adjunct Staff (specify): | | |
|  | | Intern – Internship Completion Date: | | |
| **1.** **Substance Abuse Treatment Specialist**: In order to qualify as a SATS an individual must be supervised by a CCS-M/CCS-R/DP-CCS **AND** meet the criteria in either A, B or C below. | | | | |
| A. | Individual is ***licensed*** in one of the following areas **AND** is working within their licensure-specified scope of practice:  Physician (MD/DO),  Physician’s Assistant (PA),  Nurse Practitioner (NP),  Clinical Nurse Specialist (CNS),  Registered Nurse (RN),  Licensed Practical Nurse (LPN),  Licensed (or Limited Licensed) Psychologist (LP/LLP),  Licensed (or Limited Licensed) Professional Counselor (LPC/LLPC),  Licensed (or Limited Licensed) Marriage and Family Therapist (LMFT/LLMFT),  Licensed (or Limited Licensed) Master’s Social Worker (LMSW/LLMSW),  Licensed (or Limited Licensed) Bachelor’s Social Worker (LBSW/LLBSW)  **AND** they have a registered development plan leading to certification and are timely in its implementation OR are functioning under a time-limed exception plan approved by the regional PIHP.  **MCBAP Development Plan Expiration Date:** | | | |
| B. | Individual has one of the following Michigan Certification Board of Addiction Professionals (MCBAP) or International Certification of Reciprocity Consortium (IC & RC) credentials:  Certified Alcohol and Drug Counselor (CADC)  Certified Advanced Alcohol and Drug Counselor (CAADC)  Certified Criminal Justice Professional – IC&RC – Reciprocal (CCJP-R)  Certified Co-Occurring Disorders Professional IC&RC (CCDP)  Certified Criminal Justice Professional – IC&RC – Diplomat (CCJP-D) Master’s Level Only  **MCBAP Certification Expiration Date:**  Cont… | | | |
| C. | Individual has one of the following certifications:  For medical doctors: American Society of Addiction Medicine (ASAM) For psychologists: American Psychological Association (APA) specialty in addiction For counselors/therapists: Certification through the Upper Midwest Indian Council on Addiction Disorders (UMICAD) For LPC’s: National Certified Counselor (NCC) with concurrent Master Addictions Counselor (MAC) certification  A physician (MD/DO), physician assistant, nurse practitioner, clinical nurse specialist, registered nurse or licensed practical nurse who provides substance use disorder treatment services within their scope of practice is considered to be specifically focused treatment staff and is not required to obtain MCBAP credentials. If one of these professionals provides substance use disorder treatment services outside their scope of practice, the appropriate MCBAP/IC & RC credential applies. | | | |
| **2**. **Substance Abuse Treatment Practitioner:** In order to qualify as a SATP, an individual must have a registered MCBAP counselor certification development plan (Development Plan – Counselor [DP-C], and must be supervised by a CCS-M/CCS-R/DP-CCS.  **MCBAP Development Plan Expiration Date:** | | | | |
| **3.** **Levels of Care to be provided**:  Outpatient  IOP  Detox Residential  MAT (Methadone/Suboxone)    Service Categories:  Assessment  Individual  Group  Didactic  Case Management  Peer Recovery Support (See 5. Below) | | | | |
| **4**. Please select the applicable level of education below and include the specific type of degree:  Master’s Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bachelor’s Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Associate’s Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  High School Diploma/GED | | | | |
| **5**.  Peer Recovery Support. *Staff must be supervised by a SATP or SATS or a Certified Peer Recovery Coach with 2 continuous years in recovery and two years in direct provision of recovery coach services and supports.*  Include one of the following:   |  | | --- | | MDHHS Peer Recovery Coach Certification  OR     * Three (3) references of support * Current support system for PRS staff * Programs selection criteria for hiring PRS staff * How his/her recovery was verified and how recovery will be monitored * Date of his/her last treatment (if applicable) * Specify types of services to be provided by PRS Associate or PRS Coach * Documentation of training received. | | | | | |
| **Supervisor Name and Certification** (Please Print and include credentials):      \_\_\_\_\_\_\_\_\_\_\_\_  *\*Reminder – SATS/SATP staff must be supervised by a CCS-M, CCS-R, or DP-CCS. Recovery Coach and Case Manager staff must be supervised by a SATS or SATP.* | | | | |
| **Program Director’s signature below attests to the accuracy and completeness of all verification information and assures staff is in compliance with the most recent Provider Qualifications and MDHHS Credentialing Requirements.**  Program Director’s Signature:  Date: | | | | |