**SUD - Staff Qualifications Review 2024 - FOR QUALITY USE ONLY**

Passing %﻿95

**Job Location and Title**

1. Please indicate if staff is employee, contractor, Agency Staff, or Intern

Enter Employee’s Employment Status

**Text Field Include N/A Option**

2. Enter the Name of Clinical Supervisor or Manager

**Text Field Include N/A Option**

3. Enter the Job Title at this Provider location

**Text Field Include N/A Option**

**Initial Qualifications**

1. There is evidence that the staff profile has been created and maintained in MHWIN.

Subtitle: MHWIN Staff Profile

Reference: Per Contract

**Not Met/Met Include N/A Option**

2. What was the initial date of hire? (Enter the hire date in the text box as MM/DD/YYYY.)

Reference: Employers are required to maintain employment records which include documentation of the date of hire on an Offer letter, Employer Letter, HR Document/Form, etc.

**Text Field Include N/A Option**

3. What was the termination date, if applicable? (Enter the termination date in the text box as (MM/DD/YYYY.)

Reference: Employers are required to maintain employment records

**Not Met/Met Include N/A Option**

4. There is evidence that the staff person was age 18 or older on the hire date. (Enter the date of birth in the Comment Box as MM/DD/YYYY).

Subtitle: *Staff must be 18 or older on the hire date.*

Reference: Refer to Michigan Medicaid Provider Manual, Section Behavioral Health and Intellectual and Developmental Disability Supports and Services, including 1.7 Terms.

Check age on the date of hire by reviewing driver's license, state identification card or I-9 documentation found in the personnel record.

**Not Met/Met Include N/A Option**

5. There is evidence that a criminal background check was completed prior to the date of hire. Note: For Specialized Residential staff, the hire date is contingent on the completed criminal background check and should reflect that staff had no contact with consumers prior to the official start date. (Add the date of the background check in the Comment Box as MM/DD/YYYY.)

Subtitle: *Evidence that a criminal background check was completed prior to the date of hire. DWIHN Policies, page 58.*

N/A if hired before 2014 implementation date.

Reference: Refer to DWIHN MC 10005 Workforce/Provider Background Checks & Workforce Development Policy and https://www.michigan.gov/documents/dhs/Workforce\_Background\_Check\_Legal\_Guide\_453048\_7.pdf.

Ensure that the criminal background check was completed PRIOR to the date of hire. Acceptable evidence includes:

a. PSOR (Public Sex Offender Registry-free State of Michigan only) www.mipsor.state.mi.us

b. United States Department of Justice National Sex Offender Public Website: www.nsopw.gov

c. National Center for Safety Initiatives (National background search, cost) http://www.ncsisafe.com/

d. OTIS (Offender Tracking Information System-free State of Michigan only) www.state.mi.us/mdoc/asp/otis2.html

e. Medicare / Medicaid OIG Exclusion List https://oig.hhs.gov/exclusions/

f. ICHAT (Internet Criminal History Access Tool-free to Non-Profits State of Michigan only) www.michigan.gov/ichat.

g. Nurse Aide Registry (free, State of Michigan only).

Use sites appropriate to person's profession and DWIHN Policy

**Not Met/Met Include N/A Option**

6. There is evidence that an annual criminal background check was conducted.

Subtitle: *Annual criminal background check*

Reference: Refer to DWIHN MC 10000 Credentialing/Re-Credentialing Policy and MC 10005 Workforce/Provider Background Checks & Workforce Development Policy eff. 3-25-2015 (See the ‘Michigan Workforce Background Check Program Legal Guide.' Exhibit.) Use background check site(s) appropriate to person's profession and DWIHN Policy.

**Not Met/Met Include N/A Option**

7. There is evidence that staff received an MDHHS Central Registry Clearance. This is required for programs providing services to minors.

Subtitle: *MDHHS Central Registry Clearance*

Reference: Refer to DWIHN MC 10005 Workforce/Provider Background Checks & Workforce Development Policy eff. 3-25-2015. This MDHHS Central Registry Clearance is required for staff providing services to Children/Minors. Utilize form DHS-1929 for the MDHHS Central Registry Clearance Request.

**Not Met/Partial/Met Include N/A Option**

8. There is evidence of monthly HHS Office of Inspector General (OIG) Clearance for this staff member.

Subtitle: *Evidence of Monthly HHS OIG Clearance*

Reference: Refer to DWIHN MC 10005 Workforce/Provider Background Checks & Workforce Development Policy eff. 3-25-2015 and MCPN-Provider Contract. The HHS OIG Clearance (https://oig.hhs.gov/exclusions/) is a requirement for professional staff prior to the date of hire and at least monthly.

**Not Met/Partial/Met Include N/A Option**

9. There is evidence of monthly GSA Exclusion List Clearance (formerly the Excluded Parties List System-EPLS) for this professional staff member at SAM.gov.

Subtitle: *Evidence of GSA Exclusion List System Clearance*

Reference: Refer to DWIHN MC 10005 Workforce/Provider Background Checks & Workforce Development Policy eff. 3-25-2015. Check GSA Exclusion List at SAM.gov.

GSA Exclusions List System is a list of parties excluded from participating in federal programs. A check of the GSA Exclusion List is a requirement for professional staff. (https://www.SAM.gov)

**Not Met/Met Include N/A Option**

10. There is evidence of an Employment Eligibility Verification Form (Form "I-9") in the personnel file, this includes contractual employees

Subtitle: *Employment Eligibility Verification (Form "I-9")*

Department of Homeland Security

U.S. Citizens and Immigration Services (USCIS)

Reference: Under Federal law, all employers are responsible for the completion of an Employment Eligibility Verification Form (Form “I-9”) for all members of their workforce verifying their eligibility to be employed in the United States. USCIS.gov. DWIHN Workforce and Provider Background Checks policy, section 5. Permission to Work in the United States

**Not Met/Met Include N/A Option**

**Ongoing Job Qualifications**

1. There is evidence the staff file documents a current job description that has been signed, dated the staff member. The job description has been reviewed and documented annually by the program director and updated as necessary.

Subtitle: *Current Job Description Requirement*

Reference: Administrative Rule R 325.1345 (2) (3)

**Not Met/Partial/Met Include N/A Option**

2. There is evidence of a signed and dated Annual Performance Appraisal in the personnel file, this includes contractual employees.

Subtitle: *Annual Performance Appraisal*

Reference: PIHP Contract

N/A may be selected when the staff person has not completed a full year of employment.

**Not Met/Met Include N/A Option**

3. Educational status of staff member (evidence of education is not required for Direct Care Workers).

Subtitle: *Education Level Attained*

Reference: What is the highest level of education completed by this staff member?

**Text Field Include N/A Option**

4. List the current license(s), certification(s) or registration(s) held by this staff member and expiration date. Enter information in the Comment Box; enter the date as MM/DD/YYYY.

Subtitle: *Current license/certification/registration*

Reference: Refer to Michigan Medicaid Provider Manual. Current State of Michigan license(s) are required for many of the positions within community mental health.

The evidence is the copy of the license(s), certification(s) or registration(s) in the employee record. For example, SUD Staff in the SUD Program need the following certifications:

• Certified Alcohol & Drug Counselor (CADC)

• Certified Advanced Alcohol & Drug Counselor (CAADC)

• MCBAP Registered Development Plan for CADC or CAADC

• Certified by MCBAP as a Certified Clinical Supervisor (CCS) or CCS-DP

• MCBAP Certified Peer Recovery Mentor (CPRM)

● Limited/Full Certified Counselor

**Not Met/Met Include N/A Option**

5. There is evidence that the staff member has the license(s), certification(s) or registration(s) that matched their job description.

Subtitle: *Current license/certification/registration matches job description*

Reference: DWIHN Policy Credentialing/Re-Credentialing (ID # 14342078). Be sure to verify that staff who are using Evidence-based Interventions have the appropriate credential and training.

**Not Met/Met Include N/A Option**

6. There is evidence that clinical staff have a current NPI Number as verified on the NPI Registry (https://npiregistry.cms.hhs.gov/). Note: NPI Numbers are for the named professional rather than the organization.

Subtitle: *Current NPI Number*

Reference: Refer to NPI Registry

**Not Met/Met Include N/A Option**

**Required Training for All CMH Staff**- Evidence of Ongoing Training at the Required Frequency for All CMH Staff. All CMH Staff includes Administrative (over CMH programming), DWIHN Board Members, Clinicians and non-clinical staff serving CMH, I/DD, SUD populations, Child Mental Health Professionals, Substance Abuse.

1. There is evidence that staff met the requirement for completion of an Employer Hosted New Employee Orientation. This must include documentation of the training agenda, General Medicaid & Medicare Compliance Training and receipt of a Standard of Conduct Policy. This training is required one time.

Reference: Refer to DWIHN MC 10005 Workforce/Provider Background Checks & Workforce Development Policy eff. 3-25-2015. A Standard of Conduct Policy may include Customer Service, Conflict of Interest, Consumer/Health Information Protections, Compliance Reporting, etc. All CMH Staff are required to participate in a New Employee Orientation conducted by the Employer which includes Review of responsibilities, program policies, and operating procedures. This training is required one time. Must be completed within the first 60 days of employment.

**Not Met/Met Include N/A Option**

2. There is evidence that staff met the requirement for Medicare & Medicaid Compliance Training (previously Corporate Compliance). Required annually.

Reference: There is evidence that staff met the requirement for Medicare & Medicaid Compliance Training. Training is required as New Hire (within 60 days of hire or first available training date, unless otherwise specified) and annually thereafter.

**Not Met/Met Include N/A Option**

3. There is evidence that staff met the requirement for Medicare Fraud & Abuse Training (previously Medicare Fraud, Waste and Abuse). Training is required for New Hires (within 60 days of hire) and annually thereafter. This requirement applies to all "Dual Eligible" Providers' employees involved in the administration or delivery of Medicare benefits, including but not limited to clinicians, billers, quality, utilization management, legal, compliance, and management.

Reference: There is evidence that staff met the requirement for Medicare Fraud & Abuse Training. This training is required for all clinical and administrative staff providing services to persons with Medicare. Training is required as New Hire (within 60 days of hire) and annually thereafter.

**Not Met/Met Include N/A Option**

4. There is evidence that staff met the requirement for Recipient Rights-Training. Required annually.

Reference: There is evidence that staff met the requirement for Annual or Refresher Recipient Rights Training. Training is required annually (each calendar year before or on the date it expires) for all CMH staff, including Direct-Hires.

**Not Met/Met Include N/A Option**

5. There is evidence that staff met the requirement for Universal Precautions/Blood Borne Pathogens/Infection Control (Previously Infection Control & Standard Precautions) Required annually.

Reference: Refer to MI Medicaid Provider Manual. Training is required as New hire and annually thereafter.

**Not Met/Met Include N/A Option**

6. There is evidence that staff met the requirement for Abuse & Neglect Reporting Requirements Training. Required biennially.

Reference: There is evidence that staff met the requirement for Abuse & Neglect Reporting Requirements Training. Training is required New hire (within 90 days of hire or first available training date, unless otherwise specified) and every two (2) years (biennially) thereafter.

**Not Met/Met Include N/A Option**

7. There is evidence that staff met the requirement for Anti-Harassment & Non-Discrimination Training for Employees (or for Leaders). Required biennially.

Reference: There is evidence that staff met the requirement for Anti-Harassment & Non-Discrimination Training for Employees or Anti-Harassment & Non-Discrimination Training for Leaders depending on staff position. Leaders include all managerial staff, including supervisors, managers, directors, administrators, and officers. Training is required New hire (within 90 days of hire or first available training date, unless otherwise specified) and every two (2) years (biennially) thereafter.

**Not Met/Met Include N/A Option**

8. There is evidence that staff met the requirement for Cultural Competence/Diversity Training (previously Cultural Competence: A Foundation Course). Required biennially.

Reference: There is evidence that staff met the requirement for Cultural Competence/Diversity Training. Training is required as New Hire (within 60 days of hire or first available training date, unless otherwise specified) and biennially thereafter.

**Not Met/Met Include N/A Option**

9. There is evidence that staff met the requirement for Human Sex Trafficking Training (Previously Child Sex Trafficking in America). Required Biennially.

Reference: There is evidence that all staff met the requirement for Human Sex Trafficking Training. Training is required biennially for all staff.

**Not Met/Met Include N/A Option**

10. There is evidence that staff met the requirement for Grievances, Appeals and State Fair Hearings Training (previously Medicaid Fair Hearings, Local Appeals & Grievances). Required biennially.

Reference: There is evidence that staff met the requirement for Grievances, Appeals and State Fair Hearings Training (previously Medicaid Fair Hearings, Local Appeals & Grievances). Training is required as New Hire and biennially thereafter.

**Not Met/Met Include N/A Option**

11. There is evidence that staff met the requirement for Emergency Preparedness Training. Required triennially.

Reference: There is evidence that staff met the requirement for Emergency Preparedness Training. Training is required as a New Hire and every three (3) years (triennially) thereafter.

**Not Met/Met Include N/A Option**

12. There is evidence that staff met the requirement for HIPAA (Basics) Training. Required triennially.

Reference: There is evidence that staff met the requirement for HIPAA Training. Training is required for all New Hires and triennially thereafter. Only one HIPAA training is required. Completion of HIPAA Basics, Intermediate OR Comprehensive meets this requirement.

**Not Met/Met Include N/A Option**

13. There is evidence that staff met the requirement for Limited English Proficiency (LEP) Training. Required every three years.

Reference: There is evidence that staff met the requirement for Limited English Proficiency (LEP) Training. Training is required as New Hire and every three (3) years (triennially) thereafter.

**Not Met/Met Include N/A Option**

14. There is evidence that staff met the requirement for Person Centered Planning with Children, Adults & Families Training. Required at hire (prior to delivering services) and triennially.

Reference: There is evidence that staff met the requirement for Person Centered Planning Training. For those members of the workforce with less than a Bachelor's degree, please complete Person-Centered Planning & Individual Plan of Service for Direct Support Professionals. Training is required as New Hire (prior to delivery of services) and every three (3) triennially thereafter.

**Not Met/Met Include N/A Option**

**SUD Specific Training Requirements**

1. There is evidence that SUD staff met the requirement for the annual "Improving MI Practices" Recipient Rights Training.

Reference: PIHP Contract Requirement

**Not Met/Met Include N/A Option**

2. There is evidence that SUD staff met the requirement for the annual "Improving MI Practices" Communicable Diseases Training.

Reference: PIHP Contract Requirements

Prevention Policy #02

**Not Met/Met Include N/A Option**

3. There is evidence that staff met the requirement for CPR Training/First Aid training

Subtitle: CPR Training Requirement

Reference: Administrative Rule R 325.1351 (2a)

**Yes/No no points given Include N/A Option**

4. For all SUD staff involved in level of care assessments (i.e., Integrated Biopsychosocial, SUD assessments, etc.) there is evidence that the staff completed the American Society of Addiction Medicine Criteria (ASAM) Continuum training and are licensed Health Professionals.

Subtitle: American Society of Addiction Medicine (ASAM) Continuum Training

Reference: Refer to 1115 Medicaid Waiver “All SUD assessments should be completed using American Society of Addiction Medicine (ASAM) Continuum only.”

Substance Use Disorder Administrative Code Subpart B.

**Not Met/Met Include N/A Option**

5. If staff member is providing the GAIN to adolescents, there is evidence the staff member completed GAIN assessment training

Reference: PIHP Contract

**Not Met/Met Include N/A Option**

**Credentialing Requirements**

1. If the Job Description has the requirement of certification as an SATP, there is evidence of the required twenty training hours annually.

Subtitle: SATP Required Training Hours

Reference: An SATP is an individual who has a registered MCBAP certification development plan that is timely in its implementation. SATPs are required to earn twenty (20) training hours per year related to the populations they serve.

**Not Met/Partial/Met Include N/A Option**

2. If the Job Description has a requirement of certification as a SATS, there is evidence of the required twenty training hours annually.

Subtitle: SATS Required Training Hours

Reference: Staff with a SATS credential must be supervised by an individual with a certified clinical supervisor (a CCS-M or CCS-R) or a registered development plan to obtain the supervisory credential when providing substance use treatment services to beneficiaries. SATSs are required to earn twenty (20) training hours per year related to the populations they serve.

**Not Met/Partial/Met Include N/A Option**

3. If the job description has the requirement of certification as a Peer Support Specialist, there is evidence of the required certificate of training.

Subtitle: Certified Peer Support Specialist certificate

Reference: Certified Peer Support Specialists are required to complete the training as evidenced by receipt of the certificate.

**Not Met/Partial/Met Include N/A Option**

**MI Health Link Staffing Requirements**

1. There is evidence that this staff member who is on record as providing services to MI Health Link members is credentialed.

Subtitle: Requirement for MI Health Link Staff to be Credentialed

Reference: Refer to DWIHN MC 1000 Credentialing/Re-Credentialing Policy eff. 10-1-15.

Use "Met" for staff credentialed.

Use "Partial" for staff credentialed by the Provider or who have submitted their Credentialing Application.

Note: Staff providing services to be billed to Medicare must be fully licensed and credentialed.

**Not Met/Partial/Met Include N/A Option**

2. There is evidence that the following databases were checked for this staff member monthly:

a. Licensing and Regulatory Affairs (LARA) Disciplinary Action Request (DAR) as updates are published.

b. Michigan Medicaid Sanctioned Provider List, and

c. Any other databases as the Secretary of HHS may prescribe.

Subtitle: MI Health Link Exclusions List Checks

Reference: Refer to MI Health Link Contract.

All listed background/exclusions list checks must be completed prior to hire and then monthly thereafter.

**Not Met/Partial/Met Include N/A Option**

3. Where appropriate, there is evidence that the provider has verified the status of international medical graduates/physicians using the ECFMG's Certification Verification Service (http://www.ecfmg.org/cvs/index.html).

Subtitle: International Medical Graduates/Physicians

Reference: Refer to MI Health Link Contract.

**Not Met/Partial/Met Include N/A Option**

**Substance Use Disorder Personnel Requirements**

1. Is there evidence the Clinical Supervisor has CCS certification or valid development plan through MCBAP

Subtitle: Certified Clinical Supervisor (CCS)

Reference: Treatment Policy- Substance Use Disorder (SUD) Credentialing and Staff Requirements

**Not Met/Met Include N/A Option**

2. There is evidence that all SUD clinical staff providing therapeutic services to members have evidence of full or limited licensure as LPC, LMSW, LMFT, LP or have Limited or Full certification as a counselor through MCBAP

Subtitle: LPC, LMSW, LMFT, LP or Limited Certified Counselor/Certified Counselor

Reference: Administrative Rule R 325.1363 (3b); R 325.1381 (4); R 325.1383 (2) (4); R 325.1385 (2) (3); R 325.1388 (4e) (4f)

Treatment Policy- Substance Use Disorder (SUD) Credentialing and Staff Requirements

**Not Met/Partial/Met Include N/A Option**

3. If staff have a MCBAP Development Plan, there is documentation of supervision by an appropriately credentialed supervisor

Subtitle: There is evidence of supervision log, cosigning of progress notes, assessments and treatment plans

Reference: Treatment Policy- Substance Use Disorder (SUD) Credentialing and Staff Qualifications

**Not Met/Met Include N/A Option**

4. There is evidence that SUD staff read the agency policy on Random Drug screening for employees and signed the corresponding consent, if applicable.

Subtitle: Random Drug Screening, if applicable.

Reference: PIHP Contract

**Not Met/Met Include N/A Option**

5. There is evidence the staff member has signed an acknowledgement that they have received and understand the SUD Recipient Rights Process.

Subtitle: Staff Record should document acknowledgement; Employer New Hire Orientation

Reference: Administrative Rule R 325.1397 (2)

PIHP Contract

**Not Met/Met Include N/A Option**

6. There is evidence the medical director has complied with either of the following:

(1.) Be certified in addiction psychiatry or addiction medicine by a recognized board of the American Board of Medical Specialties, including the American Board of Psychiatry and Neurology or the American Board of Preventive Medicine or have held a prior certification by the American Board of Addiction Medicine;

(2.) Be trained in addiction psychiatry or addiction medicine through continuing medical education pursuant to Subrule (4) of (Administrative Rule 325.1353) offered by the American Board of Medical Specialties, American Board of Addiction Medicine, American Society of Addiction Medicine, American Academy of Addiction Psychiatry, American Association for Treatment of Opioid Dependence, American Association of Osteopathic Addiction Medicine, the Michigan counterparts of these organizations, or the other national or state programs acknowledged and accepted by the department.

Subtitle: Administrative Rule 325.1353 (4): The medical director shall demonstrate ongoing accredited education related to substance use disorders comprised of 30 hours every 3 years.

Reference: Administrative Rule 325.1353 (2a) (2b)

**Not Met/Met Include N/A Option**

7. There is evidence the medical director has completed 30 hours of ongoing accredited education related to substance use disorders every 3 years.

Subtitle: Staff Record documents evidence of continued education i.e. certificates, transcripts, etc.

Reference: Administrative Rule 325.1353 (4)

**Not Met/Partial/Met Include N/A Option**