MPCR400 – Attachment B.5 Allied Health Professional

Initial Credentialing & Re-Cred Checklist

Occupational Therapist, Speech, Language Therapist, Optometrist, Registered Dietitian & Audiologist

Credentialing Meeting Date:

Provider Name:			□ PT	□ 0	Т	□ SLP	□ PSY	□ Psy-D		
T TO VIGE THE			□ LCSW			□ BCBA	□ BCaBA	□ BCBA-D		
			W&R	□ La		RD	_ Doub, (- DOD/(D		
Cred Specialist: Auditor:					Audit Date:					
'										
Application	on Received Date:				Refer	to Policies C	R 3 & CR 4			
Document Title					Da	ite of	Verified	Document	>	
						erification NA	by:	Expiration Date	Audit	
Medi-Cal Enrollment Verification - by NPI (BHT not required) Source: Medi-Cal.gov								NA		
	, ,		red to have F	_						
License Ver	ification									
_	License Actions? Y or N		CA DCA Bre							
	SB137 if middle name is on Bree			telli.					-	
	n Verification (for BCBA, BCaBA, BCI om CADTP.com	BA-D, W & R and RD	only)							
DEA/CDS Certificate (for PSY providers only) Source: DEA CSA									1	
Work History -cv (initial only)								NA	1	
■ GAP Y or N Must contain current 5 year work History- if more than 6 month gap requires										
	anation/ More than 12 month gap require			der					-	
	Questions *compare to last cycle for	_	e Date:							
	nswer - Y or N if yes, what ques (Malpractice History) Applic	cation Signature I	Date:						+	
	ne on bottom of every page of ap	-	Jate.							
	of Professional Liability Insura									
	-	er name on an att	ached Rost	er						
	Policy info on Application 🛛 Prov	vider covered by a	TORT							
NPDB/HIPDB (cannot be pulled/sourced until all info is entered into Intelli)								NA		
■ Adverse Actions − Y or N Source: NPDB-HIPD				PDB						
Sanctions	Medi-Cal S&I Date:	OIG Date	e:					NA		
Reports With Sources	Data.CMS.gov Date:	SAM Dat	e:							
NPI Verification (NPPES Printout) Source: NPPES								NA		
CCS										
RE-Creds –	Copy of Profile sheet (If no chan	nges, copy of profile	sheet stating	no						
change, date of meeting and initials. If change, profile sheet with initials and date of meeting and before printed directory page).										
•	· · · · ·	: f:I-)								
Reviewer Attes	rt ups (C1 initial only- verify contract is	is on file)								
	have reviewed this provider's crec	dentialina applic	ation. sun	portina	docu	ıments and	primary sourc	e verifications		
	d/or hard copy) in accordance wit			_		-	=	=		
-	ct and complete to the best of my	· ·	-	•	,	-		=		
Signature					Da	Date:				