

*MCCMH Office of Substance Abuse - Director Verification of Staff Credential's Instructions*

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**Credentials**

The Director's Verification of Staff Credentials form is utilized to provide summary information that indicates the applicant meets the requirements of the MCOSA Staff Credentialing Policy (see MCOSA–Provider Contract). The Program is required to obtain direct source verification for all credentialing verification and make documentation available to MCOSA as requested.

The Director Verification Form is a tool used by MCOSA for consideration of adding the staff person to the MCOSA panel for funding reimbursement as the documentation submitted is an indication that the applicant's licensure and credentials are in good standing and the individual is working within their scope of practice, as applicable.

The Director Verification of Staff Credentials Form must be forwarded and authorized by MCOSA prior to the provision of direct service, unless other provisions are approved by MCOSA.

**Staff Credentials Forms**

1. Staff name: Enter the full legal name of the employee
2. Title/Position: Enter title or position the staff will be holding
3. Program Name: Enter the name of the agency/program that is hiring the employee
4. Site (Treatment only): If the program has multiple locations enter the commonly referred to location, i.e., Warren, St. Clair Shores, etc.
5. Requested Effective Date: Enter the date that the person will begin delivery of services utilizing MCOSA funds.
6. Substance Abuse
  - a. Treatment Specialist: Check all licensure(s) and certification(s) that apply
  - b. Prevention Certification: Only check one section - A, B or C (next step...SKIP to direction #9 of this instruction guide)
7. Development Plan (Treatment Only): fill in the date the plan will expire. This practitioner is not eligible for reimbursement of psychotherapy services.
8. Clinical Supervisor (Treatment Only): Check the area that applies to this employee. There must be at least one Certified Clinical Supervisor at each site.
9. Communicable Disease: All prevention and treatment program staff who have client contact are required to complete a Level I Communicable Disease Training within one month of hire (unless proof of prior completion is submitted)

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as outlined in the MCOSA Provider Manual. Fill in the date that the employee completed and passed the Level 1 exam. Attach a copy of the certificate. If the employee has not yet completed the Communicable Disease Level 1 then indicate a date it is expected to occur and submit verification when it is completed successfully.

10. Documentation check list: Use this list to verify that all sections of the form are complete and that all necessary documents are attached to this application.
11. Have the employee/staff member sign and date this form.
12. Have the program director print their name, sign and date this form.
13. Submit the completed form and all attachments to Macomb County Office of Substance Abuse, allowing enough time for it to be received, checked for completeness and approved before the employee begins delivery of MCOSA funded services.