

**CAMHD PARAPROFESSIONAL  
PROVIDER CHECKLIST**

<b>PROVIDER'S CURRENT LEGAL NAME:</b>		
<input type="checkbox"/> <b>INITIAL</b>	<input type="checkbox"/> <b>RE-CREDENTIAL</b>	<b>EXP:</b>
<b>PROVIDER AGENCY NAME:</b>		
<b>PROVIDER AGENCY CODE:</b>		<b>IDENTIFY WHICH ISLAND THE CREDENTIALING FILE WILL BE HOUSED:</b> <input type="checkbox"/> Big Island <input type="checkbox"/> Kauai <input type="checkbox"/> Maui <input type="checkbox"/> Oahu
<b>JOB TITLE/POSITION:</b>		
<b>PROVIDER NPI #:</b>		<input type="checkbox"/> <i>If Pending, please indicate</i>
<b>CREDENTIALING LEVEL:</b>	<input type="checkbox"/> PARAPROFESSIONAL 1 <input type="checkbox"/> PARAPROFESSIONAL 2	<input type="checkbox"/> QUALIFIES FOR MHP, BUT CREDENTIALING AS A PARA

<b>1</b>	<p><b>ATTESTATION</b></p> <p><input type="checkbox"/> Attestation letter signed by Agency Credentialing Specialist(s) or Authorized Representative(s) attesting to file content</p> <p><input type="checkbox"/> Date: _____ and signature within 180 days of CAMHD review and Approval</p> <ul style="list-style-type: none"> <li>• Original Letter should be submitted and a copy of the letter retained with the Agency</li> </ul>
<b>2</b>	<p><b>BACKGROUND VERIFICATION APPLICATION</b></p> <p><input type="checkbox"/> Health Status Question answered  <input type="checkbox"/> If negative answer, letters of explanation from provider attached  <input type="checkbox"/> Letter(s) of support from Agency attached  <input type="checkbox"/> Addressed in a previous Credentialing submission</p> <p><input type="checkbox"/> Restrictive Action Questions answered  <input type="checkbox"/> If negative answer, letters of explanation from provider attached  <input type="checkbox"/> Letter(s) of support from Agency attached  <input type="checkbox"/> Addressed in a previous Credentialing submission</p> <p><input type="checkbox"/> Provider received "Provider Rights". (Provider Rights should be given to Provider and not re-submitted with this packet)</p> <p><input type="checkbox"/> Date of Affirmation signature: _____  <input type="checkbox"/> Signature within 180 days of CAMHD review and approval</p> <p><input type="checkbox"/> All sections of the Application filled out completely</p>
<b>3</b>	<p><b>RESUME</b> (Must be dated by the practitioner)</p> <p><input type="checkbox"/> Date Prepared: _____ with month/year format and must be within 180 days of CAMHD review and approval</p>
<b>4</b>	<p><b>HAWAII CRIMINAL JUSTICE CENTER SEARCH</b></p> <p><input type="checkbox"/> ECRIM OR FBI Fingerprinting - Adult Criminal Convictions verification date: _____ and must be within 180 days of CAMHD review and approval (<i>eCrim: Search for current legal name only</i>)</p> <p><input type="checkbox"/> If record found, a complete printout, signed &amp; dated is present  <input type="checkbox"/> Letters of explanation from employee and supervisor are present</p> <p><input type="checkbox"/> No records found printout dated by person conducting query</p>

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<p><b>5</b></p>	<p><b>NATIONAL SEX OFFENDER SEARCH</b></p> <p><input type="checkbox"/> National Sex Offender Search verification date: _____ and must be within 180 days of CAMHD review and approval</p> <p><input type="checkbox"/> ALL aliases and name combinations searched</p> <p><input type="checkbox"/> ALL US States and Territories included with search results</p> <p><input type="checkbox"/> If record found, a complete printout, signed &amp; dated is present</p> <p><input type="checkbox"/> Letters of explanation from employee and supervisor are present</p> <p><input type="checkbox"/> No records found printout dated by person conducting query</p> <ul style="list-style-type: none"> <li>• 1<sup>st</sup> page of printout should indicate “no match” if the results contain hits that are not the applicant.</li> <li>• If the printout is multiple pages, “no match” language and date need only be on the 1<sup>st</sup> page.</li> </ul>
<p><b>6</b></p>	<p><b>CHILD ABUSE &amp; NEGLECT CHECKS</b></p> <p><input type="checkbox"/> Consent to release information from Child Protective Services submitted</p> <ul style="list-style-type: none"> <li>• DHS Experimental; ITS 1507; or FieldPrint Request</li> </ul> <p><input type="checkbox"/> Date of Verification: _____ and must be within 180 days of CAMHD approval</p> <ul style="list-style-type: none"> <li>• Verification must be the result of the Consent submitted (Search results should be based on the consent form that is submitted with this file).</li> </ul> <p><input type="checkbox"/> No records found</p> <p><input type="checkbox"/> If record found, letters of explanation from employee and supervisor are present</p> <p><input type="checkbox"/> CA/N Disclosure submitted</p> <p><input type="checkbox"/> If “A”, possible positive CANs results is selected, letter of explanation from employee are present</p>
<p><b>7</b></p>	<p><b>EDUCATION (Must mark one)</b></p> <p><input type="checkbox"/> Date of Verification: _____</p> <p><input type="checkbox"/> Received directly from the school; transcripts received sealed and un-opened</p> <p><input type="checkbox"/> Received via telephone or official website verification – no time limit</p> <p><input type="checkbox"/> Highest Completed Education: _____</p> <p><input type="checkbox"/> Date conferred: _____</p> <p><input type="checkbox"/> <b>Re-Credentialing. No additional education <u>completed</u> since previous credentialing.</b></p>
<p><b>8</b></p> <p>N/A <input type="checkbox"/></p>	<p><b>NATIONAL PRACTITIONER IDENTIFIER (NPI)</b></p> <p><input type="checkbox"/> NPES printout</p> <ul style="list-style-type: none"> <li>• Pages contain name and dated signature of person conducting the query</li> <li>• Used Entity Type: 1-Individual NOT 2-Organization</li> </ul> <p><input type="checkbox"/> Name on NPI mirrors the MOST CURRENT name of the applicant</p> <p><input type="checkbox"/> Taxonomy Identifies closely related scope of work and indicates Hawaii or null State</p> <ul style="list-style-type: none"> <li>• NPI is <b>required</b> for Paras providing the following LOC’s or for anyone accessing the MAX portal:</li> </ul> <p align="center">*CMO      *IILS      *FFT      *IIH      *MST      *RCSP</p>

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<p><b>9</b></p> <p>N/A <input type="checkbox"/></p>	<p><b>HAWAII LICENSE VERIFICATION/STATUS/COMPLAINTS*</b> * Submit a copy of any license the applicant has (ex. RN, LPN, LSW, etc...) relative to their position/job.</p> <p><input type="checkbox"/> If CSAC, verify CSAC certificate with ADAD. (If applicable)</p> <p><input type="checkbox"/> Hawaii Professional and Vocational Licensing (PVL) Search</p> <p><input type="checkbox"/> Date of Verification (printout present): _____</p> <p><input type="checkbox"/> All Verifications are within 180 days of CAMHD review and approval and all pages contain the date the database was queried.</p>
<p><b>10</b></p> <p>N/A <input type="checkbox"/></p>	<p><b>HAWAII RICO COMPLAINT HISTORY SEARCH</b></p> <p><input type="checkbox"/> Date of Verification (printout present): _____</p> <p><input type="checkbox"/> Run both Archived and Current Searches on all aliases</p> <ul style="list-style-type: none"> <li>• Use LAST NAME only, no prefix or suffix ie: Mr., Ms., Jr., Sr.</li> </ul> <p><input type="checkbox"/> All Verifications are within 180 days of CAMHD review and approval and all pages contain the date the database was queried.</p>
<p><b>11</b></p>	<p><b>OIG MEDICAID/MEDICARE SANCTIONS SEARCH – Required for all applicants</b></p> <p><input type="checkbox"/> Date of Verification (printout present): _____</p> <p><input type="checkbox"/> ALL aliases searched</p> <p><input type="checkbox"/> All Verifications are within 180 days of CAMHD review and approval. All pages must contain the date the database was queried.</p>
<p><b>12</b></p> <p>N/A <input type="checkbox"/></p>	<p><b>OTHER STATE LICENSES VERIFICATION (if applicable)</b></p> <p><input type="checkbox"/> Name of State(s): _____</p> <p><input type="checkbox"/> Date of Verification _____ and must be within 180 days of CAMHD review and approval</p> <ul style="list-style-type: none"> <li>• Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive</li> </ul> <p><input type="checkbox"/> Expiration / Cancellation date: _____</p> <p><input type="checkbox"/> Prior complaints verified, printout present (see section 9 for requirements)</p> <ul style="list-style-type: none"> <li>• Must be present for each state applicant is licensed in. May be on State’s licensure form</li> </ul> <p><input type="checkbox"/> Medicaid/Medicare Sanctions Search (If the search was previously run for section 11, duplication of search is not needed)</p> <p><input type="checkbox"/> All Verifications are within 180 days of CAMHD review and approval</p> <p><input type="checkbox"/> All face sheets contain the date the database was queried.</p>
<p><b>13</b></p> <p>N/A <input type="checkbox"/></p>	<p><b>National Practitioner Data Bank (NPDB) – All items below are required for anyone who holds or has held Professional Vocational licensure in any US State or Territory</b></p> <p><input type="checkbox"/> Date of Verification: _____ and must be within 180 days of CAMHD review and approval</p> <p><input type="checkbox"/> Received directly from the NPDB website</p> <p><input type="checkbox"/> Queried as a designated agent of CAMHD</p> <p><input type="checkbox"/> Run as a Continuous Query</p> <p><input type="checkbox"/> <b>If record found, letters of explanation from employee and supervisor are present</b></p>
<p align="center"><b>PRINT NAME OF THE PERSON COMPLETING THE CHECKLIST</b></p> <p><b>x</b></p> <p>-----</p>	