**SPECIALIZED RESIDENTIAL**

**EMPLOYEE CREDENTIALING AND PERSONNEL MANAGEMENT LOG**

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| --- | --- | --- | --- |
| **Employee Name:**  |  | **Date of Hire:** |  |
| **Job Title:** |  |

|  |  |  |
| --- | --- | --- |
| **Credentialing and Personnel Requirements** | **Initial Check** | **Annual Check** |
| Date/Initials | Date/Initials |
| **Documentation of Date of Hire****OR****Offer Letter for Employment** |  |  | **N/A** |
| **Current Job Description**in employee file, SIGNED and DATED |  |  |  |  |
| **Employee Driver’s License OR State ID**FRONT and BACK |  |  |  |  |
| **I-9 Verification** |  |  | **N/A** |
| **State of Michigan Eligibility to Work Letter**  |  |  | **N/A** |
| **Criminal Background Checksprior to hiring**; all DCW are enrolled in MI Workforce Background Check system |  |  |  |  |
| **Recipient Rights Violation Checksprior to hire**; annual thereafter |  |  |  |  |
| **State Driving Infractions Check****prior to hiring**; annual thereafter for those employees transporting customers |  |  |  |  |
| **Personnel Performance Management**minimum annual performance evaluations of direct care staff | **N/A** |  |  |
| **Exclusions Checks (3 Total Needed)prior to hiring**; annual thereafter for unlicensed\* employees\*licensed staff must be run monthly |  |
| 1. **Office of Inspector General (OIG)**

<https://exclusions.oig.hhs.gov/> |  |  |  |  |
| 1. **Sanctioned Providers List**

<https://www.michigan.gov/mdhhs/doing-business/providers/providers/billingreimbursement/list-of-sanctioned-providers>  |  |  |  |  |
| 1. **SAM**

<https://sam.gov/content/home>  |  |  |  |  |