St. Clair County Community Mental Health Authority

Staff Training/Requirement Reporting Form

Non-Primary Caseholder CAs (CLS/Supported Housing/HOYO)

Legal Name: _____ Previous/Preferred Name: _____ (Aliases. Maiden. etc.)
PROOF of Legal Name (i.e. Driver's License/State ID if following Date of Hire)

Agency/Program: _____ Hire Date: _____

Position: _____ Termination Date: _____

TRAINING REQUIREMENT	Frequency	Target Audience	Compliant	Date(s) Completed
Cardio-Pulmonary Resuscitation (CPR)	Certification must be current at all times	All staff who provide CLS, skill building, or respite services; ABA Technicians/other staff as identified by Supervisor	☐ Yes ☐ No ☐ N/A Note:	Previous Current
Children's Diagnostic & Treatment Specific Training	Annual	* Please see end of form for specific target audience guidance	☐ Yes ☐ No ☐ N/A ☐ In Progress	Hours completed this year:
Corporate Compliance	Initial & Annual	All Staff	☐ Yes ☐ No ☐ N/A Note:	Previous Current
Cultural Diversity/Competency	Initial & Annual	All Staff	☐ Yes ☐ No ☐ N/A Note:	Previous Current
Emergency Preparedness	Initial & Annual	All Staff	☐ Yes ☐ No ☐ N/A Note:	Previous Current
First Aid	Certification must be current at all times	All staff who provide CLS, skill building, or respite services; ABA Technicians; other staff as identified by Supervisor	☐ Yes ☐ No ☐ N/A Note:	Previous Current
HIPAA	Within 30 Days of Hire & Annual	All Staff	☐ Yes ☐ No ☐ N/A Note:	Previous Current
Individual Specific IPOS Training	Initial, Annual and Any time there is a change in IPOS	All Direct Service Staff	Compliance is monitored ongoing through Utilization Management reviews	

TRAINING REQUIREMENT	Frequency	Target Audience	Compliant	Date(s) Completed
Medication Administration	Initial & Every Three Years	Medication training is required under many circumstances, including AFC licensing rules, accreditation requirements, or if medication assistance is identified as a need within the Individual Plan of Service (IPOS). Additionally, medication training may be included as part of a corrective action plan or assigned by CMH Nurse when medication errors suggest re-training would be beneficial. It is the contract agency's responsibility to comply with all regulatory body rules and requirements and the individual's IPOS. Evidence of applicable medication training must be available if requested by SCCCMHA	☐ Yes ☐ No ☐ N/A Note:	Previous Current
Medication Overview	Annual *	All Direct Service Staff	☐ Yes ☐ No ☐ N/A Note:	Previous Current
Nonviolent Crisis Intervention (CPI)	Initial & Every Two Years	All staff who provide direct service to individuals with challenging behaviors, as assigned by agency/supervisor. Minimally this includes homes housing individuals served at Hayes, Roehl, Springborn, Wells, Colorado, Stone Creek, Abbottsford, Lincoln, Scott, Oak, private home and any contracted behavioral home.	☐ Yes ☐ No ☐ N/A Note:	Previous Current
Person Centered Planning - Basic	Within 60 days of hire & Annual"	All Staff	☐ Yes ☐ No ☐ N/A Note:	Previous Current
Positive Behavior Supports and Prevention Strategies	Initial & Every Two Years	All staff who work directly with individuals receiving services	☐ Yes ☐ No ☐ N/A Note:	Previous Current
Recipient Rights	Within 30 Days of Hire & Annual	All Staff	☐ Yes ☐ No ☐ N/A Note:	Previous Current
Universal Precautions/ Bloodborne Pathogens/ Infection Control	Initial & Annual	All Staff	☐ Yes ☐ No ☐ N/A Note:	Previous Current

Initial = Within 90 Days of Hire (unless noted otherwise in frequency)
Note: There is a 30 day grace period for recertifications and re-trainings.

PERSONNEL REQUIREMENT	Frequency	Compliant	Date(s) Completed
Criminal Background Check *e.g. ICHAT, fingerprinting, Mich Doc, etc.*	After Offer of Employment but Before Date of Hire/Annual	☐ Yes ☐ No ☐ N/A	
MDHHS Central Registry *Only required (prior to start date) if working with individuals under 18*	After Offer of Employment but Before Date of Hire/Annual	☐ Yes ☐ No ☐ N/A	
Driver's License/State ID *Age Verification: 18+ years*	Before Providing Service	☐ Yes ☐ No ☐ N/A	
Driver's License Check *Verify Current DL and Driving Record only for Staff Who Regularly Transports*	Before Providing Service/Annual	☐ Yes ☐ No ☐ N/A	
Recipient Rights Background Check *Office of RR Authorization To Disclose Employee Information and Release of Liability form New Hires Only (Form 02-0250)*	After Offer of Employment but Before Date of Hire	☐ Yes ☐ No ☐ N/A	

Authorized Signer: _____ Date: _____

Other Comments: _____

Children's Diagnostic and Treatment Specific Training Guidance

Requirements for the 24-Clock Hour Training Requirement for Children's Diagnostic and Treatment Service Programs includes the following staff and immediate supervisors:

1. Staff who complete the initial screening, emergency evaluation, and intake evaluation within CMHSPs. This includes (a) staff completing MichiCANS assessments and (b) staff completing waiver and 1915(i) related assessments enrollment.
2. Targeted Case Managers
3. Intensive Care Coordination with Wraparound (ICCW) Care Coordinators
4. Home-Based Services Staff
5. Outpatient Therapy Staff
6. Staff for Intensive Crisis Stabilization Services and Crisis Intervention Services
7. Youth Peer Support Specialists
8. Parent Support Partners

Staff who are not required to comply with the 24-clock hour requirement

1. Psychiatrists
2. Community Living Support (CLS) Staff
3. Respite Care Staff
4. Nurses
5. Overnight Health and Safety Support Staff
6. Staff Providing Physical Therapy, Occupational Therapy, Speech Therapy, or Behavioral Health Treatment/Applied Behavioral Analysis
7. Providers of Other Waiver and 1915(i) Services Not Listed Above