St. Clair County Community Mental Health Authority
Training/Requirement Reporting Form
PSAs with Direct Service

Staff Name: _____ Service: _____
Agency/Program: _____ Hire Date: _____
Position: _____ Termination Date: _____

TRAINING REQUIREMENT	Frequency	Target Audience	Compliant	Date(s) Completed
Children's Diagnostic & Treatment Specific Training	Annual	Child Mental Health professionals must have 24 Hours annually of specialized training specifically related to the diagnosis and/or treatment of children. This is also required for staff providing services in children's Residential Homes, staff providing CLS/Respite for children, and Home-Based Aides in Children's Programs	☐ Yes ☐ No ☐ N/A ☐ In Progress	Hours completed current 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
HIPAA	Initial & Every Two Years	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.	
Medication	Initial & Annual	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. 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
Person Centered Planning 101	Initial & Annual	All Staff	☐ Yes ☐ No ☐ N/A Note:	Previous / Current

TRAINING REQUIREMENT	Frequency	Target Audience	Compliant	Date(s) Completed
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
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	
DHHS Central Registry	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*	After Offer of Employment but Before Date of Hire	☐ Yes ☐ No ☐ N/A	
TB Testing/Screening *Reporting Required for SED Waiver Providers Only*	Before Providing Services	☐ Yes ☐ No ☐ N/A	

Contract Manager: _____ Date: _____

Other Comments: _____