St. Clair County Community Mental Health Authority

Training/Requirement Reporting Form

PSAs without Direct Service

Staff Name: _____ Service: _____

Agency/Program: _____ Hire Date: _____

Position: _____ Termination Date: _____

TRAINING REQUIREMENT	Frequency	Target Audience	Compliant	Date(s) Completed
HIPAA	Initial & Every Two Years	All Staff	☐ Yes ☐ No ☐ N/A Note:	Previous Current
Recipient Rights	Within 30 Days of Hire & 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: _____