

# 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Note: _____	Previous _____ Current _____
Recipient Rights	Within 30 Days of Hire & Annual	All Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____ _____
DHHS Central Registry	After Offer of Employment but Before Date of Hire/Annual	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____ _____
Driver's License/State ID Age Verification: 18+ years	Before Providing Service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____ _____
Driver's License Check Verify Current DL and Driving Record only for Staff Who Regularly Transports	Before Providing Service/Annual	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____ _____
TB Testing/Screening Reporting Required for SED Waiver Providers Only	Before Providing Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____ _____

Contract Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Other Comments: \_\_\_\_\_  
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