St. Clair County Community Mental Health Authority

Training/Requirement Reporting Form

Primary Caseholder CAs (PCC, NorServ)

Staff Name: _____ Service: _____

Agency/Program: _____ Hire Date: _____

Position: _____ Termination Date: _____

TRAINING REQUIREMENT	Frequency	Target Audience	Compliant	Date(s) Completed
Adverse Benefit Determination Notice	Initial Only	All Primary Caseholders	☐ Yes ☐ No ☐ N/A Note:	Previous Current
Child and Adolescent Functional Assessment Scale (CAFAS)	Initial & Every Two Years	Primary case holders and their supervisors who provide direct service to children/ adolescents with SED.	☐ Yes ☐ No ☐ N/A Note:	Previous Current
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:
Communicable Diseases	Initial & Every Two Years	All staff who have direct contact with individuals who has a SUD/COD.	☐ Yes ☐ No ☐ N/A Note:	Previous Current
Corporate Compliance	Initial & Annual	All Staff	☐ Yes ☐ No ☐ N/A Note:	Previous Current
Cultural Diversity/Competency	Initial & Every Two Years	All Staff	☐ Yes ☐ No ☐ N/A Note:	Previous Current
HIPAA	Initial & Every Two Years	All Staff	☐ Yes ☐ No ☐ N/A Note:	Previous Current
Home-based Safety	Initial Only	All Home-based Service Staff	☐ Yes ☐ No ☐ N/A Note:	Previous Current
Level I Authorizations	Initial & Every Two Years	Individuals who complete Level I Authorizations on behalf of SCCCMHA, and staff who process denials (which includes all primary case holders and Access clinicians).	☐ Yes ☐ No ☐ N/A Note:	Previous Current
Level of Care Utilization System (LOCUS)	Initial & Annual	Primary caseholders and their Supervisors who provide direct service to adults with primary mental illness and/or substance use disorders.	☐ Yes ☐ No ☐ N/A Note:	Previous Current

TRAINING REQUIREMENT	Frequency	Target Audience	Compliant	Date(s) Completed
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	☐ Yes ☐ No ☐ N/A Note:	Previous Current
Person Centered Planning 101	Initial & Every Two Years	All Staff	☐ Yes ☐ No ☐ N/A Note:	Previous Current
Person Centered Planning 301	Initial Only	All staff directly involved in the writing and implementation of the PCP process, which includes all primary case holders.	☐ Yes ☐ No ☐ N/A Note:	Previous Current
Pre-School and Early Childhood Functional Assessment Scale (PECFAS)	Initial & Every Two Years	Required for all primary case holders, and their supervisors, providing direct service to children with SED.	☐ Yes ☐ No ☐ N/A Note:	Previous Current
Recipient Rights	Within 30 Days of Hire & Annual	All Staff	☐ Yes ☐ No ☐ N/A Note:	Previous Current
Transition & Discharge Planning	Initial Only	All Primary Caseholders	☐ Yes ☐ No ☐ N/A Note:	Previous Current
Universal Precautions/ Bloodborne Pathogens/ Infection Control	Initial & Annual	All Staff	☐ Yes ☐ No ☐ N/A Note:	Previous Current

TRAINING REQUIREMENT	Frequency	Target Audience	Compliant	Date(s) Completed

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: _____