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| **CWP – LRE/CMHSP Aide Level Staff Credentialing/Training Tool FY2023** | |
| **CMHSP Name:**HealthWest | **Date of Review:** Click here to enter a date. |
| **Name of Reviewer(s):** | |

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| **Staff Information** | | |  | | |
| **Staff/Contractor Name:** *(Please identify which service/program assigned)* | | | **Agency and Specialized Residential Home or Fiscal Intermediary Name:**  Preferred Employment and Living Supports | | |
| **Audit ID *(LRE use Only)*:** | | | | | |
| **#** | **CRIMINAL BACKGROUND CHECKS** | | | **EVIDENCE DOCUMENTS** | |
| 1.1 | Proof individual is age 18 or older. | | | Driver’s License, Passport, State ID | |
| 1.2 | Date of Hire *(Provide Proof)*: Click here to enter a date. | | | Offer/HR letter, Federal tax documents | |
| 1.3 | If No Longer Employed, Date of Termination *(Provide Proof)*: Click here to enter a date. | | | HR documentation | |
| 1.4 | Agency provides Rap Back.  Yes  No | | | HR letter indicating Rap Back is used. | |
| 1.5 | Criminal background check is completed prior to hire.  Date of initial criminal background check: | | | CBC Record | |
| 1.6 | Last criminal background check was completed within the last two years.  Date of last background check: | | | CBC Record | |
| **#** | **REQUIRED TRAINING** | **Basis/Source** | **Frequency of Training:** | | **Provide last (within the past year) and initial training if only required initially.** |
| **General Training Required of ALL SEDW Aide Staff:** *(unless noted)* | | | | | |
| 2.1 | Appeals and Grievances | MDHHS Contract | Initial (30 days of hire) and Annual Refresher | | Date of Last: |
| 2.2 | Corporate Compliance | Balanced Budget Act, Deficit Reduction Act, MDHHS Contract | Initial (60 days of hire) and Annually | | Date of Last: |
| 2.3 | Cultural Competency | MDHHS Contract Mental Health Code, Code of Federal Regulations | Initial (60 days of hire) and Annually | | Date of Last: |
| 2.4 | Emergency Procedures (evidence of weather, fire, chemical, etc emergency training)  ***Required for Choice Voucher*** | Medicaid Provider Manual | Initial (60 days of hire) and Annually | | Date of Last: |
| 2.5 | Health Insurance Portability and Accountability Act (HIPAA) | Code of Federal Regulations, MDHHS Contract | Initial (60 days of hire) and Annually | | Date of Last: |
| 2.6 | Knowledge of First Aid (or Certification)  ***Required for Choice Voucher*** | Medicaid Provider Manual | Initial (60 days of hire) and every two years | | Date of Last: |
| 2.7 | Limited English Proficiency (LEP) | Balanced Budget Act, MDHHS Contract | Initial (60 days of hire) and Annually | | Date of Last: |
| 2.8 | Person-Centered Planning and Self-Determination | MDHHS Contract | Initial (60 days of hire) and Annual Refresher | | Date of Last: |
| 2.9 | Recipient Rights  ***Required for Choice Voucher*** | MI Administrative Code, MI Mental Health Code, MDHHS Contract | Initial (30 days of hire) and annually | | Date of Last: |
| 2.10 | Standard Precautions (Blood Borne Pathogens/Infection Control)  ***Required for Choice Voucher*** | MI Mental Health Code, MI Administrative Code, Medicaid Provider Manual | Initial (60 days of hire) and Annually | | Date of Last: |
| 2.11 | Trauma informed Care | MDHHS Contract | Initial (within 6 months of hire) | | Date of Initial: |
| 2.12 | Beneficiary Specific IPOS Training   * Date of the IPOS training: \_\_\_\_\_\_\_\_\_ * Staff was trained by the appropriate professional. * The IPOS training document must include the following:  1. The name and credentials of the individual who conducted the training. 2. The date the IPOS training occurred. 3. The name of the client. 4. The date of the IPOS. 5. The subject matter of the training. 6. The name of the staff receiving the training.   ***Required for Choice Voucher*** | Medicaid Provider Manual | Initial – prior to working with the individual and annually. | | Date of Last: |

**Comments:**