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| **LRE –CMHSP Staff Training Tool** | |
| **CMHSP Name:** | **Date of Review:** Click here to enter a date. |
| **Name of Reviewer(s):** | |

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| **Staff/Contractor Name:** *(Please identify which service/program assigned)* | | | **Date of Hire:** Click here to enter a date. | |
| **Instructions: Please fill in the initial, annual (if applicable), and most recent dates for the training completed for the identified staff/contractor. If the identified training has not been completed, please identify that in the space provided as well as a time frame that the training will be completed. Initial and annual training requirements are listed in the grid below.** | | | | |
| **#** | **REQUIRED TRAINING** | **Basis/Source** | **Frequency of Training:** | **Provide the Initial, Annual, and Last Date:** |
| **General Training Required of ALL Staff:** *(unless noted)* | | | | |
| 1.1 | Appeals and Grievances   * Not required for Fiscal Intermediary * Not required for Administrative Staff | MDHHS Contract | Initial (30 days of hire) and Annual Refresher | I:  A:  L: |
| 1.2 | Corporate Compliance | Balanced Budget Act, Deficit Reduction Act, MDHHS Contract | Initial (60 days of hire) and Annually | I:  A:  L: |
| 1.3 | Cultural Competency  (Not required for Fiscal Intermediary) | MDHHS Contract Mental Health Code, Code of Federal Regulations | Initial (60 days of hire) and Annually | I:  A:  L: |
| **#** | **REQUIRED TRAINING** | **Basis/Source** | **Frequency of Training:** | **Provide the Initial, Annual, and Last Date:** |
| 1.4 | Standard Precautions (Blood Borne Pathogens/Infection Control)  Not required for:   * Fiscal Intermediary * Administrative staff | MI Mental Health Code, MI Administrative Code | Initial (60 days of hire) and Annually | I:  A:  L: |
| 1.5 | Health Insurance Portability and Accountability Act (HIPAA) | Code of Federal Regulations, MDHHS Contract | Initial (60 days of hire) and Annually | I:  A:  L: |
| 1.6 | Limited English Proficiency (LEP) | Balanced Budget Act, MDHHS Contract | Initial (60 days of hire) and Annually | I:  A:  L: |
| 1.7 | Recipient Rights | MI Administrative Code, MI Mental Health Code, MDHHS Contract | Initial (30 days of hire) and Annually | I:  A:  L: |
| **#** | **REQUIRED TRAINING** | **Basis/Source** | **Frequency of Training:** | **Provide the Initial, Annual, and Last Date:** |
| **Clinical Staff** *(as indicated)* | | | | |
| 2.1 | Person-Centered Planning and Self-Determination (all Clinical Staff). | MDHHS Contract, | Initial (60 days of hire) and Annual Refresher | I:  A:  L: |
| 2.2 | Trauma informed Care (all clinical staff) | MDHHS Contract | Initial (within 6 months of hire) | I: |
| 2.3 | LOCUS (MI Adults)  (Required by MDHHS as applicable to the population served by the staff person). | MDHHS Contract | Initial (Prior to completing LOCUS) | I:  L: |
| 2.4 | CAFAS and/or PECFAS: (if working with children with SED). (Required by MDHHS as applicable to the population served by the staff person). | MDHHS Contract, MI Medicaid Provider Manual | Prior to conducting the assessments | I:  L: |
| 2.5 | DECA (Devereaux Early Childhood Assessment). (Required by MDHHS as applicable to the population served by the staff person). | MDHHS Contract, MI Medicaid Provider Manual | Prior to conducting the DECA assessment. | I:  L: |
| 2.6 | Co-Occurring Disorders (COD) for clinical staff  (Not reviewed for FY22 referred to Training ROAT for inclusion in FY23 requirements). | MI MPM | Initial (90 days of hire) | I: |
| 2.7 | Understanding the SIS Training (IDD)  (Not reviewed for FY22 referred to Training ROAT for inclusion in FY23 requirements). | MDHHS Contract | Initial (90 days of hire) | I: |

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| **#** | **REQUIRED TRAINING** | **Basis/Source** | **Frequency of Training:** | **Provide the Initial, Annual, and Last Date:** |
| **ACT Staff** | | | | |
| 3.1 | ACT 101 or equivalent | Medicaid Provider Manual | Within 180 days of hire for work in ACT (must be a MDHHS approved training) | I: |
| 3.2 | Advance Directives | [MDHHS](http://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol4/pdf/CFR-2007-title42-vol4-sec438-206.pdf) Contract, Balanced Budget Act, Code of Federal Regulations | Initial (30 days of hire) and every 2 years. | I:  2:  L: |
| 3.3 | IDDT/Co-Occurring (if providing IDDT) | MDHHS Contract, Medicaid Provider Manual | Initial (90 days of hire) and Annually | I:  A:  L: |
| **#** | **REQUIRED TRAINING** | **Basis/Source** | **Frequency of Training:** | **Provide the Initial, Annual, and Last Date:** |
| **Crisis Intervention** | | | | |
| 4.1 | Advance Directives (if working with adults) | [MDHHS](http://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol4/pdf/CFR-2007-title42-vol4-sec438-206.pdf) Contract, Balanced Budget Act | Initial (30 days of hire) and every 2 years. | I:  2:  L: |
| 4.2 | Behavioral Treatment/Crisis Intervention (MANDT) | LRE Training Requirements | Initial-Relational Section (90 days of hire) | I:  A:  L: |
| **#** | **REQUIRED TRAINING** | **Basis/Source** | **Frequency of Training:** | **Provide the Initial, Annual, and Last Date:** |
| **Specialized Residential (AFC)** | | | | |
| 5.1 | Behavioral Treatment/Crisis Intervention (MANDT series) | LRE Training Requirements Attachment I | Initial (within 90 days of hire) and Annually | I:  A:  L: |
| 5.2 | Emergency Preparedness | LRE attachment I | Initial (60 days of hire) | I: |
| 5.3 | CPR & First Aid certification | LRE attachment I | Initial (60 days of hire) and as per certificate | I:  L:  Expiration date: |
| 5.4 | Health & Wellness | LRE attachment I | Initial (60 days of hire) | I:  L: |
| 5.5 | Introduction to Human Services | LRE attachment I | Initial (30 days of hire) | I: |
| 5.6 | Medication Series:  May include: Lakeshore course series that includes online and classroom demo portion or Standalone CMH classroom training(s) if available. | LRE attachment I | Initial (60 days of hire) | I:  L: |
| 5.7 | Nutrition & Food Safety | LRE attachment I | Initial (60 days of hire) | I: |
| **#** | **REQUIRED TRAINING** | **Basis/Source** | **Frequency of Training:** | **Provide the Initial, Annual, and Last Date:** |
| **CLS staff (non-specialized setting).** | | | | |
| 6.1 | Knowledge of First Aid training |  | Initial (60 days of hire) and every 2 years | I:  2:  L: |
| 6.2 | Medication Series:   * Required when staff provide reminding, monitoring, and/or observation of medication administration per the Medicaid Provider Manual. * May include: Lakeshore course series that includes online and classroom demo portion or Standalone CMH classroom training(s) if available |  | Initial (60 days of hire) | I:  L: |
| ~~6.3~~ | ~~Nutrition & Food Safety~~ |  | ~~Initial (60 days of hire)~~ | ~~I:~~ |
| 6.4 | Trauma Informed Care | MDHHS Contract | Initial (6 months of hire). | I: |
| **Targeted Case Manager/Supports Coordinator** | | | | |
| 6.5 | Advance Directives | [MDHHS](http://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol4/pdf/CFR-2007-title42-vol4-sec438-206.pdf) Contract, Balanced Budget Act | Initial (30 days of hire) and every 2 years. | I:  2:  L: |
| 6.6 | Behavioral Treatment/Crisis Intervention (MANDT)   * Recommended | LRE Training Requirements | Initial Relational/Conceptual (90 days of hire) | I:  (Recommended only.) |
| **Home-based Staff** | | | | |
| 7.1 | Child Specific Training | MPM | 24 hours Annually *from date of hire* (indicate if all 24 hours were completed during last year - dates not necessary) | # hours completed annually: |