

Staff Name: _____ Hire Date: _____

**SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER
I/DD WAIVER CASE MANAGER TRAINING**

ORIENTATION TRAINING	By*	N/A	Date Completed	Verified By	Staff Initials	Responsible Staff
GENERAL ORIENTATION	-	-	-	-	-	-
Mission Statement	1d					Orientation Staff
Demographics	1d					Orientation Staff
False Claims Act Policy	1d					Orientation Staff
Drug Free Workplace Policy	1d					Orientation Staff
Employee Benefits and Expenses Policy	1d					Orientation Staff
Employee Code of Ethics Policy	1d					Orientation Staff
OSHA and Tuberculosis Guidelines	1d					Orientation Staff
Harassment Policy	1d					Orientation Staff
Privileging Application (Licensing if Necessary)	1d					Orientation Staff
Job Description	1d					Orientation Staff
Electronic Time Sheets	1d					Orientation Staff
Benefit Package	1d					Orientation Staff
Confidentiality	1d					Orientation Staff
HIPAA Guidelines	1d					Orientation Staff
Mandatory Reporting of Abuse and Neglect	1d					Orientation Staff
Adverse Incident Reports (Policy, Completion of Form and Timelines)	1d					Orientation Staff
Direct Care Guide	1d					Orientation Staff
911 Protocol	1d					Orientation Staff
Choking Protocol	1d					Orientation Staff
Consensual Relationship	1d					Orientation Staff
Trauma Training	1-5d					Orientation Staff
Consumer Rights	2-3d					Orientation Staff
Consumer Rights Pertaining to Freedom From Physical and Verbal Abuse	2-3d					Orientation Staff
Management of Inappropriate Behavior	2-3d					Orientation Staff
People First Language	2-3d					Orientation Staff
Person Centered Planning	2-3d					Orientation Staff
Overview of Developmental Disabilities	2-3d					Orientation Staff
Positive Behavior Support	2-3d					Orientation Staff
Cultural Competency	2-3d					Orientation Staff
Motivational Interviewing	2-3d					Orientation Staff
Suicide Prevention	2-3d					Orientation Staff

ORIENTATION TRAINING	By*	N/A	Date Completed	Verified By	Staff Initials	Responsible Staff
OPERATION OF VANS	-	-	-	-	-	-
Transportation Policy	2-3d					Qualified Trainer
Lifts	2/3d					Qualified Trainer
Safety Belts	2-3d					Qualified Trainer
Emergency Equipment	2-3d					Qualified Trainer
Safety/Maint. Check - Pre-Trip & Routine	2-3d					Qualified Trainer
Van Logs	2-3d					Qualified Trainer
Operator Accident Form/Procedures	2-3d					Qualified Trainer
Passenger Profile Cards	2-3d					Qualified Trainer
Driving Proficiency Test	2-3d					Qualified Trainer
POPULATION SPECIFIC TRAINING ILLNESS	-	-	-	-	-	-
Understanding Mental Illness – Basic Physiology	2-5d					Qualified Trainer
Common Misconceptions	2-5d					Qualified Trainer
The Effects of Stigma	2-5d					Qualified Trainer
Sensitivity to Consumer/Family Needs	2-5d					Qualified Trainer
Understanding Substance Use Disorder	2-5d					Qualified Trainer
1. Symptoms	2-5d					Qualified Trainer
2. Withdrawals	2-5d					Qualified Trainer
3. Behavior	2-5d					Qualified Trainer
OTHER:	-	-	-	-	-	-
Initial Performance Plan / Appraisal	3d					Administrative Supervisor
Cardio Pulmonary Resuscitation (CPR)	1w					Qualified Instructor
First Aid	1w					Qualified Instructor
NARCAN Training	1w					Qualified Instructor
Crisis Intervention	1w					Qualified Instructor

* Training must be completed within this number of employment days.

** Required Waiver Training

This checklist must be completed and turned in at the end of the Trauma 101 training.

Staff Name: _____ Hire Date: _____

**SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER
I/DD WAIVER CASE MANAGER SPECIFIC TRAINING**

GENERAL ORIENTATION TRAINING	By*	N/A	Date Completed	Verified By	Staff Initials	Responsible Staff
Orientation to Building and Service Area	-	-	-	-	-	-
1. General Building Introduction	1wk					Admin. Supervisor
2. Office Space / Work Area	1wk					Admin. Supervisor
3. Introduction to Staff	1wk					Admin. Supervisor
4. Parking	1wk					Admin. Supervisor
5. Signing In / Out	1wk					Admin. Supervisor
6. Site Specific Memos / Instructions	1wk					Admin. Supervisor
7. Forms / Supplies	1wk					Admin. Supervisor
8. Internal / External Mail	1wk					Admin. Supervisor
Computer Systems	-	-	-	-	-	-
1. My Documents	2wk					Admin. Supervisor
2. Email System	2wk					Admin. Supervisor
3. Access / Logging On	2wk					Admin. Supervisor
4. Confidentiality	2wk					Admin. Supervisor
5. Policy 243 - Email	2wk					Admin. Supervisor
6. Overview of Intranet	2wk					Admin. Supervisor
7. Microsoft Teams	2wk					Admin. Supervisor
8. Accessing Avatar	2wk					U.M. Specialist
Avatar	-	-	-	-	-	-
1. Logging In	2wk					Clinical Supervisor
2. General Structure / Feature	2wk					Clinical Supervisor
3. Completing Progress Notes	2wk					Clinical Supervisor
4. Care Connections	2wk					Clinical Supervisor
5. IDT Notifications	2wk					Clinical Supervisor
6. Completing PSALs	2wk					Clinical Supervisor
7. Usage Reports	2wk					Clinical Supervisor
8. Accessing Medical Records	2wk					Clinical Supervisor
Medical Records	-	-	-	-	-	-
1. Format of Medical Records	2wk					Record Room Staff
2. Confidentiality of Medical Records	2wk					Record Room Staff
3. HIPAA Guidelines	2wk					Record Room Staff
4. Procedures for Release of Information	2wk					Record Room Staff
5. Acceptable Abbreviations	2wk					Record Room Staff

GENERAL ORIENTATION TRAINING	By*	N/A	Date Completed	Verified By	Staff Initials	Responsible Staff
Copier / Fax / Scanner	2wk					Admin. Supervisor
Caseload Assignment	2wk					Clinical Supervisor
Letters of Introduction	2wk					Clinical Supervisor
Teleconferencing	2wk					Clinical Supervisor
Conflict Free Case Management	-	-	-	-	-	-
1. Policy Review	2wk					Admin. Supervisor
2. Post Test	2wk					Admin. Supervisor
3. Acknowledgement	2wk					Admin. Supervisor
Current Waiver Manual	-	-	-	-	-	-
1. Overview of Kepro / BMS	2wk					Clinical Supervisor
2. Waiver Program Overview	2wk					Clinical Supervisor
3. Service Delivery Options	2wk					Clinical Supervisor
4. Service Types / Definitions	2wk					Clinical Supervisor
5. Service Limitations and Caps	2wk					Clinical Supervisor
Annual KEPRO Healthcare Assessments	-	-	-	-	-	-
1. Scheduling	1m					Clinical Supervisor
2. Participation / Respondents	1m					Clinical Supervisor
3. Assessment Results	1m					Clinical Supervisor
4. Annual Budget	1m					Clinical Supervisor
Authorization Process	-	-	-	-	-	-
1. Anchor Date	1m					Clinical Supervisor
2. Determining Units	1m					Clinical Supervisor
3. Purchase Plan Completion/Submission	1m					Clinical Supervisor
4. Documentation Requested	1m					Clinical Supervisor
5. Exception Report ***	1m					Clinical Supervisor
Home Visits / FBDH Site Visits	-	-	-	-	-	-
1. Form	1m					Clinical Supervisor
2. Scheduling and Frequency	1m					Clinical Supervisor
3. Verification of Medicaid Card (home visit)	1m					Clinical Supervisor
IDT Meetings	-	-	-	-	-	-
1. IDT Types and Frequency	1m					Clinical Supervisor
2. IDT Composition and Attendance	1m					Clinical Supervisor
3. Scheduling and Notifications	1m					Clinical Supervisor
4. Preparation for Meetings	1m					Clinical Supervisor
5. Meeting Minutes	1m					Clinical Supervisor
6. Timelines	1m					Clinical Supervisor
Medley	-	-	-	-	-	-
1. Definition/ Overview	1m					Clinical Supervisor
2. Practices and Procedures	1m					Clinical Supervisor
3. Advocacy	1m					Clinical Supervisor
4. Consumers on Caseload	1m					Clinical Supervisor

GENERAL ORIENTATION TRAINING	By*	N/A	Date Completed	Verified By	Staff Initials	Responsible Staff
I/DD 5 IPP	-	-	-	-	-	-
1. Demographics	1m					Clinical Supervisor
2. Circle of Supports	1m					Clinical Supervisor
3. Summary of Assessments	1m					Clinical Supervisor
4. Medications	1m					Clinical Supervisor
5. Individual Service Plan	1m					Clinical Supervisor
6. Attachments	1m					Clinical Supervisor
7. Completion / Submission Timelines	1m					Clinical Supervisor
Annual SC Assessment	1m					Clinical Supervisor
Crisis Response Plan	1m					Clinical Supervisor
SC Progress Note	1m					Clinical Supervisor
Shadowing Opportunities	-	-	-	-	-	-
1. IDT Meeting	1m					Clinical Supervisor
2. FBDH Site Visit	1m					Clinical Supervisor
3. Home Visit	1m					Clinical Supervisor
Representative Payee Services	-	-	-	-	-	-
1. Policy 195 - Representative Payee	1m					Admin / Clinical Sup.
2. Social Security Guidelines	1m					Admin / Clinical Sup.
3. Representative Payee Reports	1m					Admin / Clinical Sup.
4. Requesting Money for Consumer	1m					Admin / Clinical Sup.
Fee Completion	1m					Admin / Clinical Sup.
Unmet Needs	-	-	-	-	-	-
1. Overview / Definitions	1m					Clinical Supervisor
2. Policy	1m					Clinical Supervisor
3. Application	1m					Clinical Supervisor
Family Support	-	-	-	-	-	-
1. Overview / Definitions	1m					Clinical Supervisor
2. Policy / Procedure	1m					Clinical Supervisor
3. Application	1m					Clinical Supervisor
EAA / Goods and Services	-	-	-	-	-	-
1. Overview / Definitions	1m					Clinical Supervisor
2. Policy / Procedure	1m					Clinical Supervisor
3. Application	1m					Clinical Supervisor
Human Rights Committee	-	-	-	-	-	
1. Overview / Definitions	1m					HRC Chair
2. Form	1m					HRC Chair
Guardianship / Medical Surrogacy	3m					Admin / Clinical Sup.

GENERAL ORIENTATION TRAINING	By*	N/A	Date Completed	Verified By	Staff Initials	Responsible Staff
Supervised Completion Of:	-	-	-	-	-	-
1. Home Visit Note	1m					Clinical Supervisor
2. FBDH Site Visit Note	1m					Clinical Supervisor
3. IDT Meeting Minutes	1m					Clinical Supervisor
4. I/DD5	1m					Clinical Supervisor
5. SC Progress Note	1m					Clinical Supervisor
6. Purchase Plan	1m					Clinical Supervisor
7. Annual SC Assessment	1m					Clinical Supervisor
8. Crisis Response Plan	1m					Clinical Supervisor

*By: 1d - First Day; 1wk - First Week; 2wk - Second Week; 1m - First Month; 3m - Third Month

* Training must be completed within this number of employment days.

Revised 3/2007; 2/2009; 3/2012; 2/2013; 3/7/2016; 7/10/17; 7/8/20