

TABLE A.3: CONTRACT PROVIDER TRAINING REQUIREMENTS

Specialized Residential Services (SRS) Training Requirements:

The following is a list of trainings required by Northern Lakes CMHA to comply with current licensures and accrediting bodies, (i.e.: CARF, MDHHS, MIOSHA). First day indicates orientation training.

Training is to be completed before employee works independently with consumers, unless time is indicated.

| TOPIC | Training Completed | Minimal Frequency |
|--|-----------------------------------|--------------------------|
| The following training topics are offered in a classroom setting by Northern Lakes CMHA on a quarterly basis. | | |
| Recipient Rights: Including Confidentiality/Abuse & Neglect and Report of Incidents and Adverse Events | 1 st , 30 and 120 days | Annual |
| Introduction to Your Role in Community Residential Settings, including Person-Centered Planning & Documentation | 90 | As Needed |
| Working with People – Culture of Gentleness | 90 | As Needed |
| Environmental Emergencies | 90 | As Needed |
| Basic Health | 90 | As Needed |
| Nutrition & Food Service | 90 | As Needed |
| Basic Intervention and/or CPI (Crisis Prevention Intervention) | 90 | As Needed |
| Basic Medication | 90 | 3-years |
| Advanced Health & Medications (prerequisite: Basic Medications) | Not Required | |
| Beyond Intervention (prerequisite: Basic Intervention) | Not Required | |

In addition to the training requirements listed above, the following training topics below are required and the responsibility of the home/facility. Training records are required, which consist of a copy of training materials used, a sign-in sheet of the staff who participated in the training and the signature of the manager/facilitator which serves as proof of competency for the attendees in their knowledge of the subject presented.

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| CPR | 30 | 2 Years |
| First Aid | 30 | 2 Years |
| Infection Control, Blood Borne Pathogens | 30 | Annual |
| Cultural Diversity | 30 | Annual |
| Safety, Workplace Violence, & Sexual Harassment | 30 | Annual |
| Critical Incident | 30 | As Needed |
| Vehicle Driving Safety / Van Lift Use | 30 | As Needed |
| LEP, Accessibility and Accommodations, Right to Know, OSHA, Recovery & NLCMH Mission, Vision, Values | 30 | Annual |
| Compliance: Northern Lakes Policy/Plan, HIPAA & Deficit Reduction Act | 7 days | Annual |
| Quality Improvement (Home/Facility/Individual Plan) | 30 | As Needed |