

OK To Use

 AUDIT NAME
 FY24 LRE Credentialing & Training Audit Tool

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 Consumer linked to this audit

 Staff Audit

SECTIONS

Section

NUMBERTITLE

1 Section I. General Information

SECTION QUESTIONS

Questions

1	1.1 Fiscal Year:	Dropdown - Fiscal Year	N/A
2	1.2 CMHSP:	Drop Down - CMHSP	N/A
3	1.3 Population Served:	Population Served - Drop Down	N/A
4	1.4 Provider Level Type:	Provider Level Type - Drop Down	N/A
5	1.5 Health Care Professional Licensure, if applicable.	Professional Licensure - Drop Down	N/A
6	1.6 Credentialing/Qualification Type:	Drop Down - Credentialing Type	N/A
7	1.7 Rendering Provider:	Text Field	N/A
8	1.8 Rendering Provider Address:	Text Field	N/A
9	1.9 Name of Staff/Contractor Being Audited:	Text Field	N/A
10	1.10 Staff/Contractor Status:	Staff/Contractor Status - Drop Down	N/A
11	1.11 Staff/Contractor Job Title/ Position:	Text Field	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE

2 Section II. All Staff - Hiring Review

SECTION QUESTIONS

Questions

1	2.1 Date of Hire:	Text Field	N/A
2	2.2 If no longer employed, Date of Termination.	Text Field	N/A
3	2.3 Job Description is in the File	Met/Partially Met/Not Met	N/A
4	2.4 Performance Appraisal Presented Annually	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE

3 Section III. All Staff, if applicable - Application, Attestations, Education, Licensures, Certifications, and Registrations

SECTION QUESTIONS

Questions			
1	3.1 Credentialing/Re-Credentialing Application: Must be complete, signed, and dated.	Met/Partially Met/Not Met	N/A
2	3.2 Credentialing/Re-Credentialing Application: Must include 5-Year Work History. If there are ANY GAPS of 6 months or more in the last 5 years, Explanation must be included.	Met/Partially Met/Not Met	N/A
3	3.3 Required Attestation: Lack of present illegal drug use. Credentialing/Re-Credentialing Application must include this Attestation Question and be signed and dated prior to Credentialing/Re-Credentialing, but not more than 90 days before approval/denial.	Met/Partially Met/Not Met	N/A
4	3.4 Required Attestation: Any history of loss of license and/or felony convictions. Credentialing/Re-Credentialing Application must include this Attestation Question and be signed and dated prior to Credentialing/Re-Credentialing, but not more than 90 days before approval/denial.	Met/Partially Met/Not Met	N/A
5	3.5 Required Attestation: Any history of loss or limitation of privileges or disciplinary action. Credentialing/Re-Credentialing Application must include this Attestation Question and be signed and dated prior to Credentialing/Re-Credentialing, but not more than 90 days before approval/denial.	Met/Partially Met/Not Met	N/A
6	3.6 Required Attestation: Application is correct and complete. Credentialing/Re-Credentialing Application must include this Attestation Question and be signed and dated prior to Credentialing/Re-Credentialing, but not more than 90 days before approval/denial.	Met/Partially Met/Not Met	N/A
7	3.7 Required Attestation: Applicant is able to perform essential functions of the position with or without accommodations. Credentialing/Re-Credentialing Application must include this Attestation Question and be signed and dated prior to Credentialing/Re-Credentialing, but not more than 90 days before approval/denial.	Met/Partially Met/Not Met	N/A
8	3.8 Official Transcript Documentation from an Accredited School and/or LARA License. For Physicians, Profile Information Obtained from the	Met/Partially Met/Not Met	N/A

	<p>AMA or AOA may be used. Primary Source Verified: Copy of ORIGINAL transcript (issued to employer/ NOT employee); or Hiring Verification service print (i.e. Hire Right); or LARA electronically date-stamped screenshot. For physicians, a screenshot of AMA or AOA with electronic date-stamp.</p>		
9	<p>3.9 State Licensure or Certification, and in Good Standing. For Physicians, Profile Information Obtained from the American Medical Association (AMA) or American Osteopathic Association (AOA) may be used. Primary Source Verified: Electronically date-stamped LARA screenshot of applicant's license dated prior to Credentialing approval/denial, but not more than 90 days prior to Credentialing approval/denial. If applicant is also certified or registered, an electronically date-stamped screenshot of verification of certification or registration is also needed. For physicians, a screenshot of AMA or AOA with electronic date-stamp.</p>	Met/Partially Met/Not Met	N/A
10	<p>3.10 Board certification, or highest level of credentials attained, if applicable, or completion of any required internships/residency programs or other postgraduate training. Primary Source Verified: Electronically date-stamped (prior to cred, but not more than 90 days) screenshot(s) from Board's verification website. For physicians, a screenshot of AMA or AOA with electronic date-stamp.</p>	Met/Partially Met/Not Met	N/A
11	<p>3.11 Board Certification (if applicable), i.e. MCBAP, NCCPA, ABIM, etc. For Physicians, Profile Information Obtained from the AMA or AOA may be used. Primary Source Verified: If position requires a certification, proof would be electronically date-stamped screenshot and/ or letter from certifying agency, i.e. MCBAP. Include Expiration Dates.</p>	Met/Partially Met/Not Met	N/A
12	<p>3.12 Education/Internship/Residency (Physicians, NP, PA, etc.).</p>	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

4 Section IV. All Staff - Clinical Competency in Work/Privilege

SECTION QUESTIONS			
Questions			
1	4.1 Measures of Current Clinical Competency in Areas of Work/ Privilege.	Met/Partially Met/Not Met	N/A
2	4.2 Evidence of ongoing monitoring of quality data (i.e. Performance Evaluations, MDHHS Waiver Audits, LRE CMHSP Site Reviews, training records, etc.) and member concern data (i.e. Customer Satisfaction Survey, Grievances, Appeals, etc.) as part of the Re-Credentialing decision-making process. CMHSP must maintain documentation of this part of the Re-Credentialing process as part of the provider's Re-Credentialing files.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS
Questions

5 Section V. All Staff - Criminal Background and Convictions Checks

SECTION QUESTIONS			
Questions			
1	5.1 Proof Individual is Age 18 or Older.	Met/Partially Met/Not Met	N/A
2	5.2 If the Agency Provides Rap Back, does HR provide a letter indicating Rap Back is used.	Met/Partially Met/Not Met	N/A
3	5.3 Initial Criminal Background Check is Completed Prior to Hire.	Met/Partially Met/Not Met	N/A
4	5.4 Ongoing Criminal Background Checks are Completed Every Two Years (type/date of initial and full 2 years only if NOT most recent).	Met/Partially Met/Not Met	N/A
5	5.5 Initial Michigan Public Sex Offender Registry Check Completed Prior to Hire (eff 3/24/2023).	Met/Partially Met/Not Met	N/A
6	5.6 Ongoing Michigan Public Sex Offender Registry Check Completed Prior to Hire (eff 3/24/2023).	Met/Partially Met/Not Met	N/A
7	5.7 Initial National Sex Offender Registry Check Completed Prior to Hire (eff 3/24/2023).	Met/Partially Met/Not Met	N/A
8	5.8 Ongoing National Sex Offender Registry Check Completed Prior to Hire (eff 3/24/2023).	Met/Partially Met/Not Met	N/A

9	5.9 Prior convictions identified (Y/N and indicate convictions). If yes, rationale must be included. Rationale must be acknowledged/ signed and dated by Organization Leadership. If a conviction is noted, a dated note should be included indicating conviction was discussed/resolved.	Met/Partially Met/Not Met	N/A
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SECTION QUESTIONS

Questions

NUMBERTITLE

6 Section VI. All Staff - Liability, if applicable, and Sanction Checks

SECTION QUESTIONS			
Questions			
1	6.1 Proof of Liability Coverage, if applicable	Met/Partially Met/Not Met	N/A
2	6.2 NPDB/HIDBP Query or In Lieu of Query ALL OF THE FOLLOWING MUST BE VERIFIED, if applicable: Minimum 5-Year History of Professional Liability Claims resulting in Judgment or Settlement; Disciplinary Status with Regulatory Board or Agency (Date/Result of Inquiry, i.e. clear or rationale or notes); and Medicare/Medicaid Sanctions (date/result of inquiry, i.e. clear or rationale or notes). Primary Source Verified: Screenshot of NPDB report with a request date no more than 90 days before file approval; if subscription, enrollment date before initial credentialing.	Met/Partially Met/Not Met	N/A
3	6.3 Initial Sanction Check - Office of Inspector General (OIG), System for Award Management (SAM), and Michigan Sanctioned Provider List (Service Used/ Frequency). Primary Source Verified: Electronically date-stamped screenshot of OIG check (must be prior to credentialing, but no more than 90 days prior); Electronically date-stamped screenshot of Michigan Sanctioned Provider list page where provider's name would be found (must be prior to credentialing, but no more than 90 days prior); Electronically date-stamped screenshot from SAM; If a service is used, one screenshot (from prior to credentialing, but not more than 90 days) of list of names checked with provider's name listed and "no sanctions found".	Met/Partially Met/Not Met	N/A

4	6.4 Evidence of Monthly Sanction Checks Completed. If Service is used, provider service name and frequency of checks. Primary Source Verified: If service is used, screenshot of list including provider's name from prior two months; If no service, electronically date-stamped reports from prior three months (OIG, SAM & Michigan).	Met/Partially Met/Not Met	N/A
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SECTION QUESTIONS

Questions

NUMBERTITLE

7 Section VII. Autism Staff Credentialing - Behavior Technician Requirements

SECTION QUESTIONS			
Questions			
1	7.1 Able to communicate expressively and receptively College/university diploma, documentation from BCBA indicating Aide possess these skills, or job description requiring these skills.	Met/Partially Met/Not Met	N/A
2	7.2 Working under the supervision of an ABA supervisor (BCBA, BCaBA, QBHP) Progress/Supervision notes, BCBA letter, job description.	Met/Partially Met/Not Met	N/A
3	7.3 BACB approved training outlined in the RBT Task List Training Certificate.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE

8 Section VIII. Autism Staff Credentialing - BCBA or BCBA(D) Requirements

SECTION QUESTIONS			
Questions			
1	8.1 Current License Michigan Behavior Analyst License.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE

9 Section IX. Autism Staff Credentialing – QBHP, LP, LLP Requirements

SECTION QUESTIONS			
Questions			
1	9.1 Minimum one-year experience in diagnosing / treating children with ASD based on the principles of ABA	Met/Partially Met/Not Met	N/A
2	9.2 Working under the supervision of a BCBA if QBHP or in consultation with a BCBA if a LP or LLP.	Met/Partially Met/Not Met	N/A

3	9.3 Documented course work at graduate level from an accredited university in at least 3 of the following 6 areas: • Ethical Considerations • Definitions & characteristics & principles, process, concepts of behavior • Behavior assessment & selecting interventions, outcomes, and strategies • Experimental evaluation of interventions • Measurement of behavior & developing & interpreting behavior data • Behavioral change procedures and system supports	Met/Partially Met/Not Met	N/A
4	9.4 Scheduled to become a BCBA by 9/30/2025 and is certified and licensed as a BCBA within two years of completing ABA coursework if QBHP.	Met/Partially Met/Not Met	N/A
5	9.5 An LP/LLP must hold a doctorate or masters and a current State of Michigan license in psychology or if a QBHP is a physician, licensed provider, or holds a minimum of a master's degree in a mental health related field from an accredited institution.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE

10 Section X. Autism Staff Credentialing - BCaBA Requirements

SECTION QUESTIONS			
Questions			
1	10.1 Current Certification through the BACB.	Met/Partially Met/Not Met	N/A
2	10.2 Working under the supervision of a licensed BCBA.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE

11 Section XI. Autism Staff Credentialing - Qualified Licensed Practitioner (evaluators) Requirements

SECTION QUESTIONS			
Questions			
1	11.1 Minimum one-year experience in diagnosing / treating children with ASD based on the principles of ABA.	Met/Partially Met/Not Met	N/A
2	11.2 Must be one of the following professions: • a physician with a specialty in psychiatry or neurology. • a physician with a subspecialty in developmental pediatrics, developmental-behavioral pediatrics • or a	Met/Partially Met/Not Met	N/A

related discipline; a physician with a specialty in pediatrics or other appropriate specialty with training, experience or expertise in ASD and/or behavioral health;

- a psychologist;
- an advanced practice registered nurse with training, experience, or expertise in ASD and/or behavioral health;
- a physician assistant with training, experience, or expertise in ASD and/or behavioral health;
- a clinical social worker, working within their scope of practice, and is qualified and experienced in diagnosing ASD.

SECTION QUESTIONS

Questions

NUMBERTITLE

12 Section XII. All Staff, if applicable - Credentialing/Re-Credentialing Approval/Denial Procedure

SECTION QUESTIONS

Questions

1	12.1 Initial Credentialing or Re-Credentialing application is approved or denied by the administrative staff member and/or entity (i.e. Credentialing Committee) responsible for oversight and implementation of the credentialing/re-credentialing process. Primary Source Verified: Proofs must include approval/denial date.	Met/Partially Met/Not Met	N/A
2	12.2 Approval or Denial of Initial Credentialing of an Individual provider applying for inclusion in the PIHP network must be completed within 90 calendar days of the provider's submission of a completed, signed, and dated credentialing application to the CMHSP and when written notification of approval/denial is sent to the individual provider. Primary Source Verified: providers completed, signed, and dated application and the CMHPS written communication notifying the provider of the CMHPS's initial credentialing decision.	Met/Partially Met/Not Met	N/A
3	12.3 Temporary/Provisional credentialing were not granted for more than 150 days, if applicable	Met/Partially Met/Not Met	N/A
4	12.4 Approval or Denial of Temporary/Provisional Credentialing of an Individual provider must be completed within 31 calendar days of the provider's submission of a completed, signed, and dated credentialing application to	Met/Partially Met/Not Met	N/A

the CMHSP and when written notification of approval/denial is sent to the individual provider. Primary Source Verified: providers completed, signed, and dated application and the CMHPS written communication notifying the provider of the CMHPS's Temporary/Provisional credentialing decision.

5	12.5 An individual provider that is denied credentialing shall be informed of the reasons for the adverse credentialing decision in writing by the PIHP/CMHSP.	Met/Partially Met/Not Met	N/A
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SECTION QUESTIONS

Questions

NUMBERTITLE

13 Section XIII. CWP Professional Qualifications

SECTION QUESTIONS

Questions

1	13.1 Current License, Certification, Registration or degree.	Met/Partially Met/Not Met	N/A
2	13.2 Qualified Intellectual Disability Professional.	Met/Partially Met/Not Met	N/A
3	13.3 Category of Care Training.	Met/Partially Met/Not Met	N/A
4	13.4 Nationally certified in Therapeutic Massage and Bodywork (NCBTMB).	Met/Partially Met/Not Met	N/A
5	13.5 Certified by the National Council for Therapeutic Recreation (NCTRC).	Met/Partially Met/Not Met	N/A
6	13.6 Registered Art Therapist (ATR).	Met/Partially Met/Not Met	N/A
7	13.7 Board Certified National Music Therapy Registry (MT-BC).	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE

14 Section XIV. HSW Professional Qualifications

SECTION QUESTIONS

Questions

1	14.1 Current License, Certification, Registration or degree.	Met/Partially Met/Not Met	N/A
2	14.2 Qualified Intellectual Disability Professional.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE

15 Section XV. SEDW Professional Qualifications

SECTION QUESTIONS

Questions			
1	15.1 Current License, Certification, Registration or degree.	Met/Partially Met/Not Met	N/A
2	15.2 Certified by the National Council for Therapeutic Recreation (NCTRC).	Met/Partially Met/Not Met	N/A
3	15.3 Registered Art Therapist (ATR).	Met/Partially Met/Not Met	N/A
4	15.4 Board Certified National Music Therapy Registry (MT-BC).	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE
16 Section XVI. SEDW Wraparound Coordinator or Clinical Therapist Qualifications

SECTION QUESTIONS			
Questions			
1	16.1 Child Mental Health Professional or Evidence of Supervision.	Met/Partially Met/Not Met	N/A
2	16.2 SED-W 24 hr. Child Specific Annual training (calendar year or Fiscal year).	Met/Partially Met/Not Met	N/A
3	16.3 3-day New Facilitator Training.	Met/Partially Met/Not Met	N/A
4	16.4 2 MDHHS trainings per year.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE
17 Section XVII. All Staff - General Training

SECTION QUESTIONS			
Questions			
1	17.1a. Appeals and Grievances - Initial (30 days of hire)	Met/Partially Met/Not Met	N/A
2	17.1b. Appeals and Grievances - Annual update	Met/Partially Met/Not Met	N/A
3	17.2a. Corporate Compliance - Initial (60 days of hire)	Met/Partially Met/Not Met	N/A
4	17.2b. Corporate Compliance - Annual update	Met/Partially Met/Not Met	N/A
6	17.3a. Cultural Competency - Initial (60 days of hire)	Met/Partially Met/Not Met	N/A
7	17.3b. Cultural Competency - Annual update	Met/Partially Met/Not Met	N/A
8	17.4a. Health Insurance Portability and Accountability Act (HIPAA) - Initial (60 days of hire)	Met/Partially Met/Not Met	N/A
9	17.4b. Health Insurance Portability and Accountability Act (HIPAA) - Annual update	Met/Partially Met/Not Met	N/A
10	17.5a. Limited English Proficiency (LEP) - Initial (60 days of hire)	Met/Partially Met/Not Met	N/A

11	17.5b. Limited English Proficiency (LEP) - Annual update	Met/Partially Met/Not Met	N/A
12	17.6a. Person-Centered Planning and Self-Determination - Initial (60 days of hire)	Met/Partially Met/Not Met	N/A
13	17.6b. Person-Centered Planning and Self-Determination - Annual update	Met/Partially Met/Not Met	N/A
14	17.7a. Recipient Rights - Initial (30 days of hire)	Met/Partially Met/Not Met	N/A
15	17.7b. Recipient Rights - Annual update	Met/Partially Met/Not Met	N/A
16	17.8a. Standard Precautions (Blood Borne Pathogens/Infection Control) - Initial (60 days of hire)	Met/Partially Met/Not Met	N/A
17	17.8b. Standard Precautions (Blood Borne Pathogens/Infection Control) - Annual update	Met/Partially Met/Not Met	N/A
18	17.9 Trauma Informed Care - Initial (6 months of hire)	Met/Partially Met/Not Met	N/A
19	17.10 Beneficiary Specific IPOS Training. IPOS training document must include the following: a. name and credentials of the individual conducting the training, b. date IPOS training occurred, c. consumer name, d. IPOS date, e. training subject matter, f. staff name receiving training.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE
18 Section XVIII. Autism Staff - Specific Training

SECTION QUESTIONS			
Questions			
1	18.1a. First Aid Certification - Initial (60 days of hire)	Met/Partially Met/Not Met	N/A
2	18.1b. First Aid Certification - Update (As per certificate)	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE
19 Section XIX. CWP DCW Staff - Specific Training

SECTION QUESTIONS			
Questions			
1	19.1 Emergency Procedures (evidence of weather, fire, chemical, etc. emergency training) CWP/SEDW ONLY Required for Choice Voucher - Initial (60 days of hire)	Met/Partially Met/Not Met	N/A

2	19.2a. Knowledge of First Aid (or Certification) Required for Choice Voucher/Self Determination - Initial (60 days of hire)	Met/Partially Met/Not Met	N/A
3	19.2b. Knowledge of First Aid (or Certification) Required for Choice Voucher/Self Determination - Update every 2 years.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE
20 Section XX. HSW Staff - Specific Training

SECTION QUESTIONS			
Questions			
1	20.1a. CPR and First Aid Certification HSW – Specialized Residential Only - Initial (60 days of hire)	Met/Partially Met/Not Met	N/A
2	20.1b. CPR and First Aid Certification HSW – Specialized Residential Only - Ongoing (As per certificate)	Met/Partially Met/Not Met	N/A
3	20.2 Emergency Preparedness HSW – Specialized Residential Only - Initial (60 days of hire)	Met/Partially Met/Not Met	N/A
4	20.3 Health and Wellness HSW – Specialized Residential Only - Initial (60 days of hire)	Met/Partially Met/Not Met	N/A
5	20.4 Introduction to Human Services HSW – Specialized Residential Only - Initial (30 days of hire)	Met/Partially Met/Not Met	N/A
6	20.5 Medication Series including: <ul style="list-style-type: none"> • Medication Administration and Monitoring (online) • Health and Wellness (online) • Medication & Health Skills Demonstration (classroom) • Medications: Types, Uses & Effects (online) HSW - Specialized Residential Only - (Within 60 days of hire) 	Met/Partially Met/Not Met	N/A
7	20.6 Nutrition and Food Safety HSW - Specialized Residential Only - Initial (60 days of hire)	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE
21 Section XXI. Non-Waiver/Non-Autism Specific Training - Clinical

SECTION QUESTIONS			
Questions			
1	21.1 CAFAS and/or PECFAS, or similar such as MliCANS: (Required by MDHHS as applicable to the population served by the staff person).	Met/Partially Met/Not Met	N/A

2	21.2 DECA (Devereaux Early Childhood Assessment). (Required by MDHHS as applicable to the population served by the staff person).	Met/Partially Met/Not Met	N/A
3	21.3 LOCUS (MI Adults) (Required by MDHHS as applicable to the population served by the staff person).	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE
 22 Section XXII. Non-Waiver/Non-Autism Specific Training - ACT, Crisis Intervention

SECTION QUESTIONS			
Questions			
1	22.1 ACT 101 or equivalent.	Met/Partially Met/Not Met	N/A
2	22.2a. Advance Directives - Initial (30 days of hire)	Met/Partially Met/Not Met	N/A
3	22.2b. Advance Directives - Ongoing (Every 2 years)	Met/Partially Met/Not Met	N/A
4	22.3 Behavioral Treatment/Crisis Intervention (MANDT) - Initial-Relational Section (90 days of hire)	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE
 23 Section XXIII. Non-Waiver/Non-Autism Specific Training - Crisis Residential

SECTION QUESTIONS			
Questions			
1	23.1a. Behavioral Treatment/ Crisis Intervention (MANDT series) - Initial (within 90 days of hire)	Met/Partially Met/Not Met	N/A
2	23.1b. Behavioral Treatment/ Crisis Intervention (MANDT series) - Ongoing (As per certification or otherwise required)	Met/Partially Met/Not Met	N/A
3	23.2a. CPR & First Aid certification - Initial (60 days of hire)	Met/Partially Met/Not Met	N/A
4	23.2b. CPR & First Aid certification - Ongoing (As per certificate)	Met/Partially Met/Not Met	N/A
5	23.3 Emergency Preparedness - Initial (60 days of hire)	Met/Partially Met/Not Met	N/A
6	23.4 Health & Wellness - Initial (60 days of hire)	Met/Partially Met/Not Met	N/A
7	23.5 Introduction to Human Services - Initial (30 days of hire)	Met/Partially Met/Not Met	N/A
8	23.6 Medication Series: May include: Lakeshore course series that includes online and	Met/Partially Met/Not Met	N/A

	classroom demo portion or Standalone CMH classroom training(s) if available - Initial (60 days of hire)		
9	23.7 Nutrition & Food Safety - Initial (60 days of hire)	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE
 24 Section XXIV. Non-Waiver/Non-Autism Specific Training - CLS Staff (non-specialized setting)

SECTION QUESTIONS			
Questions			
1	24.1a. Knowledge of First Aid training - Initial (60 days of hire)	Met/Partially Met/Not Met	N/A
2	24.1b. Knowledge of First Aid training - Update (every 2 years)	Met/Partially Met/Not Met	N/A
3	24.2 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)	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE
 25 Section XXV. Non-Waiver/Non-Autism Specific Training - Targeted Case Manager/Supports Coordinator

SECTION QUESTIONS			
Questions			
1	25.1a. Advance Directives - Adults Only - Initial (30 days of hire)	Met/Partially Met/Not Met	N/A
2	25.1b. Advance Directives - Adults Only - Update (Every 2 years)	Met/Partially Met/Not Met	N/A
3	25.2 Behavioral Treatment/ Crisis Intervention (MANDT) (RECOMMENDED) - Initial Relational/Conceptual (90 days of hire)	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE
 26 Section XXVI. Non-Waiver/Non-Autism Specific Training - Specialty Services

SECTION QUESTIONS

Questions			
1	26.1 Child Specific Training 24 hours Annually from date of hire (indicate if all 24 hours were completed during last year - dates not necessary).	Met/Partially Met/Not Met	N/A
2	26.2 Clubhouse 101	Met/Partially Met/Not Met	N/A
3	26.3 Wraparound 101	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE
 27 Section XXVII. SEDW Staff - Specific Training

SECTION QUESTIONS			
Questions			
1	27.1 Emergency Procedures (evidence of weather, fire, chemical, etc. emergency training) CWP/SEDW ONLY Required for Choice Voucher.	Met/Partially Met/Not Met	N/A
2	27.2a. Knowledge of First Aid (or Certification) Required for Choice Voucher/Self Determination - Initial (60 days of hire)	Met/Partially Met/Not Met	N/A
3	27.2b. Knowledge of First Aid (or Certification) Required for Choice Voucher/Self Determination - Update (every 2 years)	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

Questions

SECTIONS

Section