

This is a sample form developed by the "CCS Statewide QA/QI Work Group", and is available to CCS sites as a sample for consideration of use, modification, and customization. There is no implicit or explicit guarantee that this document meets the requirements for CCS as outlined in DHS 36, Medicaid, or other applicable laws, rules, or regulations. Individual counties and tribes are responsible for developing their own forms and ensuring adherence to all applicable laws, rules, and regulations. The hope is that this working draft is modified based on the experiences and expertise of state, county, and tribal partners, and as new information becomes available.

CCS Training and Orientation Checklist

Staff name: _____

Start Date: _____

Agency/County: _____

Circle one: **8 hrs** **20 hrs** **40 hrs**

PPT name	Employee Initials	Date of Training	Training Type	Actual Training Time
Intro to CCS - Ch 36				
CCS Policies and Procedures				
Job responsibilities				
Recovery Concepts				
Relapse Prevention				
Chapter 48 (incl Mandated Reporter)				
Chapter 51				
Chapter 55				
CFR 42				
ADA & Civil Rights				
HIPAA and Clients Rights				
Non-Violent Crisis Mgmt/De-escalation				
Issues in MH				
Issues in SA				
Recovery Concepts				
Non-Violent Crisis Mgmt/De-escalation				

Other as required				
Other:				
Other:				
Other:				
Other:				
Other:				
				Total hours of training:

Instructions: Initial and date above as trainings are completed. All conferences, workshops, in-services and trainings outside of CCS must be approved by the Regional Coordinator for credit using the Training Approval form. Return all paperwork to the Regional Coordinator.

COMPLETE WITHIN 90 DAYS!!! Provider and supervisor MUST sign and date this form upon completion of required training hours.

Staff signature/date: _____

Regional Coordinator

Approval: _____

Date: _____

SAMPLE