Mid-South Substance Abuse Commission

CONFIRMATION OF TRAINING FOR ALL STAFF

❑ **Annual Submission** ❑ **Update with new hires**

Program Name: _____ Completed By: _____ Date: _____

Please **indicate the DATE of the latest training staff person attended for each category:**

EMPLOYEE NAME	**LIMITED ENGLISH PROFICIENCY** BSAAS (Training w/in first 6 mos. of hire & annually thereafter)	**CULTURAL COMPETENCY** BSAAS (Training w/in first 6 mos. of hire & ongoing thereafter)	**DEFICIT REDUCTION ACT TRAINING** PIHP (Upon hire & thereafter according to provider policy)	**RECIPIENT RIGHTS** PIHP & BSAAS (Training w/in first 15 days of hire & thereafter according to provider policy)	**MEDICAID FAIR HEARINGS** Medicaid PIHP Customer Services & BSAAS (Training w/in first 15 days of hire & thereafter according to provider policy). Possess current working knowledge, or know where in the organization detailed information can be obtained.	**CONFIDENTIALITY (42 CFR) & HIPAA (45 CFR)** BSAAS (Training w/in first 15 days of hire & thereafter according to provider policy)	**PREVENTION OF COMMUNICABLE DISEASES, UNIVERSAL PRECAUTIONS, HIV/AIDS PREVENTION & CONFIDENTIALITY** BSAAS (Training w/in first 6 mos. of hire & every 2 years thereafter)

Please complete the form and e-mail to Melissa Williford at mwilliford@mssac.com or fax at (517) 337-8578**.**
Form A102