**SUD Prevention Staff Tool 2024**

**Demographics**

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| |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **1.** Enter the name of the Provider. | | |  | | --- | | **4.** Is this a Specifically Focused staff? | | |  |
| |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **2.** Enter the name of the Staff. | | |  | | --- | | **5.** Enter the Job Title. | | |  |
| |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **3.** Is Staff an employee, contractor, sub-contractor, or intern? | | |  | | --- | | **6.** Enter the name of the Supervisor. | | |  |

**Initial Qualifications**

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| |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **1.** There is evidence of the initial date of hire. | | **Sub Title** Offer letter, Employer Letter, HR Document/Form, etc. | | **Reference**  DWIHN WORK FORCE AND PROVIDER BACKGROUND CHECK Policy | | |
| |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **2.** There is evidence of the termination date, if applicable. | | **Sub Title** Termination letter, HR record, etc. | | **Reference** DWIHN WORK FORCE AND PROVIDER BACKGROUND CHECK Policy | | |
| |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **3.** There is evidence that the staff person was age 18 or older on the hire date. | | **Sub Title** Driver's license, state identification card, passport, etc. | | **Reference** DWIHN WORK FORCE AND PROVIDER BACKGROUND CHECK Policy | | |
| |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **4.** There is evidence that a criminal background check was completed prior to the date of hire. | | **Sub Title** N/A if hired before the 2014 implementation date. ICHAT is recommend | | **Reference** DWIHN WORK FORCE AND PROVIDER BACKGROUND CHECK Policy  DWIHN CREDENTIALING/RE-CREDENTIALING Policy  Substance Use Disorder Service Provider Agreement | | |
| |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **5.** There is evidence of the highest level of education completed by this staff member. | | **Sub Title** Diploma or transcript of: High School completion, GED, College Degrees, etc. | | **Reference** DWIHN WORK FORCE AND PROVIDER BACKGROUND CHECK Policy  DWIHN CREDENTIALING/RE-CREDENTIALING Policy | | |
| |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **6.** There is evidence that staff working with minors received an MDHHS Central Registry Clearance. | | **Sub Title** N/A if staff only works with adults.  Utilize form DHS-1929 for the MDHHS Central Registry Clearance Request: www.michigan.gov/mdhhs/adult-child-serv/abuse-neglect/accordion/forms/central-registry-clearance-requests#Section\_4 | | **Reference** DWIHN WORK FORCE AND PROVIDER BACKGROUND CHECK Policy  Substance Use Disorder Service Provider Agreement | | |
| |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **7.** There is evidence of an Employment Eligibility Verification ("I-9") form. | | **Sub Title** USCIS.gov/i-9-central | | **Reference** DWIHN WORK FORCE AND PROVIDER BACKGROUND CHECK Policy | | |
| |  |  |  | | --- | --- | --- | | |  | | --- | | **8.** There is evidence that staff met the requirement for completion of an Employer Hosted New Employee Orientation within 30 days of hire. | | **Reference**  DWIHN WORK FORCE AND PROVIDER BACKGROUND CHECK Policy | | |

**Ongoing Job Qualifications**

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| |  |  |  | | --- | --- | --- | | |  | | --- | | **1.** There is evidence the current Job Description is present, signed, and dated by the employee. | | **Reference**  DWIHN WORK FORCE AND PROVIDER BACKGROUND CHECK Policy | | |
| |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **2.** There is evidence of a signed and dated Annual Performance Appraisal. | | **Sub Title**  N/A if the staff person has not completed a full year of employment. | | **Reference**  Substance Use Disorder Service Provider Agreement | | |
| |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **3.** There is evidence that an annual criminal background check was conducted. | | **Sub Title** ICHAT is recommend.  N/A if the staff person has not completed a full year of employment. | | **Reference**  DWIHN WORK FORCE AND PROVIDER BACKGROUND CHECK Policy DWIHN CREDENTIALING/RE-CREDENTIALING Policy  Substance Use Disorder Service Provider Agreement | | |
| |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **4.** There is evidence that the staff person has at least one the following required certifications if providing direct services: (a) CPS/CPC  (b) Development Plan through MCBAP  (c) CHES  (d) Evidence of Specifically Focused training | | **Sub Title**  NA if the job position does not require a certification. [mcbap.com](https://mcbap.com)  www.nchec.org | | **Reference** DWIHN CREDENTIALING/RE-CREDENTIALING Policy  Substance Use Disorder Credentialing and Staff Qualification Requirements | | |
| |  |  |  | | --- | --- | --- | | |  | | --- | | **5.** There is evidence that the staff member has the license, certification, registration, and/or education that match their job description. | | **Reference** DWIHN CREDENTIALING/RE-CREDENTIALING Policy | | |
| |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **6.** There is evidence of monthly HHS Office of Inspector General (OIG) Clearance for this staff member. | | **Sub Title**  exclusions.oig.hhs.gov | | **Reference**  DWIHN WORK FORCE AND PROVIDER BACKGROUND CHECK Policy DWIHN CREDENTIALING/RE-CREDENTIALING Policy | | |
| |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **7.** There is evidence of monthly GSA Exclusion List Clearance for this staff member. | | **Sub Title**  sam.gov | | **Reference**  DWIHN WORK FORCE AND PROVIDER BACKGROUND CHECK Policy  DWIHN CREDENTIALING/RE-CREDENTIALING Policy | | |

**Required Trainings (full transcripts preferred)**

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| |  |  |  | | --- | --- | --- | | |  | | --- | | **1.** There is evidence that staff met the requirement for Medicare & Medicaid Compliance Training (Previously Corporate Compliance). | | **Sub Title** Required annually www.dwctraining.com | | |
| |  |  |  | | --- | --- | --- | | |  | | --- | | **2.**There is evidence that staff met the requirement for Abuse & Neglect: Reporting Requirements training. | | **Sub Title** Required biennially www.dwctraining.com | | |
| |  |  |  | | --- | --- | --- | | |  | | --- | | **3.** There is evidence that staff met the requirement for Anti-Harassment & Non-Discrimination Training for Employees (or for Leaders). | | **Sub Title** Required biennially www.dwctraining.com | | |
| |  |  |  | | --- | --- | --- | | |  | | --- | | **4.** There is evidence that staff met the requirement for Cultural Competence/Diversity training (previously Cultural Competence: A Foundation Course). | | **Sub Title** Required biennially www.dwctraining.com | | |
| |  |  |  | | --- | --- | --- | | |  | | --- | | **5.** There is evidence that staff met the requirement for Grievances, Appeals and State Fair Hearings training. | | **Sub Title** Required biennially www.dwctraining.com | | |
| |  |  |  | | --- | --- | --- | | |  | | --- | | **6.** There is evidence that staff met the requirement for Human Sex Trafficking (Previously Child Sex Trafficking in America) training. | | **Sub Title** Required biennially [www.dwctraining.com](http://www.dwctraining.com) | | |
| |  |  |  | | --- | --- | --- | | |  | | --- | | **7.** There is evidence that staff met the requirement for Emergency Preparedness training. | | **Sub Title** Required triennially www.dwctraining.com | | |
| |  |  |  | | --- | --- | --- | | |  | | --- | | **8.** There is evidence that staff met the requirement for HIPAA (Basics) training. | | **Sub Title** Required triennially www.dwctraining.com | | |
| |  |  |  | | --- | --- | --- | | |  | | --- | | **9.** There is evidence that staff met the requirement for Limited English Proficiency (LEP) training. | | **Sub Title** Required triennially www.dwctraining.com | | |
| |  |  |  | | --- | --- | --- | | |  | | --- | | **10.** There is evidence that staff met the requirement for "Improving MI Practices" - Recipient Rights-SA training. | | **Sub Title** Required annually www.improvingmipractices.org | | |
| |  |  |  | | --- | --- | --- | | |  | | --- | | **11.** There is evidence that staff met the requirement for "Improving MI Practices" or "CHAG"- Communicable Diseases training. | | **Sub Title**  Required annually www.improvingmipractices.org www.chagdetroit.org | | |
| |  |  |  | | --- | --- | --- | | |  | | --- | | **12.** There is evidence that staff met the requirement for "CHAG" Communicable Diseases (Level II) training. | | **Sub Title**  Required annually www.chagdetroit.org | | |
| |  |  |  | | --- | --- | --- | | |  | | --- | | **13.** There is evidence that staff met the requirement for "Improving MI Practices" - The Basics of Confidentially training. | | **Sub Title**  Required once at hire www.improvingmipractices.org | | |
| |  |  |  | | --- | --- | --- | | |  | | --- | | **14.** There is evidence that staff met the requirement for Naloxone (Narcan) Training. | | **Sub Title**  Required biennially Request a training: www.dwihn.org/SUD-narcan-training-request-form | | |
| |  |  |  | | --- | --- | --- | | |  | | --- | | **15.** There is evidence that staff met the requirement for a MCBAP approved Prevention Ethics training. | | **Sub Title**  Required once www.dwctraining.com www.kdailassociates.com www.preventionnetwork.org  [healtheknowledge.org](https://healtheknowledge.org/course/index.php?categoryid=118) | | |