

Self Directed Services – Providers & Family Managed Employees

Training Requirements & Additional Training available

Per He-M 524 and He-M 525, individuals and families may determine which elements of staff training they wish to require. These regulations require annual training in Human Rights Training and Universal Precautions. MDS also requires OSHA, Regulatory & MDS Best Practice training of all enumerated providers and employees.

BDS Audits provided additional guidance regarding the He-M 506.05 training expectations, under the following competencies. MDS provides training for providers and staff that address these competencies and as well as other regulatory requirements and MDS Best Practices. Some training modules may fall under multiple competency categories and if selected, the FME will only be enrolled once.

Training required by MDS is noted. As the Program/Family Representative you can identify additional training that you wish to require for all employees/providers providing services in this program and for this person. Please check/initial additional training you would like to include.

You and your staff will have access to the all Relias modules should you wish. You may also use trainings outside of Relias, to meet the criteria. Documentation of the training will be required to add to Relias record and must be kept on file.

Required **Conditional Requirement** **Recommended** Additional Training Available

OSHA, Federal Regulatory & MDS Best Practice		
<ul style="list-style-type: none"> ▪ Review of safety & regulatory topics, HIPAA, HCBS, NH System ▪ To meet the expectations of OSHA General Duty Clause & other Federal Regulations 		
Training Module Name	Hours	Enroll
MDS Annual Refresher Training (Includes numerous regulatory topics – ZOOM May be taken in place of reviewing each module separately on Relias annually)	2.5	<input checked="" type="checkbox"/>
CSNI – DD Client Rights Online	1.5	<input checked="" type="checkbox"/>
False Claims Act	.25	<input checked="" type="checkbox"/>
Fire Safety: The Basics	0.5	<input checked="" type="checkbox"/>
Harassment in the Workplace	1.0	
HIPAA Privacy	.5	
Preventing Back Injuries	.5	<input checked="" type="checkbox"/>
Understanding Bloodborne Pathogens	.75	<input checked="" type="checkbox"/>
HCBS Implementing Requirements for Home & Community Based Services	1.0	<input checked="" type="checkbox"/>
Best Practices & MDS Culture		
Training Module Name	Hours	Enroll
Lost in Laconia	1.15	<input checked="" type="checkbox"/>
MDS Annual Refresher Training (ZOOM training)	2.25	<input checked="" type="checkbox"/>
Basics of Defensive Driving (Required for all who use their vehicles in any way for work tasks, or who transport any individual served through Region 5 – in any vehicle)	.5	<input type="checkbox"/>
Safe Transfers (required if person requires assistance with transferring)	.25	<input type="checkbox"/>
Sexual Orientation and Gender Identity	.5	<input type="checkbox"/>
Diversity for all employees for healthcare	.5	<input type="checkbox"/>

Competency:		
<ul style="list-style-type: none"> Overview of rights of persons who receive services, as described in He-M 202 and He-M 310 		
Training Module Name	Hours	Enroll
CSNI – DD Client Rights Online	.75	<input checked="" type="checkbox"/>
Rights, Reporting & HCBS Expectations (Live session) <i>(recommended)</i>	3.0	<input type="checkbox"/>
Security Awareness Training Level One (Cyber Security Information)	1.0	<input type="checkbox"/>

Competency:		
<ul style="list-style-type: none"> Understanding the stigmas, negative labels and common life experiences of people with disabilities including how individuals utilize behavior as communication 		
Training Module Name	Hours	Enroll
Supporting Quality of Life for People with IDD	1.0	<input checked="" type="checkbox"/>
Introduction to Gentle Teaching (Live session) <i>(recommended)</i>	2.50	<input type="checkbox"/>
Systemic Instruction Strategies	3.25	<input type="checkbox"/>
Person Centered Thinking	3.25	<input type="checkbox"/>
Person First Language	1.0	<input type="checkbox"/>

Competency:		
<ul style="list-style-type: none"> Overview of developmental disorders and acquired brain disorders Overview of conditions promoting or detracting from the quality of life that individuals enjoy 		
Training Module Name	Hours	Enroll
An Overview of Different Types of Disabilities	1.0	<input type="checkbox"/>
Acquired Brain Disorders Overview	1.0	<input type="checkbox"/>

Competency:		
<ul style="list-style-type: none"> Methods to assist individuals with challenging behaviors utilizing positive behavioral support Understanding and assisting individuals to manage behavior that derives from neurological compromises or limitations 		
Training Module Name	Hours	Enroll
Providing Support for Challenging Behavior (Requested If person has history of behavioral challenges or safety protocol/behavior plan in place)	0.50	<input type="checkbox"/>
Introduction to Gentle Teaching (Live session)	3.0	<input type="checkbox"/>
Safety Care – (Prevention of behavioral escalation & Safety Skills) (Required if Behavior or Safety Plan indicates the use of these techniques)	8.0	<input type="checkbox"/>

Competency:		
<ul style="list-style-type: none"> Techniques to facilitate social relationships, enhance skills that improve everyday skills that improve everyday living and promote independence, teach, coach and mentor individuals to learn skills that maximize independence 		
Training Module Name	Hours	Enroll
Supporting Quality of Life for People with IDD	1.0	<input checked="" type="checkbox"/>
Choice Making for People with Intellectual and Developmental Disabilities	1.0	<input checked="" type="checkbox"/>
Charting the Life Course – Introduction <i>(recommended)</i>	1.50	<input type="checkbox"/>

Competency:		
<ul style="list-style-type: none"> Basic health and safety practices related to personal wellness, success in living, working, recreating in the community, and common signs and symptoms of illness 		
Training Module Name	Hours	Enroll
Employment Support (Requested if individual is provided employment supports)	.5	<input type="checkbox"/>
Supporting Quality of Life for People with IDD	1.0	<input type="checkbox"/>
Health & Safety Management (recommended)	1.0	<input type="checkbox"/>
Healthcare Needs for People with IDD: Assessing Healthcare Needs	.75	<input type="checkbox"/>
Systemic Instruction Strategies	3.25	<input type="checkbox"/>
First Aid, CPR & AED (MDS offers AHA Heartsaver courses)	6.0	<input type="checkbox"/>

I understand the requirements and have chosen (as noted above) additional training which I wish to have all staff/providers providing services for this individual complete.

Program/Family Representative Name: _____

Program/Family Representative Signature: _____

Date: _____

Service Coordinator Name: _____

Service Coordinator Signature: _____

Date: _____

SDS Department Director Name: _____

SDS Department Director Signature: _____

Date: _____

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Relias Data Entry Information

Program Address: _____

Individual Served: _____

Date Relias Training Plan Created: _____

Name of Plan/Location: _____

Quality Dept Representative Name: _____