Owakihi, Inc.

Training Summary Form

I. **Employee:** RICHELLE PARKER Topic: **DATA PRIVACY PRACTICES 135** Credit Hours: _____

II. **Description of Training Content**

Information regarding state and federal privacy regulations governing services for people with disabilities. Meets general training requirements on Minnesota Data Privacy and HIPAA. Review and instruction on Owakihi's internal policies and procedures regarding data privacy including individual privacy rights (i.e. Notice of Privacy Practices) and security procedures.

III. **Training Procedures**

Training Format

_____ Self Study
_____ Individualized Training
_____ Supervisory Meeting
_____ Team Meeting
X Owakihi Inservice

Instructional Methods

Place X below for instructional methods used

_____ *On-line Data Privacy (StarSvcs)
X Written: Owakihi Policies
X Oral Presentation and Dialogue

Competency Evaluations

_____ Quiz (On-line certificate includes quiz)
_____ Sign-offs:
-Computer & Info. Usage Agreeement and
-Network Security
_____ Observed Skill Assessment

IV. **Training Dates and Times**

If applicable: Star Services on-line Data Privacy Practices

PART I
Date(s): _____ (M/D/Y) Times: _____ to _____ (AM or PM) *(On-line = 0.5 hour learning credit)*

All Staff (Mandatory): Policy review & discussion

PART II
Date(s): 2/3/2020 (M/D/Y) Times: _____ (AM or PM) to _____ (AM or PM) Location: _____

Trainer Signature: _____ **Employee Signature:** _____

**1) On-line training requirement: Follow-up discussion with Owakihi Support Coordinator or HR representative for internal policies review.*
2) On-line training requirement: Trainer must confirm that on-line training was completed by employee PRIOR to internal policies review.

Employee records training hours on timecard for reimbursement and training documentation purposes. Keep copy of verification.

DATA PRIVACY PRACTICES 135 OUTLINE
Supplement to Star Services on-line training

Review and discussion of Owakihi's data privacy requirements and procedures:

1. Trainer confirms that Star Services on-line training (Data Privacy Practices: MN Data Privacy & HIPAA) has been completed PRIOR to conducting training on Owakihi's data privacy policies and procedures.

2. Trainer provides staff with copies of Owakihi's data privacy policies for review. Trainer reviews policy sections, as follows.

    - Data Privacy Practices for Owakihi, Inc.
        - Components
        - Who it applies to
        - Purpose of Privacy Rule
        - Protected Health Information (PHI Identifiers)
        - Required Disclosure
        - Permitted Disclosure
        - Exceptions
        - Treatment, Payment and Operations (TPO)
    - Notice of Privacy Practices
    - Individual Rights Policy and Procedures
    - Security Practices

3. Trainer answers staff questions, and provides staff with resources for further training or questions.

4. Trainer ensures that Data Privacy Practices 135 Training Summary Form, Computer and Information Usage Agreement, and Network Security (with staff signatures) are completed and submitted for training database entry.

Owakihi, Inc.

Training Summary Form

I. **Employee:** RICHELLE PARKER Topic: **PROGRAM POLICIES AND PROCEDURES 103** Credit Hours: _____

II. **Description of Training Content:**

Review and instruction on policies and procedures including their location, access, and staff responsibilities related to implementation of the policies and procedures.

III. **Training Procedures:**

Training Format		Instructional Methods		Demonstrated Competency	
____	Self Study	X	Written: 103 Packet	X	Knowledge Testing (Quiz)
____	Individualized Training	X	Oral Presentation and Dialogue	____	Other:
____	Team Meeting	____	Guided Observation		
X	Owakihi Inservice	____	Guided Practice		
____	Other:	____	Other:		

IV. **Date(s):** 2/3/2020 (M/D/Y) Trainer/Position: See above

Time(s): _____ (AM or PM) Review Signature: Jerdowski

I understand the information I received and my responsibilities for implementation with this company and persons served.

Employee Signature: Richelle C. Parker

Training hours need to be recorded by employee on corresponding timecard for reimbursement and training documentation purposes. Employees are encouraged to keep a copy of this verification for their personal records.

Training Module 103 Quiz
Program Policies and Procedures 2018

Employee Name: RICHELLE PARKER **Date of Quiz:** 2/3/20

Directions: Upon completion, return the quiz and attached Training Summary Form.

Respond to the following statements using True or False

1. T According to the **Person-Centered Planning and Service Delivery Policy,** person-centered service planning and delivery identify and support what is important to the person, as well as what is important for the person.

2. T The **Service Initiation and Individualized Planning Policy** identifies the Coordinated Service and Support Plan (CSSP) as the document that guides the services to be provided and the responsibilities of Owakihi Inc.

3. T According to the **Temporary Service Suspension Policy**, there are two separate procedures for temporary service suspension and service termination.

4. T The **Service Termination Policy** identifies specific conditions under which Owakihi Inc. is permitted to terminate services.

5. T The **Quality Management Evaluation and Program Improvement Policy** states that comprehensive evaluation methods are used to assess company effectiveness in meeting service recipient outcomes and achieving agency priorities.

6. T The **Service Recipient Rights** provides procedures for exercising and protecting the rights of persons served.

7. T The **Data Privacy and Confidentiality Policy** states that written and verbal exchanges of information regarding persons served are considered to be private and will be done in a manner that preserves confidentiality

8. T The **Record Retention Policy** describes how Owakihi Inc. maintains the records for service recipients, personnel and program operations.

9. F The **Grievance Policy** lets service recipients know that Owakihi Inc. can take action against them any time if they express grievances.

10. F Based on the **Funds and Property Policy**, it is acceptable to loan money to a person receiving services if he/she gets into a "tight spot".

11. T **Maltreatment of Vulnerable Adults Reporting and Internal Review Policy:** Mandated reporters must report any alleged or suspected abuse, neglect or financial exploitation of a vulnerable adult.

12. F **Maltreatment of Minors Mandated Reporting and Internal Review Policy**: When there is suspected maltreatment of a child, a report must be made to an external (i.e., outside investigative agency) within 24 hours of the mandated reporter becoming aware of the alleged or suspected maltreatment.

For a child — call the child protection in county or the police within 24hrs

20. **Safe Medication Assistance and Administration Policy**: What are the three levels of medication involvement identified in the policy?

    1. Medication _____
    2. Medication _____
    3. Medication _____

21. The **Safe Transportation Policy** identifies several precautions to be taken when transporting a person receiving services. Identify three:

    a. _____
    b. _____
    c. _____

22. The **Orientation and Training Policy** identifies at least 2 methods of implementing "competency-based" orientation and training.

    a. _____ testing b. _____ skill assessment

Fill in the blanks below

23. Identify two methods that you can locate and access the Owakihi Inc. policies and procedures:

    a. _____
    b. _____

24. Please identify any questions that you have at this time regarding Owakihi's policies and procedures:

    _____
    _____

EMPLOYEE ACKNOWLEDGEMENT: By signing here I acknowledge that I am responsible for knowing the Owakihi, Inc company polices and that I have taken this test:

_____ _____
Signature of Employee **Date**

KNOWLEDGE TESTING BY TRAINER

- **Note the question(s) answered incorrectly, and the action taken to assure that the employee understands the correct response(s)**_____
  _____

- **The employee identified above has demonstrated competency in completion of the quiz questions.** ***(If not, refer employee to Supervisor.)***

_____ _____
Signature of Trainer **Date**

Owakihi, Inc.

Training Summary Form

Credit Hours: _____

I. Employee: RICHELLE C PARKER **MALTREATMENT REPORTING AND INTERNAL REVIEW 101**

= *Maltreatment of Vulnerable Adults Reporting and Internal Review Policy and Procedures*
= *Maltreatment of Minors Mandated Reporting and Internal Review Policy and Procedures*

II. Description of Training Content:

Review and instruction with the mandated reporter regarding the protection of vulnerable adults and minors from maltreatment and reporting incidents of alleged or suspected maltreatment. Explanation of the definitions and reporting requirements in MN Statutes 626.557 and 626.5572 (Vulnerable Adults), 626.556 (Maltreatment of Minors), and applicable requirements of MN Statutes 245A.65 and 245A.66 (Human Services Licensing Act), Review and instruction on the Owakihi Inc. policies and procedures related to employee roles and responsibilities for protecting persons served and implementing Owakihi's maltreatment reporting policies and procedures for vulnerable adults and children. (Maltreatment of Vulnerable Adults Reporting and Internal Review Policy; Maltreatment of Minors and Mandated Reporting and Internal Review Policy; and Funds and Property Policy).

III. Training Procedures:

Training Format		Instructional Methods		Competency Evaluation	
_____	Individualized Training	X	Written: Policies & procedures	X	Knowledge Testing (Quiz)
_____	Supervisory Meeting	X	On-line instruction	_____	Observed Skill Assessment
_____	Team Meeting	X	Oral Presentation and Dialogue	_____	Other: _____
X	Owakihi Inserviсe	_____	Guided Practice		
_____	Other: _____	X	Other: Distribution of reporting card		

IV. Training Dates and Times:

A. Star Services on-line Mandated Reporting: _____ Date: _____ (M/D/Y) Times: _____ to _____

B. Owakihi Inc. policies (3) review and instruction Date: 2/3/2020 (M/D/Y) Times: _____ to _____

Trainer Signature: [signature] **Employee Signature:** [signature]

Vulnerable Adults and Child Protection

OWAKIHI INC. MALTREATMENT REPORTING AND INTERNAL REVIEW POLICIES

Supplement to Star Services on-line training

Review and instruction regarding Owakihi's maltreatment reporting and internal review policy requirements and procedures:

1. Trainer confirms that Star Services on-line training courses have been completed (Mandated Reporting: Vulnerable Adult Act and Mandated Reporting: Maltreatment of Minors).

2. Trainer provides staff with copies of the Owakihi Inc. Maltreatment of Vulnerable Adults Reporting and Internal Review Policy and the Maltreatment of Minors and Mandated Reporting and Internal Review Policy for review. Trainer confirms expectation that staff are responsible for protecting persons served and compliance with these policies.

3. Trainer reviews the policy sections specific to maltreatment reporting as identified on attached pages.

4. Trainer provides staff with the Owakihi Inc. Funds and Property Policy, and reviews policy with staff.

5. Trainer provides staff with Owakihi's Reporting Card. Trainer identifies the locations of External Investigative Agency telephone numbers on the Reporting Card, in both policies, and in this training packet.

6. Trainer answers staff questions and provides staff with resources for further training or questions.

7. Trainer ensures that Maltreatment Reporting and Internal Review Training Summary Form 101 is completed (with staff and trainer signatures), and submitted for training database entry.

Owakihi, Inc.

Training Summary Form

I. **Employee:** RICHELLE C. PARKER Topic: New Hire Orientation Credit Hours: ~~5~~ hours 5.5

II. **Description of Training Content:**

New Hire Orientation: This five hour course discusses the following topics; Owakihi Mission and Values, Employee Handbook, Owakihi Policies and Procedures, Vulnerable Adult Act, Maltreatment of Minors, Owakihi VAA & MOMA Reporting Procedures, Incident Reporting, Staff Responsibilites to Individual Rights, HIPAA, Individual Rights, Universal Precautions, and Introduction to Person Centered Services.

III. **Training Procedures:**

Training Format		Instructional Methods		Demonstrated Competency	
X	Self Study		Written:	X	Knowledge Testing (Quiz)
	Individualized Training	X	Oral Presentation and Dialogue		Observed Skill Assessment
	Team Meeting		Guided Observation		Other:
X	Owakihi Inservice		Guided Practice		
	Other:		Other:		

IV. **Date(s):** 7/3/2020 (M/D/Y) Trainer/Position: Leadership Dev. Manager

Time(s): 10:00 am — 3:30 pm (AM or PM) Trainer Signature: [illegible]

I understand the information received and my responsibilities for implementation with this company and persons served.

Employee Signature: [illegible]

Training hours need to be recorded by employee on corresponding timecard for reimbursement and training documentation purposes. Employees are encouraged to keep a copy of this verification for their personal records.

BEACON Specialized Living

Name: RICHELLE PARKER

New Hire Orientation Quiz

1. What should you do if you are going to miss work?
   a. Nothing, there is enough coverage there – they won't miss me.
   b. Send a text to my supervisor and let them know I won't be there.
   c. Call my supervisor or on-call person to let them know I won't be there and find out how they would like for me to proceed.

2. If you have a question about your employment at Beacon where are the places that you would be able to find and reference the Employee Handbook? (circle all that apply)
   a. O:Drive (Owakihi Network)
   b. Program Site
   c. The Administrative office
   d. My personal copy I have been offered
   e. ADP

3. If you have a question about a policy or procedure what should you do? (circle all that apply)
   a. Ask your supervisor
   b. Reference the Policies and Procedures Manual (available online or at the site)
   c. Do what I think is best

4. You are working with Joe when he tells you that he is really frustrated with his current services. He says he doesn't like his staff or his housemates and wants to call his case manager to complain and asks for your help to call. What should you do?
   a. Do nothing, he's just venting.
   b. Help him call the case manager.
   c. Tell him his case manager is busy and probably doesn't want to talk to him.

   Why? FOR SUPPORT AND IT'S YOUR JOB.

5. Ramona lives in her own apartment and receives support services from staff 2-3 times/week for a few hours at a time. When you go to work with her on Tuesday she tells you that she had a disagreement with the staff who was working with her on Sunday. She told you that the staff person loaned $5 from her at Target and when she asked for it back the staff person swore at her, ~~told her~~ she was stupid, and left. Is this abuse as defined by the Vulnerable Adult Act?
   a. Yes
   b. No

BEACON Specialized Living

Name:_____

If **NO,** why?

_____

_____

_____

If **YES**, then what could/should you do?

a. Contact the house supervisor or on-call person and let them know about the situation, they will determine if it is abuse and contact (or not contact) the Common Entry Point. If they don't contact them I will get a letter and I can choose to contact the CEP myself.
b. Contact the staff person and ask them what happened before you report this to the supervisor.
c. Contact the Common Entry Point to report the situation.
d. Document it in the staff notebook, but don't report it to anyone.

6. Michael has been playing his Xbox all afternoon. You've asked him three times to clean his room and he has refused. What should you do? (Circle all appropriate responses).
   a. Unplug the Xbox and lock it in the staff office until he cleans his room.
   b. Nothing, it's his apartment and he can decide when he'd like to clean it.
   c. Encourage him to clean his room and offer choices of how he could do it.
   d. Offer to help him clean his room and then you could play Xbox together for a little bit afterwards.

7. List three examples of how you can be an advocate for someone you support?
   a. Motivate
   b. listening
   c. humor

- ~~[illegible]~~ mediate -
advocate for voice

* Be the positive person for them.

BEACON Specialized Living

Name:_____

8. True or False. If you are working with a minor and you suspect that there has been abuse you have the choice as to whether or not you'd like to report this to Child Protection Services.
   a. True
   b. False

9. Based on the Universal Precautions Policy what are three ways you can practice Universal Precautions?
   a. wash hands
   b. inform work or family about how you are feeling
   c. wear gloves.

10. True or False: Maltreatment of Vulnerable Adults or Minors should be reported immediately but absolutely no later than 24 hours after initial knowledge of the incident.
   a. True
   b. False

Policy Acknowledgement and Orientation Completion Statement

I acknowledge that I have completed New Hire Orientation. I have been trained on company policies and procedures and been offered a copy of Beacon Specialized Living Policies and Procedures. If I have further questions regarding any of the topics I have learned today I know that I can either reference the manuals or ask my supervisor.

2/3/2020

Employee Signature Date