

Beacon Specialized Living
Training Summary Form

I. Employee: Jane Anderson Topic: New Hire Orientation Credit Hours: 5 hours

II. Description of Training Content:

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

III. Training Procedures:

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

IV. Date(s): 4/13/2020 (M/D/Y) Trainer/Position: _____
Time(s): 10am-2pm (AM or PM) Trainer Signature: [Signature]

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

Employee Signature: [Signature]

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
Training Summary Form

I. **Employee:** Jamie Anderson **Topic:** DATA PRIVACY PRACTICES 135 **Credit Hours:** .5

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	
<u>Training Format</u>	<u>Instructional Methods</u>
Place X below for instructional methods used	
<u>Self Study</u>	<u>Quiz (On-line certificate includes quiz)</u>
<u>Individualized Training</u>	<u>Sign-offs:</u>
<u>Supervisory Meeting</u>	<u>-Computer & Info. Usage Agreement and</u>
<u>Team Meeting</u>	<u>-Network Security</u>
<u>Owakihi Inservice</u>	<u>Observed Skill Assessment</u>
<u>X</u>	

IV. **Training Dates and Times**

If applicable: Star Services on-line Data Privacy Practices **Part I** **Date(s):** _____ **Times:** _____ **AM or PM** (On-line = 0.5 hour learning credit)

Part II **Date(s):** 4/12/2020 **Times:** 11:00 to 11:30 **Location:** _____

All Staff (Mandatory): Policy review & discussion

Trainer Signature: Jamie Anderson **Employee Signature:** [Signature]

- *1) On-line training requirement: Follow-up discussion with Beacon 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 Beacon's data privacy policies and procedures.
2. Trainer provides staff with copies of Beacon's data privacy policies for review. Trainer reviews policy sections, as follows.
 - Data Privacy Practices for Beacon Specialized Living
 - 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

Credit Hours: .5

I. Employee:

Jaime Anderson

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

Individualized Training _____
Supervisory Meeting _____
Team Meeting _____
X Owakihi Inservice _____
Other: _____

Instructional Methods

X Written: Policies & procedures _____
X On-line instruction _____
X Oral Presentation and Dialogue _____
Guided Practice _____
Other: Distribution of reporting card _____

Competency Evaluation

X Knowledge Testing (Quiz) _____
Observed Skill Assessment _____
Other: _____

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: _____

M/D/Y

Times: _____

to _____

Trainer Signature: Jaime Anderson

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.