

Beacon Specialized Living
Training Summary Form

I. **Employee:** Briana Garcia-Saldana **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 Owakih'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>	<u>Competency Evaluations</u>
_____ Self Study	<i>Place X below for instructional methods used</i>	_____ Quiz (On-line certificate includes quiz)
_____ Individualized Training	_____ *On-line Data Privacy (StarSyvs)	_____ Sign-offs:
_____ Supervisory Meeting	_____ Written Policies	_____ -Computer & Info. Usage Agreement and
_____ Team Meeting	_____ Oral Presentation and Dialogue	_____ -Network Security
_____ Owakih Inservice		_____ Observed Skill Assessment

IV. **Training Dates and Times**

If applicable: Star Services on-line Data Privacy Practices

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

All Staff (Mandatory): Policy review & discussion

Trainer Signature: _____ **Employee Signature:** Briana Garcia-Saldana

*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 Owakthi'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.

Beacon Specialized Living
Training Summary Form

Credit Hours: _____

I. Employee: Briana Garcia-Saldana **MALTELEMENT 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 Beacon Specialized Living policies and procedures related to employee roles and responsibilities for protecting persons served and implementing Beacon'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	<input checked="" type="checkbox"/> Written: Policies & procedures	<input checked="" type="checkbox"/> Knowledge Testing (Quiz)
Supervisory Meeting	<input checked="" type="checkbox"/> On-line instruction	Observed Skill Assessment
Team Meeting	<input checked="" type="checkbox"/> Oral Presentation and Dialogue	Other: _____
<input checked="" type="checkbox"/> Beacon Inservice	Other: Distribution of reporting card	

IV. Training Dates and Times:

A. Star Services on-line Mandated Reporting: Date: 04/15/2020 Times: 10:00am to 3:00pm
M/D/Y

B. Beacon Specialized Living policies (3) review and instruction Date: _____ Times: _____ to _____
M/D/Y

Trainer Signature: _____ Employee Signature: Briana Garcia-Saldana

OWAKIHI INC. MALTREATMENT REPORTING AND INTERNAL REVIEW POLICIES

****Supplement to Star Services on-line training***

Review and instruction regarding Owakihis 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 Owakih 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 Owakih Inc. Funds and Property Policy, and reviews policy with staff.
5. Trainer provides staff with Owakih'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.

**Beacon Specialized Living
Training Summary Form**

I. **Employee:** Briana Garcia-Saldana **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>
<input checked="" type="checkbox"/> Self Study	Written: _____	<input checked="" type="checkbox"/> Knowledge Testing (Quiz)
_____ Individualized Training	<input checked="" type="checkbox"/> Oral Presentation and Dialogue	_____ Observed Skill Assessment
_____ Team Meeting	_____ Guided Observation	_____ Other: _____
<input checked="" type="checkbox"/> Beacon Inservice	_____ Guided Practice	
_____ Other: _____	_____ Other: _____	

IV. **Date(s):** 04/15/2020 **Trainer/Position:** _____
(M/DM) _____
Time(s): 10:00am - 3:00pm **Trainer Signature:** _____
(AM or PM)

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

Employee Signature: Briana Garcia-Saldana

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.

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. Hand Hygiene
- b. Covering your cough
- c. Using 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.

Brian Garcia-Baldama

Employee Signature

04/15/2020

Date

