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| <p>CSSP, CSSP Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person</p> | 1/21/22 | 1/21/22 verbal | 9a-11:45a 2 hrs 45min | ck |
| <p>Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans</p> | 1/21/22 | 1/21/22 verbal | 9a-11:45a 2 hrs 45min | ck |
| <p>Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person</p> | 1/25/22 | 1/25/22 verbal + physical | 9a-11:45a 2 hrs 45min | ck |
| <p>The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative</p> | NA | NA | NA | ck |
| <p>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p> | 1/26/22 | 1/26/22 verbal + physical | 3p-7p 4 hrs | ck |
| <p>Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company: Topic: Topic: Topic:</p> | NA | NA | NA | ck |

Staff signature

Date

1/25/22

I understand the information I received and my responsibilities for their implementation in the care of persons served by this program.