

OCHN Self-Determination Checklist

All training must be completed as a pre-condition for employment based on date of hire and then updated annually unless stated otherwise.

Date: _____

Individual's Name	_____	CON ID	_____
Individual's Email	_____	Individual's Phone #	_____
Legal Representative (LR)	_____		
LR's Email	_____	LR's Phone #	_____
Support Coordinator (SC)	_____	Core Provider	_____
SC's Email	_____	SC's Phone #	_____

Check all that apply:

- SD Welcome Meeting is needed (SD Agreement Date ____ / ____ / ____)
- A new Self-Directed arrangement
- Individual/Legal Representative wants to directly manage their staff through an individual budget.
- Individual/Legal Representative wants staff through a credentialed or contracted Agency.
- Individual is replacing previous staff/agency Individual is adding another DSP/Agency

Additional information needed for the SD Arrangement: _____

TYPE OF SUPPORTS

Financial Management Service (FMS) Agency _____

Staffing Agency (SA) _____ Contact # _____ SA Eff. Date _____

Direct Support Professional (DSP) _____ Contact # _____

PLEASE NOTE:

Once completed above, this document must be sent by the Support Coordinator to the FMS within 3 business days of the document date.

THIS SECTION TO BE COMPLETED BY THE FMS FOR DIRECT HIRES

Date	Background Checks/Information <i>(Required at time of hire or prior to hire)</i>
_____	Criminal Record Check (Prior to hire and annually)
_____	Office of Inspector General (Monthly)
_____	Michigan Driver License (Annually if transporting the person)
_____	Authorization to Disclose Employee Information and Release of Liability (completed once for new hires only)

Trainings (Required at time of hire and updated thereafter)

_____	First Aid (2 years)	Expiration	_____
_____	Environmental Preparedness/ Environmental Emergencies (2 years)	Expiration	_____
_____	Bloodborne Pathogens (Includes Prevention of Disease Transmission/Infection Control/Universal Precautions) (Annually)	Expiration	_____
_____	Recipient Rights-Initial (in-person, virtual, or online)	Expiration	_____
_____	Recipient Rights-Annual	Expiration	_____

Note: If Recipient Rights Training is not completed through OCHN, it can be completed through a MDHHS approved source or another CMHP. If utilizing the Improving MI Practices website, three training courses are needed to satisfy the Recipient Rights requirement: Introduction to Recipient Rights, Recipient Rights: Residential Rights, and Recipient Rights Process.

Required if Medication Administration is included in the plan (Both offered by OCHN LIVE In-Person Training)

_____	Initial OCHN Approved Medication Administration Training (One time only)
_____	Medication Administration Competency Review Annual Training (Annually based on plan)

The level of training required is based on the extent to which staff are required to assist with administration.

Verification in ODIN

_____	Staffing Backup Plan verified in ODIN (Initial or if changed)
_____	Inservice/Training of IPOS in ODIN (Initial and Annually)
_____	Direct Hire Start Date _____ Direct Hire Wage \$ _____

(After making a conditional/contingent offer of employment to the candidate and prior to the candidate providing services to the person).

I verify that the above information is accurate, including whether the DSP is a Qualified Provider and/or the Staffing Agency/Professional Provider is credentialed with OCHN. This information is available in the employee's record files.

FMS Representative's Signature

Printed Name

Date

Once completed by the FMS, this document should be uploaded into ODIN within 3-5 business days.

Internal Review Only

MCA Reviewer Name

Review Date