

PRSN Admin. Review Personnel Records Checklist

PRSN Staff: _____

Date: _____

Verify evidence of the following for at least 10% staff and all DMHPs:

Staff Name	Position	<u>All Staff</u> Both Federal Exclusion Websites- <i>**list date of verification</i> Yes or No	<u>All Staff</u> Training: Medicaid Fraud & Abuse Training? Yes or No	<u>All Staff</u> HIPAA training within 1 st 30 days of hire? (or in 2003- 2004) Yes or No	<u>All Staff:</u> Signed HIPAA statement? Yes or No	Primary Source Verification			<i>Clinical & DMHP Staff</i> Current Training Plan? (within the past 12 months) Yes or No	<i>Clinical & DMHP Staff:</i> Current Evaluation Plan? (within the past 12 months) Yes or No	<i>Clinical & DMHP Staff</i> Attended annual safety and violence prevention training? Yes or No	<i>DMHP Staff</i> Evidence of date deputized? Yes or No
		WSP or other background checks Yes or No	Board Certification or state licensure (based on credential) Yes or No	School or training certificate. Specialists training log Yes or No								

** If clinical or medical staff and employed in private practice or another agency, website verification needs to be done every two years.

- List of names of deputized DMHPs (PRSN policy 3.13) – 10% random review to verify safety and protocol training, MHP status, and evidence of date deputized**