

Medi-Cal Managed Care Facility Site Requirement Provider and Staff Education Checklist

Clinic Name _____

Employee Name: _____, Title _____

ANNUAL STAFF EDUCATION IS COMPLETED FOR THE FOLLOWING TOPICS *DENOTES ANNUAL EDUCATION	EDUCATION FORMAT: INSERVICE or SELF-LEARNING MATERIALS	EDUCATION UPON HIRE DATE	ANNUAL RE-EDUCATION DATES AND STAFF INITIALS (IN BOXES BELOW)		
			1.	2.	3.
Infection Control/Universal Precautions*					
Blood Borne Pathogens Exposure Prevention*					
Biohazardous Waste Handling*					
MA Skill Based Training *					
STAFF EDUCATION FOR FOLLOWING TOPICS IS COMPLETED UPON HIRE AND THEN AS NEEDED			RE-EDUCATION DATES AND INITIALS		
Fire Safety/Prevention					
Emergency non-medical procedures					
Emergency medical procedures					
Child/Elder Abuse/Domestic Violence Reporting					
Patient Confidentiality					
Informed Consent, including human sterilization					
Prior authorization Requests/Referral Process			.		
Grievance/Complaint Procedure			.		
Sensitive Services/Minors Rights					
Health Plan Referral Process/Procedure/Resources					
Member's Rights					
Cultural and Linguistics					
Disability Rights and Provider Obligations					