MACOMB COUNTY
COMMUNITY MENTAL HEALTH

# Individual Plan of Service Training Log

The Individual Plan of Service (IPOS) Training Log serves as a training record as evidence the Aide/Direct Support Professional (DSP) - Level Staff have been trained and can demonstrate the ability to implement the supports and services identified in the IPOS. A copy of the completed IPOS Training Log must be retained in the person's served electronic medical record (FOCUS) under Services/Planning > Other Service Planning Documents.

**Definitions:** "Train the Trainer" – A designated staff who has been trained by the Primary case holder to train other staff who will be working with the Person Served.

| **Person Served Demographics:** | |
|---|---|
| **Location of Training:** ***(Home, Telehealth visit, etc…)*** | |
| **Person Served Name:** ***John Doe*** | **Primary Case Holder Name:** ***(Caseworker)*** |
| **MCCMH Case #:** ***00000*** | **Primary Case Holder Agency:** ***(Caseworker agency)*** |
| **Plan Effective Date:** ***(m/d/yyyy)*** | **Plan Expiration Date:** ***(m/d/yyyy)*** |
| **Reason for Training** *(Check **ONLY** one, per document trained on)*: ☐ Annual IPOS ☐ IPOS Amendment ☐ Period Review ☐ Crisis Plan ☐ Other _____ ***(A BOX NEEDS TO BE CHECKED)*** | |
| **Section 1:** This section is to be completed **only** by the Primary Case Holder, each time there is a new or existing staff who will be trained as the "Train the Trainer". These identified staff must be trained on the Person's Served, IPOS, Amendment, Periodic Review, Crisis Plan or other changes to the IPOS that impact the delivery of services being provided. Once trained, the staff will be designated as the "Train the Trainer" and able to train the Aide/Direct Support Professional (DSP) - level staff. | |

## Section 1: Train the Trainer – Completed only by the Primary Case Holder

| Train the Trainer Staff Name & Signature | Training Date | Primary Case Holder Name, Signature & Credentials | Training Date |
|---|---|---|---|
| *(Consumer/guardian/representative's signature)* | *(m/d/yyyy) Dates must match* | *(Caseworker's signature)* | *(m/d/yyyy) Dates must match* |
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| **Person Served Demographics:** | |
|---|---|
| **Location of Training:** ***(Home, Telehealth visit, etc…)*** | |
| **Person Served Name:** ***John Doe*** | **Primary Case Holder Name:** ***(Caseworker)*** |
| **MCCMH Case #:** ***00000*** | **Primary Case Holder Agency:** ***(Caseworker agency)*** |
| **Plan Effective Date:** ***(m/d/yyyy)*** | **Plan Expiration Date:** ***(m/d/yyyy)*** |
| **Reason for Training** *(Check **ONLY** one, per document trained on)*: ☐ Annual IPOS ☐ IPOS Amendment ☐ Period Review ☐ Crisis Plan ☐ Other _____ ***(A BOX NEEDS TO BE CHECKED)*** | |

**Section 2:** This section is to be completed **only** by the "Train the Trainer", listed in Section 1 above, or the Primary case holder; whomever is training the Aide level staff. This section identifies staff who have been trained on the Person's Served, IPOS, Amendment, Periodic Review, Crisis Plan or other changes to the IPOS that impact the delivery of services being provided. Once trained, the Aide/Direct Support Professional (DSP) -level staff can provide services as written in the IPOS.

**Section 2: Aide Level Training** **MCCMH Case #:**

| Aide Level Staff/DSP Name & Signature | Training Date | "Train the Trainer" OR Primary Case Holder Name, Signature, Credentials (if applicable) | Training Date |
|---|---|---|---|
| *Staff's signature* | *(m/d/yyyy) Dates must match* | *Consumer/guardian/caseworker's signature* | *(m/d/yyyy) Dates must match* |
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