



MACOMB COUNTY

COMMUNITY MENTAL HEALTH

Individual Plan of Service and Behavior Intervention Plan Training Log

The Individual Plan of Service Training Log serves as a training record to evidence Aide/Direct Care Worker-Level Staff's ability to implement the supports and services identified in the Individual Plan of Service (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.

Section 1 of the form is to be completed by the Primary Case Holder each time there is a new or existing staff who must be trained on the person's served, IPOS, Amendment, Periodic Review, Crisis Plan or other change to the Plan that impacts the delivery of a service being provided. *Staff documented as trained in this section of the form are considered "Trained Staff" and can use the Train-the-Trainer Approach in Section 2 if indicated in the 'Can Train Other' column. Only the Primary Case Holder can indicate the Train-the-Trainer Approach is permitted.*

Section 2 of the form **only** needs to be completed upon receipt of an inter-agency training using the Train-the-Trainer Approach. Staff members who conduct the training must be listed in Section 1 as "Trained Staff" and marked as 'Y' under the 'Can Train Others' column.

Section 3 of the form is to be completed by the Behaviorist each time there is a new or existing staff who must be trained on the Behavior Treatment Plan. Only the Behaviorist or appropriately credentialed individual (such as another Behaviorist or their supervisor, who is also a Behaviorist) can train on the Behavior Treatment Plan. The Train-the-Trainer approach is not acceptable.

Section 1: Primary Case Holder Treatment Plan Training

***The following staff were trained by the Primary Case Holder on the Individual Plan of Service on the training date(s) listed below. These Staff, if indicated, are permitted to use the Train-the-Trainer Approach to train additional Staff.*

Location:	
Person Served Name:	Primary Case Holder Name:
Case Number:	Primary Case Holder Agency:
Plan Effective Date:	Plan Expiration Date:

Reason for Training (Please check all training categories that apply):

Annual IPOS IPOS Amendment Periodic Review Crisis Plan Other _____

Trained Staff Name & Signature	Can Train Others	Training Date	Primary Case Holder Name, Credentials & Signature	Training Date
	Y__ / N__			
	Y__ / N__			
	Y__ / N__			
	Y__ / N__			
	Y__ / N__			
	Y__ / N__			

Section 2: Train-the-Trainer Treatment Plan Training (cont.)

Case#

***The following staff were trained by a primary case holder on this Person's Served Individual Plan of Service on the training dates(s) listed below. These individuals are not permitted to utilize the Train-the-Trainer approach and may not train additional staff.*

**Do NOT add signatures to the bottom of this form or in the margins.*

Please print an additional page of 'Section 2 - Train-the-Trainer' to capture additional signatures, if needed.

Section 3: Behavior Treatment Plan Staff Training

Case#

***The following staff were trained by the Behaviorist on this Behavior Treatment Plan on the training date(s) listed below. Only the author of the plan, or another Behaviorist, can train on the Behavior Treatment Plan. The Train-the-Trainer Approach to is not acceptable.*