
The Mississippi Department of Mental Health requires that all staff review changes made to the Policy and Procedure Manual yearly. All staff should be made aware of its location through the My CCS Team Portal with a physical copy located in the Human Resources office at the CCS Administrative office. The P&P manual should be reviewed at the time of annual evaluation.

The Mississippi Department of Mental Health requires that there be a record in each employee's personnel file to verify the fact that staff job descriptions have been reviewed annually. Job descriptions are reviewed at the time of annual evaluation.

It is the policy of Community Counseling Services that every employee of the Region VII Mental Health/Mental Retardation Commission who uses his/her personal automobile on Commission business (i.e., travel to meetings, consumer transportation) must demonstrate proof of automobile liability insurance.

In accordance with Community Counseling Services' Medicaid Fraud Policy each employee must document that they have reviewed and understand the procedures and consequences as outlined in the policy annually.

Initial each item verifying knowledge/agreement:

_____ I have reviewed my job description with my supervisor and ascertain that it is currently appropriate for my position.

_____ I have reviewed the Policy and Procedure Manual and I am aware of how to access it.

_____ I agree that I will keep my automobile insurance up to date and valid during my employment with Community Counseling Services.

_____ I have reviewed and understand the contents of the Medicaid Fraud Policy.

_____ I acknowledge that I have been informed of and trained on the procedures for reporting suspicions of abuse or neglect in accordance with state reporting laws to include but not limited to the Vulnerable Persons Act and Child Abuse or Neglect Reporting requirements. I understand that I have a personal responsibility to report suspicions of abuse or neglect in accordance with state reporting laws.

_____ A minimum of 3 Relias Learning classes have been identified to complete no later than 9/30/2019. I have enrolled in these class at the Relias website: **yes** **no**

_____	_____	_____	_____
Staff Member	Date	Supervisor	Date

Employee Name: _____ Position: _____
(print)