



Free Through Recovery New Care Coordinator Onboarding Checklist

Providing agency:

Care Coordinator's name:

Hire date:

Date approved to provide services:

The following checklist has been designed for use with new Care Coordinators providing services in Free Through Recovery. It is the responsibility of the providing agency to ensure the steps are completed and required certificates of completion are retained in employee personnel file along with completed onboarding checklist. **Steps 1 through 8 must be completed before Care Coordinators are approved to provide services in Free Through Recovery.**

Unless linked below, all documents and videos can be found on the Free Through Recovery website: [Free Through Recovery | Health and Human Services North Dakota](#)

1. Care Coordinator and supervisor must review the following items.
 - Review Free Through Recovery website
 - Review North Dakota Department of Corrections and Rehabilitation website
 - Review Free Through Recovery Program Guidance
 - Review Evidence Based Correctional Practices

Care Coordinator Initials: _____ Date: _____

Supervisor Initials: _____ Date: _____

2. Care Coordinator must complete Mandated Reporting of Vulnerable Adults Training.
 - <https://www.hhs.nd.gov/adults-and-aging/reporting>
 - Agency must retain a copy of certificate of completion

Care Coordinator Initials: _____ Date: _____

Supervisor Initials: _____ Date: _____

3. Care Coordinator must complete Mandated Reporting of Child Abuse and Neglect Training.

<https://mandatedreporter.pcand.org/other-welcome/>

Agency must retain a copy of certificate of completion

Care Coordinator Initials: _____ Date: _____

Supervisor Initials: _____ Date: _____

4. Care Coordinator and supervisor must review and sign Care Coordinator Code of Ethics.

Code of Ethics for Care Coordinator Acknowledgement form.

Agency must retain a signed copy

Care Coordinator Initials: _____ Date: _____

Supervisor Initials: _____ Date: _____

5. Care Coordinator must complete the online module training course. The training is self-paced, but progress cannot be saved once the course is started. If the browser is closed during training, the course must be restarted.

[Online Module Training](#)

Agency must retain a signed copy

Care Coordinator Initials: _____ Date: _____

Supervisor Initials: _____ Date: _____

6. Agency Supervisor submits DOCR background check to Yvette Anderson, DOCR Clinical Administrator ysanderson@nd.gov. No other individuals should be included when submitting the DOCR background check form.

Supervisor Initials: _____ Date: _____

7. Once the Care Coordinator's background check is completed by the DOCR, the agency supervisor and Care Coordinator will be notified by Yvette Anderson.

8. Submit DocStars Confidentiality Agreement and copy of online module training course certificate of completion to Yvette Anderson.

9. Care Coordinators in Free Through Recovery cannot provide services to participants in Free Through Recovery until steps 1 through 8 are completed including background check approved.

Care Coordinator Initials: _____ Date: _____

Supervisor Initials: _____ Date: _____

10. Agency supervisor will register Care Coordinator for the next available Care Coordination Training upon receiving registration link from BHD Administrator. Attending all training days is required.

- If Care Coordinator has attended the training previously, reach out to BHD Administrator for further guidance.

Supervisor Initials: _____ Date: _____

11. After registering for Care Coordination Training, the care coordinator will receive a Microsoft Teams invitation for LSI-R Training which will take place virtually the week following Care Coordination Training. Attending LSI-R Training is required for all Free Through Recovery Care Coordinators.

Agency must retain a copy of certificate of completion

Care Coordinator Initials: _____ Date: _____

Supervisor Initials: _____ Date: _____

Signing below is an acknowledgment that steps 1-10 of the Free Through Recovery onboarding checklist have been completed.

Agency Supervisor Signature

Date

Care Coordinator Signature

Date