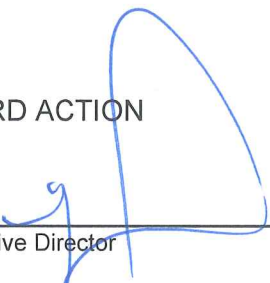
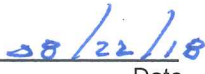

Chapter: **PROVIDER NETWORK MANAGEMENT**
Title: **CONTRACT NETWORK PROVIDER MANDATORY TRAINING AND
WORKFORCE DEVELOPMENT**

Prior Approval Date: 05/25/2016
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Approved by: BOARD ACTION


Executive Director


Date

I. Abstract

This Policy establishes the standards of the Macomb County Community Mental Health (MCCMH) Board (the "Board") regarding the mandatory training and related documentation requirements for Contract Network Providers and their Workforce Members.

II. Application

This policy shall apply to all Contract Network Providers and their Workforce Members. For purposes of this policy, non-paneled Community Living Supports ("CLS")/Respite staff employed through arrangements that support self-determination ("Self Determination Staff") are considered to be Contract Network Providers.

III. Policy

It is the policy of the MCCMH Board that all Contract Network Provider Workforce Members shall be required to complete a comprehensive curriculum of mandatory training in compliance with applicable federal and state law, relevant licensing agencies, accreditation bodies, MDHHS, and MCCMH.

The training requirements described in this policy, including those described in the Macomb County Prepaid Inpatient Health Plan Training Requirements Grid (the "Training Requirements Grid") (Exhibit A) or any other MCCMH training documents, do not constitute a comprehensive list of all training that may be required for any individual or classification of professionals pursuant to applicable law, or all training that may be required to obtain or maintain a professional license, accreditation, certification, credential or service setting.

IV. Definitions

- A. Administrative Staff: Contract Network Provider Workforce Members that do not provide clinical services to consumers and that are not responsible for determining eligibility to receive services. Administrative Staff may include, by way of example and without limitation, clerical staff, accounting staff, administrative assistance staff, agency directors, division directors, and program directors, accounting clerks, finance staff, information technology staff, Recipient Rights Advisors, volunteers, administrative assistants, or clerical staff.
- B. Ancillary Staff: Ancillary Staff provide services to meet a specific medical need, but may or may not be clinical staff. Ancillary Staff extend and facilitate care provided by staff that is primarily responsible for the person served. Ancillary Staff do not author the plan of service developed in the person centered planning process. Physical therapists, occupational therapists, speech therapists, applied behavioral analysis technicians, peer support, and parent support partners are all examples of positions that would qualify as Ancillary Staff.
- C. Clinical Staff: Contract Network Provider Workforce Members, inclusive of supervisors, who are credentialed and who review and sign clinical documentation. Clinical Staff may include, by way of example and without limitation, supports coordinators, case managers, therapists, supervisors, board certified behavior analysts, clinical interns, and psychiatrists, hospital liaisons, or nursing staff.
- D. Contract Network Provider(s): Providers that have contracted with the MCCMH Board to participate and enroll as PIHP and/or CMHSP network providers.
- E. CSI Division – Training Department: The MCCMH Clinical Strategy and Improvement (CSI) Division's Training Department is responsible for the development and maintenance of standards for the recognition of credentials in professional disciplines. Additionally, it specifies the activities that require clinical privileging and the guidelines for obtaining such privileging.
- F. FOCUS: The electronic medical record system utilized by MCCMH and direct and contract providers.
- G. MCCMH Training Committee: Designated committee responsible for training content and approval. This committee is comprised of CSI Division – Training Department staff and meets on a quarterly basis.
- H. Paraprofessional and Support Staff: Contract Network Provider Workforce Members who are not credentialed, and who provide services to consumers according to the consumer's Person Centered Plan (PCP). Paraprofessional and Support Staff include, but are not limited to, the following roles: community living service (CLS) workers, respite workers, direct support professionals, and skill building program staff.

- I. Reference Library: A catalog maintained by the CSI Division – Training Department that contains all of the trainings provided by MCCMH which are available to Contract Network Provider Workforce Members.
- J. Third-Party Industry Standard Training: Proprietary training courses or materials developed by a third-party (non-MCCMH) entity that is generally accepted within the industry as a subject matter expert. The acceptability of any specific Third-Party Industry Standard Training for purposes of meeting the requirements of this policy will be determined on a case-by-case basis by the MCCMH Training Committee. Third-Party Industry Standard.
- K. Workforce Member: Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a Contract Network Provider, is under the direct control the Contract Network Provider, whether or not they are paid by such entity. Self Determination Staff are the Workforce Members of the relevant self-determination employer.

V. Standards

- A. The CSI Division – Training Department will develop and maintain a Macomb County Prepaid Inpatient Health Plan Training Requirements Grid (the “Training Requirements Grid”) (Exhibit A) that:
 1. Identifies mandatory training and educational needs for Contract Network Provider Workforce Members, as appropriate in light of each individual position and its associated responsibilities; and
 2. Includes timeframes within which the training must be completed both upon initial hire and on an ongoing, periodic basis thereafter.
- B. The Training Requirements Grid shall be reviewed and revised by the CSI Division – Training Department on an annual basis, and otherwise as appropriate based on changes in applicable law, professional standards, and/or MCCMH policy.
- C. The CSI Division - Training Department shall provide training and education that supports the topic areas developed in the MCCMH Training Requirements Grid.
- D. Contract Network Providers may obtain information about any costs that may be associated with MCCMH provided/sponsored training by contacting the CSI Division – Training Department.
- E. The CSI Division - Training Department shall develop and maintain a course description and training schedule for each required training topic area. The course descriptions and training schedule shall be reviewed and revised by the CSI Division – Training Department as necessary, and shall be made available for distribution in electronic or paper format. The training schedule is available online. See <http://training.mccmh.net/TrainingCalendar.aspx>. A course description for the mandatory training topics is attached as Exhibit B.

F. MCCMH may require Contract Network Provider Workforce Members to complete additional, ongoing, or refresher training in any area in response to findings and recommendations identified through internal and external audit/reviews and/or contract monitoring processes.

G. Training Reciprocity:

1. MCCMH will recognize training reciprocity where comparable trainings provided through other CMHSPs and/or regions or systems are consistent with this policy, have comparable curriculum, and impart the required competencies.
2. Training reciprocity will be achieved through compliance with standards established to guide curriculum development, as defined in applicable Guidelines developed by the State Training Guidelines Workgroup.
3. For mandatory/core trainings commonly provided across systems, MCCMH will seek to accept as many elements of comparable curriculum content as possible, and provide at least minimum levels of training reciprocity.
4. As appropriate, the CSI – Training Division may offer full reciprocity, or offer expedited training supplements or alternatives (e.g., abbreviated training options, testing out for competency, etc.).
5. Consistent with any applicable standards or processes defined by the State’s Training Reciprocity Workgroup, including but not limited to those described in the Training Reciprocity Implementation Plan, the CSI – Training Division will be responsible for the following:
 - i. Designate an Improving MI Practices (IMP) manager (“IMP Manager”), who will be responsible for registering the organization with IMP as well as managing and maximizing the utilization of MCCMH’s IMP training account;
 - ii. Identify training requirements for each position, based on work setting or PCP/Assessment Plan needs, comparing against the State Training Guidelines Workgroup Training/Curriculum Grid, as found on the IMP website;
 - iii. Vet each course within the local MCCMH training curricula according to the subject matter competencies (i.e., the guidelines developed by the State Training Guidelines Workgroup) developed by the State Training Guideline Workgroup and identify any courses that may be eligible for cross-system reciprocity;
 - iv. Maintain written protocols for local trainings eligible for cross-system reciprocity, including information regarding: scope; content area summaries; key objectives; length and mode(s) of training; competency testing process; intended audience(s); frequency offered;

prerequisites (if any); trainer qualifications; and renewal requirements (if any);

- v. In response to requests from Contract Network Providers, Contract Network Provider Workforce and/or PIHPs/CMHSPs, provide validated proof for any local training provided by MCCMH for which cross-system reciprocity applies;
- vi. After vetting and receipt of sufficient evidence of training, test for competencies using either local competency testing that has been vetted against guideline requirements or using IMP competency testing options;
- vii. Review requests for training reciprocity, validate previous training/experience and approve such requests when appropriate (or require additional testing and/or training when the comparable training does not satisfactorily establish the required competency); and
- viii. Document all completed training and competencies, whether provided locally, accepted via reciprocity, or otherwise.

H. Third-Party Industry Standard Training:

1. Third-Party Industry Standard Training must be provided in accordance with the standards and requirements of the entity that developed the training. Third-Party Industry Standard Training must also meet all of the requirements set forth in this policy, including all exhibits.
2. The following Third-Party Industry Standard Trainings are acceptable for purposes of satisfying the requirements of this policy and may be offered by Contract Network Providers, if provided in accordance with the standards and requirements of the entity that developed the training:
 - i. Nonviolent Crisis Intervention through the Crisis Prevention Institute,
 - ii. First Aid and CPR through Red Cross or American Heart Association,
 - iii. Child Adolescent Functional Assessment Scale (CAFAS),
 - iv. Preschool and Early Childhood Functional Assessment Scale (PECFAS), and
 - v. Level of Care Utilization System (LOCUS).
3. The acceptability of any other Third-Party Industry Standard Training for purposes of meeting the requirements of this policy will be determined on a case-by-case basis by the MCCMH Training Committee.

4. Trainers providing Third-Party Industry Standard Training must have appropriate certification, comply with material copyright regulations, and follow any applicable State of Michigan guidelines, policy and procedures.
5. Contract Network Providers may not conduct any training that is offered by the CSI Division – Training Department. The CSI Division - Training Department shall be the sole provider of these trainings.
6. Any training separately required by a Contract Network Provider for its own Workforce Members are separately governed by the Contract Network Provider's own policies.

I. Documentation of Training Completed:

1. Contract Network Providers shall maintain documentation of training completed by its Workforce Members, and shall make such documentation available to MCCMH for review on an annual basis and upon request by MCCMH for any reason, including but not limited to reasons related to compliance, audit, review, or contract monitoring.
2. Training deficiencies, including but not limited to a failure to properly document training, may result in:
 - i. Breach or violation of the Contract Network Provider's contractual obligations as a PIHP network provider;
 - ii. An MCCMH imposed condition, which the Contract Network Provider must fulfill prior to contract renewal; and/or
 - iii. An MCCMH imposed condition, which the Contract Network Provider must fulfill in order for the Contract Network Provider (or individual Workforce Member) to obtain access to FOCUS.

J. Reference Material Library

1. The CSI Division – Training Department will maintain a catalog of all trainings provided by MCCMH.
2. Contract Network Providers wishing to access any of the trainings catalogued in the Reference Material Library may do so by making a written request to the CSI Division – Training Department.
3. The CSI Division – Training Department will maintain a log of the use of Reference Material Library by Contract Network Providers and their Workforce Members.

VI. Procedures

A. Contract Network Providers/Workforce Members Seeking Reciprocity:

1. Contract Network Providers/Workforce Members interested in satisfying mandatory training requirements through reciprocity should contact the CSI – Training Division.
 2. The CSI Training Division will evaluate the previous training against the applicable subject matter competencies developed by the State Training Guideline Workgroup, and require the individual seeking reciprocity to use the Improving MI Practices tool to attempt to “test out.” Test outs must be approved by the training supervisor.
 3. If there is no reciprocity for a particular training or if the training was reciprocal but the individual failed the test out, the CSI – Training Division will require the Workforce Member to complete the entire MCCMH training.
- B. Contract Network Providers shall have procedures in place to comply with the provisions of this policy.
- C. Contract Network Providers must submit proof of compliance with this policy to the CSI Division – Training Department, upon MCCMH’s request and in the form reasonably requested by MCCMH.

VII. References and Legal Authority

- A. Michigan Mental Health Code:
1. MCL 330.1201
 2. MCL 330.1755(5)(f)
- B. Michigan Department of Community Health, Mental Health and Substance Abuse Services, Administrative Rules:
1. R 330.1806
 2. R 330.2125
 3. R 330.2807(10)
- C. Michigan Department of Consumer and Industry Services Division of Adult Foster Care Licensing, Small Group Homes, Administrative Rules:
1. R 400.14204(3)
 2. R 400.14206(3)
- D. Michigan Department of Consumer and Industry Services Division of Adult Foster Care Licensing, Adult Foster Care Large Group Homes, Administrative Rules:
1. R 400.15204(3)
 2. R 400.15206(3)
- E. MDCH/MCCMH Managed Specialty Supports and Services Contract
- F. Department of Energy, Labor, and Economic Growth – MIOSHA

- G. Michigan Department of Health & Human Services. Prepaid Inpatient Health Plans Specialty Mental Health and Substance Use Disorder Services and Supports Network Management, *Reciprocity & Efficiency Policy*
- H. Michigan Department of Human Services, Office of Children & Adult Licensing - Adult Foster Care Licensing Division, *Office of Foster Care Group Home Technical Assistance*
- I. Training Reciprocity Implementation Plan, as developed by the State of Michigan Training Reciprocity Workgroup

VIII. Exhibits

- A. Macomb County Prepaid Inpatient Health Plan Training Requirements Grid
- B. Macomb County Prepaid Inpatient Health Plan Mandatory Training Requirements: Course Descriptions
- C. Training Reciprocity Implementation Plan v 06.28.18 (Direct Support Professionals) – additional versions incorporating standards for other ‘target’ staff categories will be incorporated as such versions are rolled out by the Training Reciprocity Workgroup