



## **Section 9.1** Training Requirements

- I. Statement of Purpose
- II. Standards
- III. References
- IV. Procedures
  - A. Required mandatory trainings for behavioral health providers
  - B. Annual and ongoing training requirements
  - C. Bureau of Medical Facilities Licensing (BMFL) required training
  - D. Required training specific to therapeutic foster care homes providing Home Care Training to Home Care Client (HCTC) services
  - E. Required training specific to Community Service Agencies (CSA)
  - F. Training expectations for AHCCCS Clinical and Recovery Practice Protocols
  - G. Training and technical assistance
  - H. Workforce development

### **I. STATEMENT OF PURPOSE:**

Behavioral health agency staff must participate in appropriate training, education, and technical assistance to effectively meet the requirements of the Arizona Health Care Cost Containment System (AHCCCS), Commission on Accreditation of Rehabilitation Facilities (CARF) and Bureau of Medical Facilities Licensing (BMFL).

### **II. STANDARDS:**

To effectively meet the requirements of AHCCCS and, the BMFL for off-reservation sites, the Tribal and Regional Behavioral Health Authorities (TRBHAs) must participate in development, implementation, and support of trainings for behavioral health contractors and subcontractors to ensure appropriate training, education, technical assistance, and workforce development opportunities.

Trainings are required and designed to:

1. Promote a consistent practice philosophy;
2. Provide voice and empowerment to staff and behavioral health recipients;
3. Ensure a qualified, knowledgeable, and culturally competent workforce;
4. Provide timely information regarding initiatives and best practices; and
5. Ensure that highest quality services are delivered in a timely and complete manner.

The intent of this section is to provide information to behavioral health providers regarding the scope of required training topics, how training needs are identified for behavioral health



providers, and how behavioral health providers may request specific technical assistance from contracted TRBHAs.

CARF and BMFL monitor the TRBHAs to ensure that behavioral health providers receive all required training.

The Centered Spirit Program (CSP) TRBHA ensures in-service education is documented via *Relias®* online learning and the CSP Personnel Record. For each provider, his or her name, the date and the subject of the training and the hours completed are recorded.

AHCCCS requires TRBHAs to consult with providers regarding what training topics are necessary, how training curricula are developed and how training content is presented. Information concerning the qualifications required of TRBHA and provider trainers is determined by each TRBHA.

In addition to the required training content areas, TRBHAs must ensure that appropriate training is available to behavioral health providers when deficiencies are identified.

In CSP BMFL facilities, an individualized training plan is developed for each personnel member.

### III. REFERENCES:

The following Pascua Yaqui (PY) CSP Provider Manual Sections can serve as additional resources for this content area:

*Section 3.20, Credentialing and Re-Credentialing*

*Section 3.23, Cultural Competence*

*Section 4.3, Coordination of Care with AHCCCS Health Plans and Primary Care Providers*

*Section 4.4, Coordination of Care with other Governmental Entities*

*Section 5.4, Special Assistance for Persons Determined to Have a Serious Mental Illness (SMI)*

*Section 7.3, Seclusion and Restraint Reporting*

*Section 8.4, Performance Improvement Projects*

*Section 9.2, Peer Support Certification and Supervision Requirements*

The following citations and AHCCCS document also serve as resources for this content area:

A.A.C. R6-5-5850

A.A.C. R9-20-203

A.A.C. R9-20-204(F)

A.A.C. R9-20-206

A.A.C. R9-20-602(Q)

A.A.C. R9-20-1502



A.A.C. R9-21-101

A.A.C. R9-21-301 through 314

AHCCCS/TRBHA Intergovernmental Agreement 2021 (IGA)

#### **IV. PROCEDURES:**

##### **A. Required training for behavioral health providers:**

TRBHAs and their providers must ensure the following within 90 days of the staff person's hire date, as relevant to each staff person's job duties and responsibilities and annually as applicable:

##### Section 1:

1. Fraud and program abuse recognition and reporting requirements and protocols;
2. Managed care concepts, including information on the TRBHA and the public behavioral health system;
3. Screening for eligibility, enrollment for covered behavioral health services (when eligible), and referral when indicated;
4. Overview of partnership with Department of Economic Services/Rehabilitative Services Administration (DES/RSA);
5. Cultural competency; including Cultural Competency 101: Embracing Diversity;
6. Interpretation and translation services;
7. AHCCCS Demographic Data Set, including required timeframes for data submission and valid values; and
8. Identification and reporting of quality-of-care concerns and the quality of care concerns investigation process.

##### Section 2:

1. Use of assessment and other screening tools (e.g., substance-related, crisis/risk, developmental, Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) Program, etc.), including the Birth-to-Five Assessment depending upon population(s) served;
2. Use of effective interview and observational techniques that support engagement and are strengths-based, recovery-oriented, and culturally sensitive;



3. Application of diagnostic classification systems and methods depending upon population(s) served;
4. Best practices in the treatment and prevention of behavioral health disorders;
5. Behavioral health service planning and implementation includes family vision and voice, developed in collaborations with the individual/family needs as identified through initial and ongoing assessment practices;
6. Covered behavioral health services (including information on how to assist persons in accessing all medically necessary covered behavioral health services regardless of a person's behavioral health category assignment or involvement with any one type of service provider);
7. Overview of Substance Abuse Prevention and Treatment Block Grant (SAPT): priority placement criteria, interim service provision, consumer wait list reporting, and expenditure restrictions of the SAPT Block Grant in accordance with requirements in *Section 3.19, Special Populations*; *Section 3.2 Appointment Standards and Timeliness of Service*; and 45 CFR § 96;
8. Clinical training as it relates to specialty populations including, but not limited to, conditions based on identified need;
9. Information regarding the appropriate clinical approaches when delivering services to children in the care and custody of the Arizona Department of Child Safety DCS or the Pascua Yaqui tribal Child Protective Services (CPS); and
10. Understanding behavioral and environmental risk factors, nonphysical interventions, safe use of seclusion or restraint and responding to emergency situations in accordance with *Section 7.3, Seclusion and Restraint Reporting*.

Section 3:

1. Behavioral health record documentation requirements (see *Section 4.2, Behavioral Health Medical Record Standards*);
2. Confidentiality and the Health Information Portability and Accountability Act (HIPAA);
3. Sharing of treatment and medical information;



4. Coordination of service delivery for persons with complex needs (e.g. persons at risk of harm to self and others, court-ordered to receive treatment);
5. Rights and responsibilities of eligible and enrolled behavioral health recipients, including rights for persons determined to have Serious Mental Illness (SMI);
6. Appeals, grievances and requests for investigations;
7. Complaint process (see *Section 5.2, Member Complaints*);
8. Customer service;
9. Coordination of care requirements with Primary Care Providers (PCPs) (see *Section 4.3, Coordination of Care with AHCCCS Health Plans and Primary Care Providers*);
10. Third party liability and coordination of benefits (see *Section 3.5, Third Party Liability and Coordination of Benefits*);
11. Other involved agencies and government entities (see *Section 4.4, Coordination of Care with other Governmental Entities*);
12. Claims/encounters submission process (see *Section 6.1, Submitting Claims and Encounters*);
13. Advance Directives (see *Section 3.12, Advance Directives*);
14. Identification and reporting of persons in need of Special Assistance for individuals who have been determined to have a Serious Mental Illness (SMI) and ensuring involvement of persons providing Special Assistance (see *Section 5.4, Special Assistance for Persons Determined to Have a Serious Mental Illness (SMI)*);
15. Providers delivering services through distinct programs (e.g., Assertive Community Treatment teams, Dialectical Behavioral Therapy, Multi-Systemic Therapy, developmental disabilities, trauma, substance abuse, children age birth to five, and Level I facilities);
16. Behavioral health recipient benefit options trainings: such as Medicare Modernization Act (MMA) Department of Economic Security/ Rehabilitation Services Administration (DES/RSA) Substance Abuse Prevention Treatment (SAPT) grant.

Specific situations may necessitate the need for additional trainings. For example, quality improvement initiatives that may require focused training efforts



and/or new regulations that impact the public behavioral health system, e.g., the Balanced Budget Act (BBA), Medicaid Modernization Act (MMA), or the Affordable Care Act (ACA).

B. Annual and ongoing training requirements:

In addition to training required within the first 90 days of hire, all TRBHA subcontracted providers are required to undergo and provide ongoing training for the following content areas:

1. AHCCCS Demographic Data Set, including required timeframes for data submission, valid values and as changes occur;
2. Monthly trainings concerning procedures for submissions of encounters as determined by AHCCCS;
3. Annual cultural competency and linguistically appropriate training updates for staff at all levels and across all disciplines respective to underrepresented/underserved populations;
4. Identification and reporting of Quality of Care Concerns and the Quality of Care Concerns investigations process;
5. Inter-rater reliability;
6. Ticket to Work/Disability Benefits 101;
7. Peer, family member, peer-run, family-run and parent-support training and coaching,
8. Identification and reporting of persons in need of Special Assistance for individuals who have been determined to have an SMI and ensuring involvement of persons providing Special Assistance (See *Section 5.4, Special Assistance for Persons Determined to Have a Serious Mental Illness (SMI)*); and
9. Workforce development trainings specific to hiring, support, continuing education, and professional development.

Specific situations may necessitate the need for additional trainings. For example, quality improvement initiatives that may require focused training efforts and/or new regulations that impact the public behavioral health system, e.g., the Balanced Budget Act (BBA), Medicaid Modernization Act (MMA), the Affordable Care Act (ACA) and Deficit Reduction Act (DRA). Additional trainings as determined by geographical service area identified need.



C. Bureau of Medical Facilities Licensing (BMFL) required training:

Training must be completed and documented in accordance with BMFL requirements (see R9-10-1003 (D) and R9-10-1006 (<http://www.azahcccs.gov/als/behavior/training.htm>))

D. Required training specific to professional foster homes providing Home Care Training to Home Care Client (HCTC) services for children:

Medicaid reimbursable HCTC services for children are provided in professional foster homes licensed by the Arizona Department of Child Safety (DCS) which must comply with training requirements as listed in R6-5-5850. All agencies that recruit and license Professional Foster Home providers must provide and credibly document the following training to each contracted provider:

1. CPR and First Aid Training;
2. 18 hours of pre-service training utilizing the Arizona Home Care Training to Client Service Curriculum;

The provider delivering HCTC services must complete the above training prior to delivering services. In addition, the provider delivering HCTC services for children must complete and credibly document annual training as outlined in R6-5-5850, Special Provisions for a Professional Foster Home.

Adults:

Medicaid reimbursable HCTC services for adults are provided in Adult Therapeutic Foster Homes licensed by BMFL, and must comply with training requirements as listed in R9-10:

1. Protecting the person's rights;
2. Providing behavioral health services that the adult therapeutic foster home is authorized to provide and the provider delivering HCTC services is qualified to provide;
3. Protecting and maintaining the confidentiality of clinical records;
4. Recognizing and respecting cultural differences;
5. Recognizing, preventing, or responding to a situation in which a person:
  - a. May be a danger to self or a danger to others;
  - b. Behaves in an aggressive or destructive manner;



- c. May be experiencing a crisis; or
  - d. May be experiencing a medical emergency;
6. Reading and implementing a person's treatment plan; and
7. Recognizing and responding to a fire, disaster, hazard or medical emergency. In addition, providers delivering HCTC services to adults must complete and credibly document annual training as required by R9-10.
- E. Required training specific to Community Service Agencies (CSAs):
- Community Service Agencies (CSAs) must submit documentation as part of the initial and annual CSA application indicating that all direct service staff and volunteers have completed training specific to CSAs prior to providing services to behavioral health recipients.
- F. Training expectations for AHCCCS Clinical and Recovery Practice Protocols:
- Under the direction of the AHCCCS Chief Medical Officer, the Department publishes national practice guidelines and clinical guidance documents to assist behavioral health providers. These documents, some with required elements can be accessed at <http://azahcccs.gov/bhs/guidance/index.htm>
- Behavioral health providers providing services to children and families involved with Child Protective Services (CPS) will be required to attend "Unique Needs of Children Involved with CPS" training that is offered by each TRBHA on a regular basis. Behavioral health providers will also attend training on Child and Family Team (CFT) practice, depending on the population(s) served. Training curriculums can be differentiated based on the role (BHMP, BHT, Coaches, Family Support Partners, Supervisors, etc.) of the participant in CFT Practice. Curriculums and certification processes shall be approved by TRBHAs and AHCCCS.
- G. Training requests:
- Please contact the Pascua Yaqui TRBHA to find out where and when training is available or to request technical assistance or trainings that are mentioned in this section. Contact: Centered Spirit Program Training Coordinator at (520) 879-6060.





H. Workforce development:

Training expert:

TRBHAs must employ a training expert/contact as key personnel and point of contact to implement and oversee compliance with the training requirements, training plan, *Section 9.1, Training Requirements*, and participate in the Training Coordinators committees.

Training development plan:

Each TRBHA must develop, implement, and submit an Annual Training Plan that provides information and documentation of all trainings. The training plan and training curriculums will be submitted annually forty-five days after fiscal year end.

AHCCCS ownership of any intellectual property:

This policy will serve as disclosure of ownership of any intellectual property created or disclosed during the service contract such as educational materials created for classroom training and/or learning programs.

Exceptions:

1. Those cases in which the production of such materials is part of sponsored programs;
2. Those cases in which substantial University resources were used in creating educational materials; and
3. Those cases which are specifically commissioned by contacted vendors or done as part of an explicitly designated assignment other than normal contactor educational pursuits.