



Training Requirements Glossary

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Assertive Community Treatment (ACT) (*Medicaid Provider Manual; Section 4.3*) – Assertive Community Treatment (ACT) is a community-based approach to comprehensive assertive team treatment and support for adults with serious mental illness. The ACT team is a fixed point of responsibility for the development of the consumer’s person-centered plan and for supporting consumers in all aspects of community living, including the most independent setting possible.

Objectives:

- The participant will discuss key aspects of State and Federal benefit programs
- The participant will describe State and Federal work incentives that support individuals to return to self-sufficiency through work
- The participant will discuss accurate, up-to-date information about the basics of Social Security Entitlements and work incentives
- The participant will describe 3 ways to initiate conversations with beneficiaries of SSDI and SSI to alleviate their fear of working
- The participant will identify 3 ways that their agencies could better support the individuals they serve with the training information and resources

Advance Directives (*MDHHS Contract 7.10.5; PA 386 of 1998; PA 532 of 2004 sections 700.5506-700; BBA 438.6(i); 42 CFR 489.102, PA 105*) – Advance Directives provides information on types of advance directives such as durable power of attorney, living wills, do-not-resuscitate orders, and durable power of attorney for health care. Also included: advantages of having an advance directive, who is eligible to create a power of attorney, what powers patient advocates have, and what is involved in the legal documentation. *CMH Administrative Group evidence of knowledge of agency policy and procedure.

Objectives:

- The participant will recognize the definition and advantages of advance directives
- The participant will identify the three types of advance directives
- The participant will demonstrate an understanding of Durable Power of Attorney for health care
- The participant will demonstrate an understanding of a living will
- The participant will demonstrate an understanding of a do-not-resuscitate order

Appeals & Grievances *MDHHS Contract Sect. 6.3.2; BBA 438.10(g), PA 105* - The appeals and grievance provides information relating to state and federal government requirements regarding Medicaid Fair Hearing, Local Appeal, Customer Service Complaint (Grievance), and the Local Dispute Resolution processes.

Objectives:

- The participant will be able to identify those things involved in the Administrative Tribunal Fair Hearing process
- The participant will identify what is involved in the Local Appeal process
- The participant will be able to identify those circumstances what is involved in the Customer Service Complaint (Grievance) process
- The participant will be able to identify the process for a consumer to file a Local Dispute Resolution
- The participant will be knowledgeable in Recipient Rights in the process of the appeal and grievance process

- The participant will be able to identify the purpose of second opinions and the role they play in the appeals and grievances process
- The participant will be able to identify those circumstances when they are required to send notices to consumers

CAFAS & PECFAS (*MDHHS Contract: Part II 4.7; Medicaid Provider Manual 7.2.B & 7.2.C*) – The CAFAS and PECFAS provides information relating to the state requirements and translation of the assessment and results from the CAFAS (Child and Adolescent Functional Assessment Scale) and the PECFAS (Preschool and Early Childhood Functional Assessment Scale). This tool is used when determining eligibility for the Children with Serious Emotional Disturbances Waiver (SEDW).

Objectives:

- The participant will review the research behind the CAFAS & PECFAS
- The participant will identify the clinical uses of the tool
- The participant will identify the uses in Quality Improvement and Outcome Measures
- The participant will be knowledgeable in the general guidelines and rating procedures
- The participant will be knowledgeable in using the FAS outcomes

Core Elements of Case Management (*BSSAS/BDDHA Treatment Policy #08; Medicaid Manual*)- Individuals with complex care situations often need various types of support. One type of support that can be helpful is case management services. An effective case manager educates clients about their healthcare choices, coordinates services, and promotes patient-involvement in healthcare decisions. A case manager’s ability to plan, facilitate, coordinate, and evaluate services will directly impact the likelihood of clients’ success.

Objectives:

- Understand the importance of case management.
- Understand the role of a case manager and importance of that role.
- Understand Case Management Process.
- Development of a case management plan
- Evaluation of a case management plan
- Completion of case management services.

Communicable Diseases Level 1 (*BSAAS Prevention Policy #2, R 330.2807 (10); Medicaid Manual*) – This training will provide basic knowledge of communicable disease applicable to substance use disorders (SUD) and will meet the LEVEL 1 requirement.

Objectives:

- Understand HIV/AIDS, TB, Hepatitis (especially A, B, and C) and STD/Is, as they relate to the agency target population.
- Understand modes of transmission (risk factors, myths, and facts, etc.).
- Understand linkage between substance abuse and these CDs.
- Understand treatment possibilities.
- Identify local resources available for further information/screening.

Corporate & Regulatory Compliance (*DRA Title VI – Chapter 3 §6031-§6036; BBA Part 438 Subpart A Sec 438.1(a)(5)(ii)*) – The corporate & regulatory compliance provides staff with assistance in working within the required laws and regulations.

Objectives:

- The participant will identify the importance of knowing about compliance and recognize the goals of compliance
- The participant will recognize the description of No Retaliation and the consequences of attempted retaliation
- The participant will recognize the definition of Fraud
- The participant will be able to list who can commit Medicaid Fraud
- The participant will recognize general and specific examples of Medicaid Fraud
- The participant will recognize the Michigan Medicaid False Claims Act
- The participant will realize the penalties for false claims
- The participant will recognize what is done by the CMHSP to combat fraud
- The participant will understand the Whistleblowers Act
- The participant will be familiar with the CMHSP’s Regulator Policy for employees and contracted providers
- The participant will recognize the CMHSP Medicaid Fraud or Abuse Hotline number

CPR & First Aid (*Michigan Administrative Rule: 201.1(b)(c) & 204.3(b)(c); R 330.1806 (2)(d); R 400.14204 (3) (b)(c); Medicaid Manual*)– CPR & First Aid teaches staff how to appropriately respond to emergency situations.

Objectives:

- Identify and respond to medical emergencies.
- Recognize and care for sudden illnesses.
- Recognize and care for severe bleeding and burns.
- Recognize and care for injury to a bone or joint.
- Recognize and care for environmental emergencies.

Cultural Competency & Diversity (*BBA Part 438 Sec. 438.206(c) (2); MDHHS Contract: Part II 3.3.3; 42 CFR 438.206 (2); MCL Act 258 of 1974 Sect. 330.1100b (a); MI Administrative Code R330.2806*) –Cultural competency and diversity shall demonstrate an ongoing commitment to linguistic and cultural competence that ensures access and meaningful participation for all people in the service area. Participants will gain knowledge and skills to deal effectively with cultural differences. Participants are introduced to cross-cultural communication, conflict resolution, and skills that will enable them to function competently in culturally diverse environments.

Objectives:

- Identify the major cultural groups in your community
- Identify potential cultural issues for the various groups in your community.
- Discuss how to respond to cultural issues that may affect quality of life for persons receiving services.
- Identify cultural barriers for persons receiving services in your community and discuss strategies for addressing those barriers.

- Discuss how we can ensure the individual’s cultural background is included in their plan

Customer Service Training (MDHHS Contract Attachment P.6.3.1, Balanced Budget Act)- Customer services staff shall be trained to welcome people to the public behavioral health system and to possess current working knowledge or know where in the organization detailed information can be obtained in at least the following objectives.

Objectives:

- *The populations served (serious mental illness, serious emotional disturbance, developmental disability, and substance use disorder) and eligibility criteria for various benefits plans (e.g., Medicaid, Healthy Michigan Plan, MI Child)
- *Service array (including substance abuse treatment services), medical necessity requirements, and eligibility for and referral to specialty services
- Person-centered planning
- Self-determination
- Recovery & Resiliency
- Peer Specialists
- *Grievance and appeals, Fair Hearings, local dispute resolution processes, and Recipient Rights
- Limited English Proficiency and cultural competency
- *Information and referral about Medicaid-covered services within the PIHP as well as outside to Medicaid Health Plans, Fee-for-Services practitioners, and Department of Human Services
- The organization of the Public Behavioral Health System
- Balanced Budget Act relative to the customer services functions and beneficiary rights and protections
- Community resources (e.g., advocacy organizations, housing options, schools, public health agencies)
- Public Health Code (for substance abuse treatment recipients if not delegated to the PIHP)

DECA (Devereaux Early Childhood Assessment)- (Medicaid Provider Manual 3.3 Assessments)-

The DECA Infant Toddler Program is a strength-based assessment and planning system for children ages 4 weeks up to 36 months. Based on resilience theory, this comprehensive system is made up of a [5-step approach](#) designed to support early childhood teachers, mental health professionals, home visitors and families in their goal of helping children develop healthy social/emotional skills and reduce challenging behaviors. Central to the DECA I/T Program is the [DECA](#), a standardized, strength-based assessment of within-child protective factors including Attachment, Initiative and Self-regulation. Required for CMHSP staff working with children ages 0 to 47 months.

Objectives:

- Learn about resilience theory and protective factors central to supporting infant and toddler resilience,
- Learn how to administer, score, and summarize results of the Devereux Early Childhood Assessment for infants and toddlers.
- Discuss how these results can be used to support outcome measurement within the *Early On*[®] system and the CMH system.

- Gain experience with planning for individual children’s social and emotional health using DECA-I/T program resources.
- Learn strategies that are developmentally appropriate, fun, and easy to do within home and group settings (for example, childcare, play groups, etc.) using DECA program resources.

Environmental Safety (R330.2807, R330.2807, R330.1806 R 400.14318 (1-6) [400.15318 (1-6)]; MCL 333.1803) – The purpose of environmental safety is to provide information that will help protect consumers, visitors, staff and property from fire, environmental emergencies and to comply with state, federal and local codes/laws, and the requirements of accrediting agencies.

Objectives:

- Identify situations (Weather-related) or otherwise that may result in emergencies.
- Identify the processes to be followed to be prepared for, respond to various emergencies in the community, and work location.
- Identify specific accommodations in safety protocol based on the needs of the people with whom they work.
- Teach/instruct persons receiving services and co-workers on process for emergencies
- Conduct and document emergency drills.

Health Management (including Blood Borne Pathogens/Infection Control) (R 330.1806 (2)(c); R 330.3807(10); R 400.14314; R 400.14204 (3)(g); R 400.14310; R 400.14313; R 400.14310 (1)(b), 66:5317-5325) – Designed to educate employees on how diseases are transmitted, how to recognize, report and follow-up on exposures to infectious material and to help individuals reduce the risk of contracting a bloodborne disease from the workplace. Training also contains topics related to assessing and maintenance of a person’s health which include measurement of vital signs, seizures, prevention of disease transmission, handwashing, signs and symptoms of illness, signs and symptoms of shock and documentation of observation.

Objectives:

- The participant will understand the intent of Bloodborne Pathogens regulation issued by OSHA
- The participant will identify how infection occurs
- The participant will be familiar with diseases that can have serious consequences if transmitted
- The participant will understand the signs and symptoms of illness
- The participant will understand how to protect themselves from disease transmission
- The participant will understand what to do if an exposure occurs
- The participant will demonstrate the correct procedure to measure body temperature
- The participant will demonstrate the correct procedure to measure a pulse
- The participant will demonstrate the correct procedure to measure respirations
- The participant will demonstrate the correct procedure to measure blood pressures
- The participant will be able to recognize seizure activity and provide seizure first aid and documentation
- The participant will be able to recognize the signs and symptoms and common causes of anaphylactic shock
- The participant will be able to recognize the chain of infection and recognize the process to prevent the spread of infection or communicable disease

- The participant will demonstrate an understanding of recognizing and reporting changes in health circumstances.
- The participant will demonstrate an understanding of health documentation.

HIPAA Privacy & Security (42 CFR 438.208; 45 CFR 164.308 (a)(5)(i); MDHHS Contract: 18.1.7; R 500.551(d); FR DOC 06-1376) – This training provides participants with an overview of the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996. The training includes key components of the privacy standard, describes the privacy rule as it relates to patients and staff, and discusses policies and procedures in place at the CMHSP that must be followed.

Objectives:

- Participants will be able to describe confidentiality and informed consent.
- Participants will be able to describe how to release confidential records in compliance with HIPAA standards.
- Participants will be able to identify information appropriate for various settings.
- Participants will be able to identify HIPAA resources.
- Participants will be able to identify Mental Health Code Resources.

IDDT & COD (MDHHS GF Contract (w/CMH's): Part II Attachment 3.3.5.1; 42 CFR § 300x-66, Access System Standards; IDDT GOI – G7 & G1 (General Organizational Index)) – This training will provide the participant with an overview of the integrated system of care for persons with co-occurring substance use disorders and mental illness, serious emotional disturbance, and developmental disabilities.

Objectives:

- Participants will be able to describe common mental disorders, substance use disorders and co-occurring disorders
- Participants will discuss approaches for the assessment of co-occurring substance use and mental health disorders
- Participants will be able to identify strategies for formulating integrated treatment plans and relapse-prevention plans

Individual Plan of Service (IPOS) (MDHHS Person Centered Planning Practice Guideline)- This training, specific to individuals receiving services, will provide staff directly involved with services or support implementation an understanding of the plan of service and goals and objectives as outlined using the Person-Centered Planning process.

Objectives:

- Participants will receive specific training on an individual's IPOS, in concert with understanding of the PCP process.

Limited English Proficiency (LEP) (BBA Part 438 Subpart A 438.10(c); MDHHS Contract: 4.5, 6.3.2, 18.16; 38, Access System Standards P4.1.1, P6.3.1, P6.3.1.1)– This training introduces the participant to the legal obligation to accommodate any person with any communication impairment, so the agency may achieve equal results for all individuals receiving and seeking treatment. This training also provides information that will familiarize participants with accommodating persons with Limited English Proficiency.

Objectives:

- The participant will recognize the definition of Limited English Proficiency (LEP)
- The participant will understand that LEP compliance is a legal obligation
- The participant will understand which individuals are covered under LEP law
- The participant will understand agency policies on LEP along with the agency procedures with respect to LEP

Level of Care Utilization System (LOCUS) (MDHHS/PIHP Contract: Part 7.7.3 Supports Intensity Scale; MDHHS/CMSHP Contract) *Required for those individuals working with MI Adults

Objectives:

- The participant will understand the context of LOCUS in clinical decision making which includes the assessment for the immediate needs of the individual and monitoring changes in the individual's status or placement over time.
- Understand three basic components of the instrument (the evaluation parameters for assessment needs, six levels of service care, and the scoring methodology).
- Understand each LOCUS dimension as it relates to specific behavior conditions exhibited by the individual.
- Understand levels of care as outlined in the instrument.
- Understand how the measured needs of an individual translates to a level of care placement using one of the scoring methods (includes admission, continued stay reviews, and discharge planning).
- Understand how to resolve differences between the recommended level of care obtained from the LOCUS and those determined based on clinical judgment.

Medication Administration (*R 300.1806 (2)(e); R 400.14310 & R 400.14312*) – This training introduces the participant to their role of administration of medications including medication use, effects of medications, administration dangers, legal issue, and documentation.

Objectives:

- The participant will identify the uses of medication and recognize that any medication can be abused
- The participant will recognize that laws exist guiding the administration of medication
- The participant will recognize the difference between local and systemic effects of drugs
- The participant will recognize the difference between therapeutic effects, side effects, adverse effects, and contraindications
- The participant will recognize the major routes of medication administration as well as common dosage forms of medication
- The participant will identify the procedures for handling medication orders and the practices to be followed in storing medications
- The participant will recognize that every medication error is potentially serious and must be reported immediately
- The participant will identify the procedure for proper disposal of medication

Non-Physical Intervention (42 CFR Part 485; Federal Register 42 CFR 485.910(f); R330.1806; Medicaid Manual; Crisis Prevention Institute (www.crisisprevention.com)) – Non-Physical Intervention training is a set of techniques that allow service providers to help an individual gain control when that person is experiencing behavior that is a clear and imminent danger to self or others.

Objectives:

- Read and implement plans as written and follow protocol to adjust to plans as needed.
- Distinguish between challenging behavior and crisis situations, realizing that not all challenging behavior results in a crisis.
- Define challenging behavior as actions that create a barrier to participating in and contributing to the community; undermines rights, dignity, or quality of life; poses a risk to health and safety.
- Define crisis as situations, which causes physical harm or potentially could cause physical harm to the person themselves or others around them.
- Identify and demonstrate compassion, caring, and respect in the face of challenging moments.
- Identify causes of challenging behavior.
- List individual conditions and signs preceding challenging behavior.
- Commit to creating and sustaining a culture of gentleness and non-violence.
- Interact with the individual during challenging moments while maintaining the supports and structures identified in the plan.

Person-Centered Planning (MDHHS Person Centered Planning Practice Guideline; 42 CFR 441.725; Mental Health Code 330.1700(g) and 330.1806, Michigan Medicaid Manual.) – Person-Centered Planning defines the values, principals, and essential elements of the person-centered planning process. Emphasis is places on serving people on their own terms, people first language, honoring choice and considerations of health and safety.

Objectives:

- The participant will demonstrate an understanding of the Person-Centered Planning process and what makes the approach different from traditional treatment planning.
- The participant will be able to explain the philosophy behind person-centered planning, thinking and recovery.
- The participant will be able to compare the benefits of traditional treatment planning versus person-centered planning.
- The participant will be able to describe various ways to implement and support person-centered planning.

Recipient Rights (R 330.1806 (2)(g); MHC 330.1755 (5) (f); MDHHS Contract: Part II 6.3.2) – This training focuses on the rights of recipients of mental health services included in the Mental Health Code with an emphasis on abuse and neglect and promoting dignity and respect. There is also heavy emphasis on the responsibility of staff to report any suspected incidents. Information is given on reporting requirements as well as possible consequences for not reporting abuse and neglect.

Objectives:

- The participant will demonstrate an understanding of the legal basis of recipient rights
- The participant will demonstrate an understanding of confidentiality and its importance

- The participant will demonstrate an understanding of abuse and neglect
- The participant will demonstrate an understanding of treatment with dignity and respect
- The participant will demonstrate an understanding of what to do if abuse or neglect occurs or is alleged
- The participant will demonstrate an understanding of the use of an incident report
- The participant will demonstrate an understanding of the responsibilities of recipients and employees

Self-Determination (MDHHS Contract Part II 3.3.4; MDHHS Contract Attachment C3.3.4) – This training provides information in key areas of self-determination.

Objectives:

- The participant will understand the definitions of personal care and protection and supervision
- The participant will understand resident rights and reporting requirements
- The participant will understand fire safety and prevention
- The participant will understand prevention and containment of communicable diseases
- The participant will understand medication administration
- The participant will demonstrate an understanding of proper nutrition and food preparation

Trauma Informed Care Training (MDHHS PIHP Contract Attachment P4.1.3.1 Recovery Policy; MDHHS Trauma Informed Policy, MDHHS/CMSHP Contract C6.9.9.1) – This training was designed to increase awareness and understanding on the part of services providers at all levels of service of the prevalence of trauma in consumers and the impact that trauma has on their behaviors. This training helps the participant understand the importance of creating a culture that recognizes and responds to the impact trauma has had on the lives of people with developmental disabilities, severe and persistent mental illness, and co-occurring disorders. – New FY19

Objectives:

- The participant will understand why there is a need to be concerned about a trauma-informed service approach
- The participant will verbalize an understanding of the difference between trauma-informed services and trauma-specific services

Welcoming/Customer Service (SUD) (BSAAS/BHDDA Technical Advisory T-05) - Welcoming is conceptualized as an accepting attitude and understanding of how people ‘present’ for treatment. It also reflects a capacity on the part of the provider to address the client’s needs in a manner that accepts and fosters a service and treatment relationship. Welcoming is also considered a best practice for programs that serve persons with co-occurring mental health and substance use disorders.

Objectives:

- Skills and knowledge appropriate to staff and their roles throughout the system (reception, clinical, treatment support, administrative).
- Staff should have the knowledge and skill to be able to differentiate between the person and their behaviors.
- Staff should be respectful of client boundaries regarding personal questions and personal space.

- Staff uses attentive behavior, listening with empathy not sympathy.

Understanding the Supports Intensity Scale (SIS) (MDHHS/PIHP Contract: 7.7.3 Supports Intensity Scale; MSHN Regional Training Requirements) *Required for those working with IDD population

Objectives:

- The participant will demonstrate an understanding of what the SIS is and who should receive one
- The participant will be able to demonstrate an understanding of the typical length of time a SIS takes and what life areas are covered
- The participant will demonstrate what requirements are necessary to complete a SIS assessment, including participants and what is to be covered
- The participant will be able to identify what the SIS is used for and its connection to the person-centered planning process and to service provision
- The participant will demonstrate an understanding of how to schedule a SIS assessment for an individual in their CMHSP area

MSHN Training Grid Staff Type Definitions

Staff Types: The contract attachment labeled “Training Grid” defines the training requirements by staff type.

- CMH employed Administration Group – Those employed in administrative positions that do not provide services to individuals.
- Crisis Intervention/Access- Staff that are employed as Access or Crisis Intervention staff working directly with individuals.
- Other Professionals- Examples include, but not limited to, Occupational Therapists, Physical Therapist, Dietary, Psychological Testing, Medical Assistant providing medical assistance/services.
- CMH Employed Maintenance- Individuals providing maintenance services within CMHSP.
- Medical Professional- Include, but not limited to, Psychiatrists, Medical Doctors, Medical Directors, Physician Assistant, Nurse
- Residential Supervisor/QI/Licensee- Owners, Supervisors, and/or any staff working in oversight of a residential facility.
- AFC Licensed Direct Care Staff- Individuals providing direct care to individuals in a licensed AFC home.
- Aide Level staff providing service in the community or in unlicensed settings- Respite workers, Caregivers, Staff performing cleaning, transportation, or other similar functions for individuals not living in licensed settings.
- Students, Volunteers, Temporary Workers-
- Primary Service Providers- This includes but is not limited to staff working as or with the following programs: Case Managers, Supports Coordinators/Coordination, Home-Based Staff, MST, and Wraparound.
- Individual/Group Therapist- Individuals providing therapy to individuals.
- Clubhouse/Drop-In/Peer Supports-
- CMH employed Transporters- Individuals that transport consumers on behalf of the CMHSP.

- ACT- individuals employed in the Assertive Community Treatment program.
- Autism Services Providers
 - Behavior Technicians- Those certified and employed as Behavior Technicians for the Autism program
 - BCaBA, BCBA, LLP, QBHP, QLP- Those certified/qualified and providing services to individuals as
- Substance Use Disorder
 - Treatment- Staff working under a MSHN Treatment contract that has direct interaction with consumers and/or provides services.
 - Prevention- Staff working under a MSHN Prevention contract that has direct interaction with consumers and/or provides services/events.
 - Recovery – Staff working under a MSHN Recovery Contract that has direct interaction with consumers and/or provider’s service.