

**1060 - TRAINING REQUIREMENTS FOR RBHAS AND BEHAVIORAL HEALTH PROVIDERS**

EFFECTIVE DATES: 07/01/2016, 11/15/17

REVISION DATES: 09/21/17

**A. PURPOSE**

In order to effectively meet the requirements of the Arizona Health Care Cost Containment System (AHCCCS), the Regional Behavioral Health Authorities (RBHAs) 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. Specifically to:

1. Promote a consistent practice philosophy, provide voice and empowerment to staff and members,
2. Ensure a qualified, knowledgeable and culturally competent workforce,
3. Provide timely information regarding initiatives and best practices, and
4. Ensure that services are delivered in a manner that results in achievement of the Arizona System Principles, which include the Adult Service Delivery System-Nine Guiding Principles as outlined in Contract and Arizona Vision-Twelve Principles for Children Service Delivery as outlined in AMPM Policy 430.

The purpose 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 RBHAs.

**B. REQUIRED TRAINING FOR BEHAVIORAL HEALTH PROVIDERS**

1. The RBHA shall monitor and implement training activities and requirements outlined in this Policy. The RBHAs must annually evaluate the impact of the training requirements and activities in order to develop a qualified, knowledgeable and culturally competent workforce.
  - a. The RBHA and its providers must ensure that before providing services to members, each licensed and unlicensed staff person is qualified, knowledgeable and capable to provide services as required by AHCCCS policy and, as relevant to their job duties and responsibilities, consistent with the approved training content specified in B.1.d - Section One, B.1.e - Section Two and B.1.f. - Section Three of this policy.

- b. Licensed and unlicensed personnel attend and complete all pre-service, ongoing and or annual in-service training programs described and required by specific AHCCCS policies. (see Section C Annual and Ongoing Training Requirements, D training requirements applicable to Home Care Training to Home Care Client (HCTC) providers and Section E of this policy for training requirements applicable to Community Service Agencies) :
- c. **Section One**
  - i. Fraud and program abuse recognition and reporting requirements and protocols,
  - ii. Managed care concepts, including information on the RBHA and the public behavioral health system,
  - iii. Screening for eligibility, enrollment for covered behavioral health services (when eligible), and referral when indicated,
  - iv. Overview of Arizona behavioral health system policies and procedures in the Arizona Vision and 12 Principles (AMPM Policy 430) in the children's system,
  - v. Overview of Arizona's behavioral health system policies and procedures in the 9 Guiding Principles for Recovery Oriented Adult Behavioral Health Services and Systems Adult Service Delivery System-Nine Guiding Principles, RBHA Contract, Exhibit-6 in the adult system,
  - vi. Overview of partnership with Department of Economic Services/Rehabilitative Services Administration (DES/RSA),
  - vii. Cultural competency, including *Cultural Competency 101: Embracing Diversity* (AHCCCS curriculum) as provided by the AHCCCS DHCM, Workforce Development Administrator,
  - viii. Interpretation and translation services,
  - ix. AHCCCS Demographic Data Set, including required timeframes for data submission and valid values, and
  - x. Identification and reporting of quality of care concerns and the quality of care concerns investigation process.
- d. **Section Two**
  - i. Use of assessment and other screening tools (e.g., substance-related, crisis/risk, American Society of Addition Medicine Patient Placement Criteria (ASAM Criteria - Third Edition) , developmental, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program etc.), Child and Adolescent Service Intensity Instrument (CASII), including the Birth-to-Five Assessment depending upon population(s) served,
  - ii. Use of effective interview and observational techniques that support engagement and are strengths-based, recovery-oriented, and culturally sensitive,
  - iii. Application of diagnostic classification systems and methods depending upon population(s) served,
  - iv. Best practices in the treatment and prevention of behavioral health disorders,
  - v. Behavioral health service planning and implementation which includes family vision and voice, developed in collaborations with the individual/family needs as identified through initial and ongoing assessment practices,

- vi. 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),
  - vii. Overview of Substance Abuse Block Grant (SABG): priority placement criteria, interim service provision, consumer wait list reporting, and expenditure restrictions of the SABG in accordance with requirements in ACOM Policy 417, AMPM Policy 320-T, and 45 CFR Part 96,
  - viii. Behavioral health providers should receive training on the AHCCCS National Practice Guidelines and Clinical Guidance Documents with required elements before providing services, but must receive training within six months of the staff person's hire date (protocol training is only required if pertinent to populations served),
  - ix. Clinical training as it relates to specialty populations including but limited to conditions based on identified need,
  - x. Information regarding the appropriate clinical approaches when delivering services to children in the care and custody of the Arizona Department of Child Safety (DCS), and
  - xi. Understanding behavioral and environmental risk factors, nonphysical interventions, the safe use of seclusion or restraint, and responding to emergency situations in accordance with AMPM 960, Tracking and Trending of Member and Provider Issues.
- e. **Section Three**
- i. Behavioral health record documentation requirements (see AMPM Policy 940),
  - ii. Confidentiality - Health Information Portability and Accountability Act (HIPAA) at 45 CFR Part 164, and Confidentiality of Substance Use Disorder Patient Records ), at 42 CFR Part 2,
  - iii. Sharing of treatment/medical information,
  - iv. 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),
  - v. Rights and responsibilities of eligible and enrolled members, including rights for persons determined to have Serious Mental Illness (SMI),
  - vi. Grievance and Appeal System including SMI grievances, and requests for investigations,
  - vii. Customer service,
  - viii. Coordination of care requirements with Primary Care Providers (PCPs) (see AMPM Chapter 500),
  - ix. Third party liability and coordination of benefits (see ACOM Policy 434 and ACOM Policy 201),
  - x. Other involved agencies and government entities (see AMPM Policy 1050),
  - xi. Claims/encounters submission process (see ACOM Policy 203),
  - xii. Advance Directives (see AMPM Policy 640),
  - xiii. Identification and reporting of persons in need of Special Assistance for individuals who have been determined to have a SMI and ensuring involvement of persons providing Special Assistance (see AMPM Policy 320-R),

- xiv. 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 Behavioral Health Inpatient Facilities), and
  - xv. Member benefit options trainings: such as Medicare Modernization Act (MMA), DES/RSA and SABG.
2. 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), MMA, the Affordable Care Act (ACA) and Deficit Reduction Act (DRA)]. Additional trainings may be required, as determined by geographic service area identified needs.
  3. RBHAs must develop and make available to providers any policies and procedures regarding additional training information.

### **C. ANNUAL AND ONGOING TRAINING REQUIREMENTS**

1. RBHA subcontracted providers are required to participate in ongoing training for the following content areas as prescribed by policy or as determined to be necessary:
  - a. AHCCCS Demographic Data Set, including required timeframes for data submission, valid values as changes occur,
  - b. Trainings concerning procedures for submissions of encounters when determined to be needed by AHCCCS ,
  - c. Cultural competency and linguistically appropriate training updates for staff at all levels and across all disciplines respective to underrepresented/ underserved populations - annually ,
  - d. Identification and reporting of Quality of Care Concerns and the Quality of Care Concerns investigations process when determined to be needed by AHCCCS,
  - e. American Society of Addition Medicine Patient Placement Criteria (ASAM Third Edition) – when determined to be needed by the Contractor ,
  - f. Child and Adolescent Service Intensity Instrument (CASII) – when determined to be needed by AHCCCS or the Contractor,
  - g. Disability Benefits 101, (DB-101) including Work Incentives – annually,
  - h. Peer, family member, peer-run, family-run and parent-support training and coaching – as required by AMPM 961-A and 961-B,
  - i. Identification and reporting of persons in need of Special Assistance for individuals who have been determined to have a SMI and ensuring involvement of persons providing Special Assistance (see AMPM 320-R) as determined to be necessary by AHCCCS, and
  - j. Workforce Development trainings specific to hiring, support, continuing education and professional development.
2. 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 BBA, MMA, ACA, and DRA). Additional trainings may be required, as determined by geographic service area identified needs.

3. RBHAs shall develop and make available to providers any policies and procedures regarding specific ongoing training requirements.

ADHS Public Health Licensing required training must be completed and documented in accordance with Public Health Licensing requirements (see applicable provisions of A.A.C. Title 9, Chapter 10 and the ADHS Public Health Licensing website).

**D. REQUIRED TRAINING SPECIFIC TO PROFESSIONAL FOSTER HOMES PROVIDING HCTC SERVICES**

1. Children

Medicaid reimbursable HCTC services for children are provided in professional foster homes licensed by the DES/Office of Licensing, Certification and Regulation which must comply with training requirements as listed in A.A.C. 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:

- a. CPR and First Aid Training, and
- b. 18 hours of pre-service training utilizing the HCTC 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 A.A.C. R6-5-5850, Special Provisions for a Professional Foster Home.

2. Adults

Medicaid reimbursable HCTC services for adults are provided in Adult Therapeutic Foster Homes licensed by ADHS Public Health Licensing, and must comply with training requirements as listed in applicable sections of A.A.C. Title 9, Chapter 10:

- a. Protecting the person's rights,
- b. Providing behavioral health services that the adult therapeutic foster home is authorized to provide and the provider delivering HCTC services is qualified to provide,
- c. Protecting and maintaining the confidentiality of clinical records,
- d. Recognizing and respecting cultural differences,
- e. Recognizing, preventing or responding to a situation in which a person:
  - i. May be a danger to self or a danger to others,
  - ii. Behaves in an aggressive or destructive manner,
  - iii. May be experiencing a crisis situation, or
  - iv. May be experiencing a medical emergency.
- f. Reading and implementing a person's treatment plan, and
- g. 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 A.A.C. Title 9, Chapter 10.

#### **E. REQUIRED TRAINING SPECIFIC TO COMMUNITY SERVICE AGENCIES**

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 members. For a complete description of all required training specific to CSAs, see AMPM Policy 961, *Peer, Family and CSA Training, Credentialing and Oversight Requirements*.

#### **F. TRAINING EXPECTATIONS FOR AHCCCS CLINICAL AND RECOVERY PRACTICE PROTOCOLS**

1. 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 <https://www.azahcccs.gov/PlansProviders/GuidesManualsPolicies/guidesandmanuals.html>
2. Behavioral health providers providing services to children and families involved with DCS will be required to attend "Unique Needs of Children Involved with DCS" training that is offered by each RBHA on a regular basis (See AHCCCS Practice Protocol, The Unique Behavioral Health Service Needs of Children, Youth and Families Involved with DCS).
3. Training on Child and Family Team (CFT) practice, depending on the population(s) served (See AHCCCS Practice Protocol Child and Family Team).
4. Training curriculums may be tailored to specific professional levels (e.g. BHMP, BHT, BHPP) and or job functions (e.g. Coach, Family Support Partner, Supervisor) so long as curriculums are consistent with the CFT Practice Protocol. Curriculums and certification processes shall be submitted for approval to HCCCS as specified in RBHA Contract Exhibit-9, Deliverables.

#### **G. TRAINING REQUESTS**

The RBHA shall make available to providers any policies, procedures, and contact information that identify how providers can access additional training and/or technical assistance specific to the trainings required by this policy and/or other types of applicable training resources.

#### **H. WORKFORCE DEVELOPMENT**

1. RBHAs must develop and make available to providers any additional policies and procedures regarding specific workforce development requirements.

2. Training Expert – The RBHA shall employ a training expert/contact as key personnel and point of contact to implement and oversee compliance with the training requirements, training plan, AMPM Policy 1060 committees.
3. Annual Workforce Development and Training Plan - The RBHA shall develop, implement and submit an Annual Workforce Development and Training Plan that describes the training and workforce development priorities for the year. The training plan will be submitted on October 31st as specified in RBHA Contract Exhibit-9, Deliverables.
4. Workforce Development and Training Report - The RBHA shall submit a Workforce Development and Training Report which includes information specific to the priority workforce development and training initiatives and activities identified in the Annual Workforce Development and Training Plan. The report is to be submitted six (6) months after the Workforce Development and Training Plan is due as specified in RBHA Contract Exhibit-9, Deliverables .