

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

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 Chief Executive Officer Date

Approved by: Al Lorenzo 03/25/2025
 County Executive Office Date

I. ABSTRACT

This policy establishes the standards of Macomb County Community Mental Health (MCCMH), an official agency of the County of Macomb, regarding the mandatory training and related documentation requirements for contracted providers and their workforce members.

II. APPLICATION

This policy shall apply to all contracted 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 contracted providers.

III. POLICY

It is the policy of MCCMH that all workforce members of contracted providers shall be required to complete a comprehensive curriculum of mandatory training in compliance with applicable federal and state law, relevant licensing agencies, accreditation bodies, the Michigan Department of Health and Human Services (MDHHS), and MCCMH.

The training requirements described in this policy, including those described in MCCMH’s Contracted Provider Training Requirements Grid (Exhibit A), the Contracted Specialized Residential Service Provider Training Requirements Grid (Exhibit D), 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:
Workforce members who do not provide or directly supervise the delivery of clinical services to persons served 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/finance staff, administrative assistance staff, agency directors, division directors/chiefs, program directors, information technology staff, and volunteers.
- B. Ancillary Staff:
Workforce members who 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 are primarily responsible for the person served. Ancillary staff do not author the plan of service developed in the person-centered planning process. Ancillary staff may include, by way of example and without limitation, physical therapists, occupational therapists, speech therapists, board certified behavior analysts, technicians of the aforementioned professionals, peer support, and parent support partners.
- C. Clinical Staff:
Workforce members, inclusive of supervisors, who are credentialed and review and sign clinical documentation. Clinical staff may include, by way of example and without limitation, case managers, therapists, supervisors, clinical interns, hospital liaisons, or nursing staff.
- D. Prescribers:
Workforce members who are licensed to prescribe medication, are credentialed, and review and sign clinical documentation. Prescribers may include psychiatrists, nurse practitioners, or tele-psychiatrists.
- E. Clinical Division – Training Department:
The MCCMH Clinical 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 privileges and the guidelines for obtaining such privileges.
- F. Contracted Provider(s):
Providers that have contracted with MCCMH to participate and enroll as Prepaid Inpatient Health Plan (PIHP) and/or Community Mental Health Services Program (CMHSP) network providers.
- G. FOCUS:
The electronic medical record system utilized by MCCMH direct and contracted providers.
- H. MCCMH Training Committee:
MCCMH's designated committee responsible for training content and approval. This Committee is primarily comprised of representatives from the MCCMH's Clinical and Quality Divisions. The MCCMH Training Committee shall convene on a quarterly basis.

- I. Paraprofessional and Support Staff:
Workforce members who are not credentialed and provide services to persons served according to the person's individualized plan of service (IPOS). Paraprofessional and support staff may include, by way of example and without limitation, community living service (CLS) workers, respite workers, direct support professionals (DSP), and skill building program staff.
- J. Reference Library:
A catalog maintained by the Clinical Division's Training Department that contains all the trainings provided by MCCMH which are available to contract providers' workforce members.
- K. Third-Party Industry Standard Training:
Proprietary training courses or materials developed by a third-party (non-MCCMH) entity that are 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.
- L. Workforce Member:
Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a contracted provider, is under the direct control of the contracted provider, whether or not they are paid by such entity. Self-determination staff are the workforce members of the relevant self-determination employer of record.

V. STANDARDS

- A. The Clinical Division's Training Department shall develop and maintain a Contracted Provider Training Requirements Grid (Exhibit A) and a Contracted Specialized Residential Service Provider Training Requirements Grid (Exhibit D) that:
 - 1. Identify mandatory training and educational needs for contracted providers, as appropriate, considering each individual position and associated responsibilities; and
 - 2. Include timeframes within which the training must be completed both upon initial hire and on an ongoing, periodic basis thereafter.
- B. Training Requirements Grids shall be reviewed and revised by the Clinical Division's Training Department on an annual basis, and otherwise as appropriate based on changes in applicable law, professional standards, and/or MCCMH policy.
- C. The Clinical Division's Training Department shall provide training and education that supports the topic areas developed in the Training Requirements Grids or shall provide guidance on how to obtain such training from other acceptable sources.
- D. Contracted providers may obtain information about any costs that may be associated with MCCMH provided/sponsored training by contacting the Clinical Division's Training Department.

E. The Clinical Division's Training Department shall develop and maintain course descriptions for each required training topic area and a training schedule for all trainings provided by the Department. The course descriptions and training schedules shall be reviewed and revised by the Clinical Division's Training Department as necessary and shall be made available for distribution in electronic or paper format. The training schedule shall be available on MCCMH's website within the Training Department's section. See the course descriptions for the mandatory training topics attached as Exhibit B and Exhibit E below.

F. MCCMH may require contracted providers' workforce members to complete additional, ongoing, or refresher training in any area in response to findings and recommendations identified through internal and external audits, reviews, and/or contract monitoring processes.

G. Training Reciprocity

1. MCCMH shall recognize training reciprocity when comparable trainings provided through other PIHPs are consistent with this policy, have comparable curriculum, and impart the required competencies.
2. Training reciprocity shall be achieved through compliance with standards established to guide curriculum development, as defined in applicable guidelines developed by the Community Mental Health Association of Michigan's State Training Guidelines Workgroup or other applicable entities.
3. For mandatory/core trainings commonly provided across systems, MCCMH shall 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 Clinical Division's Training Department may offer full reciprocity, expedited training supplements, or alternatives (e.g., abbreviated training options, testing out for competency, etc.).
5. Consistent with any applicable standards or processes including but not limited to those described in the Training Reciprocity Implementation Plan, the Clinical Division's Training Department shall be responsible for the following:
 - a. Designate an Improving MI Practices (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;
 - b. 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;
 - c. 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 or other applicable entities) and identify any courses that may be eligible for cross-system reciprocity;

- d. Ensure that in response to requests from contracted providers, workforce members of contracted providers, and/or PIHPs/CMHSPs, provide validated proof for any local training provided by MCCMH for which cross-system reciprocity applies;
- e. 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;
- f. 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
- g. 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 the requirements set forth in this policy, including all exhibits.
2. The following Third-Party Industry Standard Trainings provide examples of trainings that may be acceptable for purposes of satisfying the requirements of this policy, and may be offered or used by contracted providers for such purposes:
 - a. Nonviolent Crisis Intervention through the Crisis Prevention Institute, NAPPI, QBS' Safety-Care, and Culture of Gentleness;
 - b. First Aid and CPR through Red Cross or American Heart Association, EMS Safety, American Safety & Health Institute, or other third-party entity that requires adequate in-person skills demonstration to achieve certification (as determined by the MCCMH Training Committee);
 - c. Child Adolescent Functional Assessment Scale (CAFAS); and
 - d. Preschool and Early Childhood Functional Assessment Scale (PECFAS)
 - e. Michigan Child and Adolescent Needs and Strengths (MichiCANS)
 - f. Devereaux Early Childhood Assessment (DECA)
3. The acceptability of any other Third-Party Industry Standard Training for

purposes of meeting any of the requirements of this policy shall be determined on a case-by-case basis by the MCCMH Training Committee and have documentation of approval signed by the Chief Clinical Officer.

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, policies, and procedures.
5. A trainer's certification to provide training shall be retained and made available upon request for auditing and investigation purposes.
6. Any training separately required by a contracted provider for its own workforce members is separately governed by the contracted provider's own policies.

I. Documentation of Training Completed

1. Contracted 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 for any reason, including but not limited to reasons related to compliance, audit, review, or contract monitoring.
2. Contracted providers shall ensure that all employee training records are retained by the employer of record within the employee's personnel record or other tracking mechanism (Learning Management System) for a minimum of seven (7) years after an employee's departure from the employer.
3. Training deficiencies, including but not limited to a failure to properly document training, may result in:
 - a. Breach or violation of the contracted providers contractual obligations as an MCCMH network provider;
 - b. An MCCMH imposed condition, which the contracted provider must fulfill prior to contract renewal; and/or
 - c. An MCCMH imposed condition, which the contracted provider must fulfill for themselves (or an individual workforce member) to obtain access to FOCUS or bill for services rendered.

J. Reference Material Library

1. The Clinical Division's Training Department shall maintain a catalog of all trainings provided by MCCMH.
2. Contracted providers wishing to access any of the training catalogued in the Reference Material Library may do so by making a written request to the Clinical Division's Training Department.
3. The Clinical Division's Training Department shall maintain a log of the use of the

Reference Material Library by contracted providers and their workforce members.

VI. PROCEDURES

A. Contracted Providers/Workforce Members Seeking Reciprocity:

1. Contracted providers or workforce members interested in satisfying mandatory training requirements through reciprocity should contact the Clinical Division's Training Department.
 2. The Clinical Division's Training Department will evaluate the previous training against the applicable subject matter competencies developed by the State Training Guideline Workgroup or other applicable entities and require the individual seeking reciprocity to use the Improving MI Practices tool to attempt to "test out" or other accepted means. Test outs must be approved by the Training Department 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 Clinical Division's Training Department supervisor or designee will require the workforce member to complete the entire MCCMH training.
- B. Contracted providers shall have procedures in place to comply with the provisions of this policy.
- C. Contracted providers must submit proof of compliance with this policy to the MCCMH Clinical Division's Training Department, Quality Division, Network Operations, or other designee upon MCCMH's request.

VII. REFERENCES AND LEGAL AUTHORITY

A. Michigan Mental Health Code:

1. MCL 330.1201
2. MCL 330.1755(5)(f)

B. Michigan Administrative Code:

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. MDHHS/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
- J. Health Insurance Portability and Accountability Act
- K. Deficit Reduction Act
- L. Balanced Budget Act
- M. Commission on Accreditation of Rehabilitation Facilities 2022 Standards
- N. Certified Community Behavioral Health Clinics Handbook

VIII. EXHIBITS

- A. MCCMH Contracted Provider Training Requirements Grid
- B. MCCMH Contracted Provider Training Requirements Course Descriptions
- C. Training Reciprocity Implementation Plan
- D. MCCMH Contracted Specialized Residential Service Provider Training Requirements Grid
- E. MCCMH Contracted Specialized Residential Service Provider Training Requirements Course Descriptions