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Chapter: **DIRECTLY-OPERATED PROGRAM MANAGEMENT**  
Title: **DIRECT OPERATED PROVIDER & MCCMH ADMINISTRATION TRAINING AND DEVELOPMENT PROGRAM**

Prior Approval Date: 5/22/19  
Current Approval Date: 10/26/20

Approved by: BOARD ACTION



Chief Executive Officer

October 26, 2020  
Date

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**II. 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 the Board and all MCCMH Workforce Members.

**III. Application**

This policy shall apply to the Board and all MCCMH Workforce Members.

**IV. Policy**

It is the policy of the Board that all 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.

## **V. Definitions**

- A. Administrative Staff: MCCMH 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, chiefs and directors of MCCMH divisions or operations, administrative assistance staff I-IV, staff working within the administration building, information technology staff, recipient rights advisors and volunteers.
- 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 partners, and parent support partners are all examples of service providers that would qualify as Ancillary Staff.
- C. Clinical Staff: MCCMH 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, clinical interns, and psychiatrists, hospital liaisons, nursing staff, or access managers.
- D. 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 privileging and the guidelines for obtaining such privileging.
- E. FOCUS: The electronic medical record system utilized by MCCMH and its direct and contract network providers.
- F. MCCMH Training Committee: Designated committee responsible for training content and approval. This committee is comprised of Macomb County CMH's Clinical and Quality Division as well as other designees as directed and meets on a quarterly basis.
- G. MCCMH Directly Operated Program Support Staff: MCCMH Workforce Members, that work within an MCCMH Directly operated program and do not deliver a billable service to an individual that receives services. Directly Operated Program Support

Staff include typist clerks, account clerks and staff members responsible for providing transportation to individuals served.

- H. New Employee Orientation: Required training for newly hired MCCMH Workforce Members which, among other things, educates new employees about the MCCMH Board, the MCCMH Prepaid Inpatient Health Plan (PIHP) structure, the network service structure, and the functional support systems of the PIHP (e.g., health and safety, performance improvement, corporate compliance, etc.).
- I. Reference Library: A catalog maintained by the Clinical Division – Training Department that contains all of the trainings provided by MCCMH which are available to MCCMH Workforce Members.
- J. Relias Learning Management System: The system utilized by MCCMH for electronic learning and training. It is available online at [www.reliaslearning.com](http://www.reliaslearning.com).
- K. Telepsychiatry Providers: Contracted psychiatry providers whom deliver psychiatric services through real-time interactive videoconferencing.
- L. 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.
- M. Workforce Member: Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for MCCMH, is under the direct control MCCMH, whether or not they are paid by such entity. Self Determination staff are the Workforce Members of the relevant self-determination employer, not of MCCMH.

## V. Standards

- A. Consistent with applicable state and federal guidelines, MCCMH will establish a system for training and education for the Compliance Officer, senior management, and employees, for the federal and state standards and requirements under the PIHP Contract.
- B. New Employee Orientation: All new MCCMH Workforce Members shall be required to complete New Employee Orientation within 60 days of hire. Topics covered in the New Employee Orientation program shall include, but are not limited to:
  - 1. Introduction to MCCMH:

- i. MCCMH mission statement and vision statement
- ii. Background of MCCMH
- iii. Role of the MCCMH Board
- iv. Role of the PIHP

2. Administrative Overview

- i. MCCMH administrative structure – Divisions / support functions
- ii. MCCMH relationship to the Michigan Department of Health and Human Services (MDHHS) and the Macomb County Board of Commissioners
- iii. Provider Network Overview
- iv. Human Services Coordinating Body
- v. Citizens Advisory Council

3. Website / Intranet Tutorial

4. Crisis Management / Health and Safety

5. Infection Control/Bloodborne Pathogens

6. Person / Family-Centered Services

7. Grievance and Appeals System

C. Training Requirements Grid:

1. The Clinical Division – Training Department will develop and maintain a Macomb County Prepaid Inpatient Health Plan Training Requirements Grid (the “Training Requirements Grid”) (Exhibit A) that:

- i. Identifies mandatory training and educational needs, as appropriate in light of each individual position and its associated responsibilities; and
- ii. Includes timeframes within which the training must be completed both upon initial hire and on an ongoing, periodic basis thereafter.

2. The Training Requirements Grid shall be reviewed and revised by the MCCMH Training Committee on an annual basis, and otherwise as appropriate based on changes in applicable law, professional standards, and/or MCCMH policy.

D. The Clinical Division - Training Department shall provide training and education that supports the topic areas developed in the MCCMH Training Requirements

Grid, or will provide guidance on how to obtain such training from other acceptable sources.

- E. The Clinical Division - Training Department shall develop and maintain a course description for each required training topic area and a training schedule for all trainings required by MCCMH. The course descriptions and training schedule shall be reviewed and revised by the MCCMH Training Committee 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 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 and other applicable laws and standards.
  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 Clinical – 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 Clinical – 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 applicable;
- iii. Vet each course within the MCCMH training curricula according to the subject matter competencies developed by the State Training Guideline Workgroup (i.e., the guidelines developed by the State Training Guidelines Workgroup) or other applicable standards and identify any courses that may be eligible for cross-system reciprocity;
- iv. Maintain written protocols for 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 Workforce Members and/or PIHPs/CMHSPs, provide validated proof for any 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, approving when appropriate, or requiring 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 provide examples of trainings that may be acceptable for purposes of satisfying the requirements of this policy:
    - i. Crisis Prevention and De-escalation: Nonviolent Crisis Intervention through the Crisis Prevention Institute, QBS Safety-Care, Gentle Teaching, Non-Abusive Psychological and Physical Interventions.
    - ii. 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 CLINICAL – Training Division),
    - 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 any of 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 or MCCMH guidelines, policy and procedures.
- I. Documentation of Training Completed:
1. Documentation of training and education completed through the Relias Learning Management System or directly through the Clinical Division – Training Department will be generated automatically. Copies of such documentation should be retained by the applicable MCCMH Workforce Member and their supervisor.
  2. MCCMH Workforce Members must document any additional or outside training received in order to demonstrate his/her attendance and compliance with this policy. Documentation of such training and education shall be consistent with the requirements of MCCMH MCO Policy 10-041, “Documentation of Staff Participation in Inservices and Continuing Education Activities.”

3. Training deficiencies, including but not limited to a failure to properly document training, may result in: (i) suspension or revocation of Clinical privileges, pending completion of required training; (ii) suspension or revocation of FOCUS access; or (iii) other appropriate disciplinary action or sanction.

J. Reference Material Library:

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

VI. **Procedures**

A. Workforce Members Seeking Reciprocity:

1. Workforce Members interested in satisfying mandatory training requirements through reciprocity should contact the Clinical Division – Training Department.
2. The Clinical Division - Training Department will evaluate the previous training against the applicable subject matter competencies developed by the State Training Guideline Workgroup or other applicable parties, and possibly require the individual seeking reciprocity to attempt to “test out.” By demonstrating competency with applicable training content materials. 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– Training Department will require the Workforce Member to complete the entire MCCMH training.

VII. **References / Legal Authority**

- A. 42 C.F.R. 438.608(a)(1)(iv)



- B. Michigan Mental Health Code:
  - 1. MCL 330.1201
  - 2. MCL 330.1755(5)(f)
  
- C. 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)
  
- D. 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)
  
- E. 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)
  
- F. MDHHS/MCCMH Managed Specialty Supports and Services Contract
  
- G. Department of Energy, Labor, and Economic Growth – MIOSHA
  
- H. Michigan Department of Health & Human Services, Office of Children & Adult Licensing - Adult Foster Care Licensing Division, *Office of Foster Care Group Home Technical Assistance*
  
- I. 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*
  
- J. Commission on Accreditation of Rehabilitation Facilities (CARF) Standards Manual
  
- K. Training Reciprocity Implementation Plan, as developed by the State of Michigan Training Reciprocity Workgroup

**I. Exhibits**

- A. Macomb County Prepaid Inpatient Health Plan Training Requirements Grid  
(the “Training Requirements Grid”)
- B. MCCMH Course Descriptions – Mandatory Training Topics