

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL**

Section 9.1 Training Requirements

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9.1.1 Introduction

Behavioral health agency staff must participate in appropriate training, education, and technical assistance in order to effectively meet the requirements of the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) public behavioral health system. ADHS/DBHS requires that behavioral health providers receive certain training with the intended purpose of meeting the following goals:

- To promote a consistent practice philosophy;
- To assist behavioral health providers in developing a qualified, knowledgeable and culturally competent workforce;
- To provide timely information regarding new initiatives and best practices that impact the delivery of behavioral health services; and
- To ensure that services are delivered in a manner that results in achievement of the Arizona System Principles, including the [Arizona Children's Vision and Principles](#) and [Principles for Persons Determined to have a Serious Mental Illness \(SMI\)](#).

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 T/RBHAs.

9.1.2 References

The following citations can serve as additional 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-\(301-314\)](#)

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[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contracts](#)

[ADHS/TRBHA IGAs](#)

[Section 3.20, Credentialing and Recredentialing](#)

[Section 3.23, Cultural Competence](#)

[Section 4.3, Coordination of Care with AHCCCS Health Plans, Primary Care Providers and Medicare 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](#)

[Section 8.4, Performance Improvement Projects](#)

[Policy and Procedure Manual MI 5.2, Community Service Agencies-Title XIX Certification](#)

[Arizona Vision and 12 Principles](#)

[9 Guiding Principles for Recovery Oriented Adult Behavioral Health Services and Systems](#)

9.1.3 Scope

To whom does this apply?

This section applies to all behavioral health providers delivering services within the ADHS/DBHS public behavioral health system.

9.1.4 Did you know...?

- ADHS/DBHS monitors the T/RBHAs to ensure that behavioral health providers receive all required training.
- ADHS/DBHS requires T/RBHAs 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 T/RBHA and provider trainers is determined by each T/RBHA. Specific questions regarding trainer qualifications can be directed to the NARBHA's Training Coordinator at 928-774-7128.
- In addition to the required training content areas, T/RBHAs must ensure that appropriate training/technical assistance is available to behavioral health providers when deficiencies are identified.
- Providers involved in ordering, providing, monitoring or evaluating seclusion or restraint must complete and document education and training. Education and training must include the following: understanding behavioral and environmental risk factors, nonphysical interventions, the safe use of seclusion or restraint and responding to emergency situations in accordance with [R9-20-602\(Q\)](#).
- Family members, peer-run, family-run, and parent-support organizations must be utilized to provide technical assistance, training, coaching and support to peers, family members and youth who assume leadership roles within the behavioral health system (i.e., roles or membership on Boards of Directors and advisory groups which develop and implement programs, policies, and quality management activities).

9.1.5 Objectives

To ensure that behavioral health providers have the necessary knowledge and skills to successfully provide high quality services to persons receiving services in the public behavioral health system.

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9.1.6 Procedures

9.1.6-A. Required training for behavioral health providers (This section does not apply to Home Care Training to Home Care Client (HCTC) providers [see subsection 9.1.6-C] and Community Service Agency providers [see subsection 9.1.6-D])

The following is required training content that behavioral health providers should receive before providing services, but must receive within 90 days of the staff person's hire date, as relevant to each staff person's job duties and responsibilities:

- Screening for eligibility, enrollment for covered behavioral health services (when eligible), and referral when indicated;
- Use of assessment and other screening tools (e.g., substance-related, crisis/risk, developmental, etc.), including the Birth-to-Five Assessment depending upon population(s) served;
- Application of diagnostic classification systems and methods depending upon population(s) served;
- Use of effective interview and observational techniques that support engagement and are strengths-based, recovery-oriented, and culturally sensitive;
- Behavioral health service planning that addresses the client's/family's needs as identified through initial and ongoing assessment practices;
- Behavioral health record documentation requirements;
- Confidentiality/HIPAA;
- Coordination of care requirements with Primary Care Providers (PCPs) ([see PM Section 4.3, Coordination of Care with AHCCCS Health Plans, Primary Care Providers and Medicare Providers](#)) and other involved agencies and government entities ([see PM Section 4.4, Coordination of Care with other Governmental Entities](#));
- Sharing of treatment/medical information;
- Management of difficult cases, including high-risk persons and persons that are court ordered for treatment;
- 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);
- Overview of Substance Abuse Prevention and Treatment Block Grant: Priority placement criteria, interim service provision, consumer wait list reporting, and expenditure restrictions of the Substance Abuse Prevention and Treatment Block Grant in accordance with requirements in [PM Section 3.19, Special Populations](#); [PM Section 3.2 Appointment Standards and Timeliness of Service](#); [PM Section 3.21 Service Prioritization for Non-Title XIX/XXI Funding](#), and; [45 CFR Part 96](#));
- Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) Program;
- Rights and responsibilities of eligible and enrolled behavioral health recipients, including rights for persons determined to have Serious Mental Illness;
- Appeals, grievances and requests for investigations;
- Complaint Process;
- Customer service;
- Fraud and abuse requirements and protocols;

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- Managed care concepts, including information on the T/RBHA and the public behavioral health system;
- Overview of Arizona behavioral health system policies and procedures, including the ADHS/DBHS system principles:
 - [Arizona Vision and 12 Principles](#) in the children's system,
 - [9 Guiding Principles for Recovery Oriented Adult Behavioral Health Services and Systems](#) in the adult system,
- Best practices in the treatment and prevention of behavioral health disorders;
- Clinical training as it relates to specialty populations and/or conditions;
- Information regarding the appropriate clinical approaches when delivering services to children in the care and custody of ADES/DCYF;
- Overview of partnership with Department of Economic Services/Rehabilitative Services Administration (DES/RSA);
- Child and Family Team (CFT) practice, depending on the population(s) served;
- Third party liability and coordination of benefits;
- Claims/encounters submission process;
- Advance Directives;
- Interpretation and Translation services;
- 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;
- ADHS/DBHS Demographic Data Set, including required timeframes for data submission and valid values; and
- Medicare Prescription Drug Modernization and Improvement Act of 2003 (MMA), including the following (as required by the Balanced Budget Amendment):
 - Assisting persons in choosing a Medicare Part D plan;
 - Accessing relevant resources (e.g., plan formularies); and
 - Answering questions and obtaining informational materials

Continuing Training Requirements

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

- Each RBHA must provide evidence to the Office of Program Support (OPS) Encounter Unit, on a monthly basis, of ongoing provider training concerning procedures for submission of encounters. In addition, the RBHA must provide training to any provider with a data validation review rate greater than ten percent;
- ADHS/DBHS Demographic Data Set, including required timeframes for data submission and valid values; and
- Providers must ensure that staff at all levels and across all disciplines receives ongoing education and training in culturally and linguistically appropriate service delivery.

ADHS/DBHS also recognizes that there may be ongoing training requirements, specific to each T/RBHA.

- All Receptionist, Front Desk and Customer Service type positions receive annual refresher training on cultural competency.

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- Each training topic must include a cultural competency component per ADHS/DBHS contract requirements (per ADHS/DBHS T/RBHA contract).
- RAs and NARBHA must seek input from and include members and family members in the development and delivery of trainings (per ADHS/DBHS T/RBHA contract).

9.1.6-B Office of Behavioral Health Licensure (OBHL) required training (This section does not apply to Home Care Training to Home Care Client (HCTC) providers [see subsection 9.1.6-C] and Community Service Agency providers [see subsection 9.1.6-D])

The following is required training content where a licensee shall ensure that a behavioral health technician or behavioral health paraprofessional has the skills and knowledge necessary to perform the duties consistent with the job description of the behavioral health technician or behavioral health paraprofessional and the services the agency is authorized to provide including, if applicable, the skills and knowledge necessary to:

- Protect client rights in [R9-20-203](#);
- Provide treatment that promotes client dignity, independence, individuality, strengths, privacy and choice;
- Recognize obvious symptoms of a mental disorder, personality disorder, or substance abuse;
- Provide the behavioral health services that the agency is authorized to provide and that the staff member is qualified to provide;
- Meet the unique needs of the client populations served by the agency or the staff member, such as children, adults age 65 or older, individuals who have substance abuse problems, individuals who are seriously mentally ill, or individuals who have co-occurring disorders;
- Protect and maintain the confidentiality of client records and information;
- Recognize and respect cultural differences;
- Recognize, prevent, and respond to a situation in which a client:
 - May be a danger to self or a danger to others,
 - Behaves in an aggressive or destructive manner,
 - May be experiencing a crisis situation, or
 - May be experiencing a medical emergency;
- Read and implement a client's treatment plan;
- Assist a client in accessing community services and resources;
- Record and document client information;
- Demonstrate ethical behavior, such as by respecting staff member and client boundaries and recognizing the inappropriateness of receiving gratuities from a client;
- Identify types of medications commonly prescribed for mental disorders, personality disorders, and substance abuse and the common side effects and adverse reactions of the medications;
- Recognize and respond to a fire, disaster, hazard, and medical emergency; and
- Provide the activities or behavioral health services identified in the staff member's job description or the agency's policy and procedure.

Training must be completed and documented in accordance with OBHL requirements (see R9-20-204(F) and R9-20-206).

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9.1.6-C. Required training specific to Professional Foster Homes Providing HCTC Services **Children**

Medicaid reimbursable Home Care Training to Home Care Client (HCTC) services for children are provided in Professional Foster Homes licensed by the Arizona Department of Economic Security, 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 provider:

- CPR and First Aid Training;
- 30 hours of pre-service training utilizing Partnering for Safety and Permanence: the Model Approach to Partnerships in Parenting (PS-MAPP);
- 18 hours of pre-service training utilizing the Arizona Home Care Training to Client Service Curriculum;
- Behavioral health management of crisis situations including:
 - Prevention of violent behaviors,
 - Behavior management skills, and
 - De-escalation techniques
- Medical/health care issues, procedures, and techniques, including the purpose/use/administration of medications, medication interactions, and potential medication reactions.

The provider delivering HCTC services must complete the above training prior to providing 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 the Arizona Department of Health, which must comply with training requirements as listed in [R9-20-1502](#):

- Protecting the person's rights;
- Providing behavioral health services that the adult therapeutic foster home is authorized to provide and the provider delivering HCTC services is qualified to provide;
- Protecting and maintaining the confidentiality of clinical records;
- Recognizing and respecting cultural differences;
- Recognizing, preventing or responding to a situation in which a person:
 - May be a danger to self or a danger to others;
 - Behaves in an aggressive or destructive manner;
 - May be experiencing a crisis situation; or
 - May be experiencing a medical emergency;
- Reading and implementing a person's treatment plan; and
- 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 [R9-20-1502](#).

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9.1.6-D. 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 behavioral health recipients. For a complete description of all required training specific to CSAs, see [Policy and Procedure Manual MI 5.2, Community Service Agencies-Title XIX Certification](#).

9.1.6-E. Other situations that may prompt additional behavioral health provider training

Additional training is necessary for behavioral health providers serving in specific roles and functions including:

- Assessors conducting the behavioral health assessment and children age birth to five assessment;
- Providers responsible for service plan development and implementation;
- Child and Family Team facilitators;
- Child and Family Team coaches and supervisors of CFT facilitators (See [ADHS/DBHS Practice Protocol Child and Family Team Practice](#)) including the use of [PM Form 9.1.1 Arizona Child and Family Teams Proficiency Measurement Tool for Facilitation](#) and [PM Attachment 9.1.1 Arizona Child and Family Teams Proficiency Measurement Tool for Facilitation User's Guide](#));
- Providers delivering services through distinct programs (e.g., Assertive Community Treatment teams);
- Providers offering specialized therapeutic approaches (e.g., Dialectical Behavioral Therapy, Multi-Systemic Therapy);
- Providers offering expertise in specialized areas (e.g., developmental disabilities, trauma, substance abuse, children age birth to five);
- Providers involved in Level I facilities; and
- 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 T/RBHA on a regular basis. (See [Unique Needs of Children, Youth and Families Involved with Child Protective Services](#)).

In addition, specific situations may necessitate the need for additional training. For example, quality improvement initiatives may require focused training efforts. New regulations that impact the public behavioral health system may also require concerted training strategies (e.g., the Balanced Budget Act (BBA), Medicaid Modernization Act (MMA) and Deficit Reduction Act (DRA)).

9.1.6-F Training Expectations for ADHS/DBHS Clinical and Recovery Practice Protocols

Under the direction of the ADHS/DBHS Chief Medical Officer, the Department publishes ADHS/DBHS Practice Protocols and identifies national clinical best practices to assist behavioral health providers. National guidelines and Practice Protocols without required elements can be accessed at <http://www.azdhs.gov/bhs/guidance/guidance.htm>.

Selected Practice Protocols have required elements. Behavioral health providers should receive training on Practice Protocols with required elements before providing services, but must receive training within six months of the staff person's hire date. (Protocol training is only

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required if pertinent to populations served). As Practice Protocols with required elements are revised or added, training expectations will be identified. Practice Protocols with required elements can be accessed at <http://www.azdhs.gov/bhs/guidance/guidance.htm>.

9.1.6-G. Training Requests

- Please contact the T/RBHA to find out where and when training is available or to request technical assistance or trainings that are mentioned in this section. A provider agency can contact the NARBHA Training Coordinator at (928) 774-7128 for information about scheduled training events, and for consultation/technical assistance regarding training needs. Training events can also be found on the NARBHA website training calendar at www.narbha.org.

Training Documentation of Orientation and Training Received by Staff

- Orientation and ongoing training will be provided to all personnel and will include the minimum training outlined within this policy.
- Orientation materials are developed and delivered by person(s) with appropriate credentials and/or experience relative to the orientation topic. A master copy of the organization and program specific orientation materials is maintained by the Human Resources department and/or Training Coordinator. The orientation materials are reviewed at least annually and updated if necessary.
- Documentation of all orientation activities are maintained in the individual's personnel file. Documentation includes the employee's name, department and/or unit name, due date for orientation, date orientation received, topic and signature and credentials of the individual providing the training.
- Each agency is required to provide in-service training for staff based on program and individual staff needs, performance improvement monitoring activities and staff performance evaluations. Agencies will also participate in Arizona Department of Health Services/Division of Behavioral Health Services initiated training due to identified needs, new initiatives and best practices.
- Staff needs for continuing education and in-service training are assessed annually and documented in personnel files.
- Documentation of in-service training and continuing education for each individual is maintained in the individual's personnel file. Documentation includes the date, topic, number of hours of training, name and credentials of trainer, and verification of training (generally by trainer's signature on the certificate).
- All staff who provide clinical services to members receive 48 hours of orientation, continuing education and in-service training during the first year of employment per OBHL Regulation R9-20-206 (B).
- After the first year of employment is completed, all staff who provide clinical services to members receive a minimum of 24 hours of continuing education and in-service training each year, per the OBHL Regulation R9-20-206 (B.2.b).
- Beginning July 1, 2006 all staff who act as a clinical supervisor receive a minimum of 12 hours of continuing education training prior to the individual's first license expiration per the OBHL Regulation R4-6-212 (J.1). The training categories will include: the role and responsibility of a clinical supervisor; the skill sets necessary to provide oversight and guidance to a supervisee who diagnoses, creates treatment plans, and treats clients; the concepts of supervisor methods and techniques; and evaluation of a supervisee's ability to plan and implement clinical assessment and treatment processes.

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- All staff who act as a clinical supervisor receive a minimum of 6 hours of continuing education training, after the first license renewal as a clinical supervisor per the OBHS Regulation R4-5-212 (J.2). The training categories will include: the role and responsibility of a clinical supervisor; the skill sets necessary to provide oversight and guidance to a supervisee who diagnoses, creates treatment plans, and treats clients; the concepts of supervisor methods and techniques; and evaluation of a supervisee's ability to plan and implement clinical assessment and treatment processes.
- Documentation of in-service training offered by the agency to its staff is maintained by the Human Resources department and/or Training Coordinator in a central location. The training file should include:
 - Date of completion,
 - Topic,
 - Number of hours,
 - Name and credentials of the trainer,
 - Sign in sheet including the participant's name, agency and/or position and signature,
 - Agenda,
 - Presentation, training materials and/or handouts,
 - Pre-test and/or post-test, if applicable, and
 - Evaluation, if applicable.