

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

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 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

- [R9-20-1502](#)
- [R6-5-5850](#)
- [AHCCCS/ADHS Contract](#)
- [ADHS/RBHA Contracts](#)
- [TRBHA IGAs](#)
- [Section 3.20, Credentialing and Privileging](#)
- [Section 8.4, Performance Improvement Projects](#)
- [Section 5.4, Special Assistance for Persons Determined to Have a Serious Mental Illness](#)
- [Section MI 5.2, Community Service Agencies Title XIX Certification](#)

9.1.3 Scope

- To whom does this apply?

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

9.1.4 Did you know...?

- Under the direction of the ADHS/DBHS Medical Director and Assistant Medical Director, the Department has researched and published several Clinical Guidance Documents to assist behavioral health providers in Arizona's public behavioral health system. These documents are known as Clinical Practice Guidelines, Practice Improvement Protocols (PIPs), and Technical Assistance Documents (TADs). The Clinical Guidance Documents can be accessed at <http://www.azdhs.gov/bhs/guidance/guidance.htm>.
- 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 curriculum is developed and how training content is to be presented.
- In addition to the required training content areas, T/RBHAs must ensure that appropriate training is available to behavioral health providers when deficiencies are identified.

9.1.5 Objectives

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

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) [formerly Therapeutic Foster Care] providers [see subsection 9.1.6-B] and Community Service Agency providers [see subsection 9.1.6-C])

- 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:
- Screening for eligibility, enrollment for covered behavioral health services (when eligible), and referral when indicated;
- Behavioral health record documentation requirements;
- Use of assessment tools, including the Birth-to-Five Assessment depending upon population(s) served;
- Coordination of care requirements with Primary Care Providers (PCPs) and other involved agencies and government entities;
- Confidentiality of client records and 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);
- Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) Program;
- Rights and responsibilities of eligible and enrolled behavioral health recipients including rights for persons with serious mental illness and service provision that promotes client dignity, individuality, strength, privacy and choice;
- Grievances and requests for hearings;
- Customer service (i.e. responses to complaints);

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- Fraud and abuse requirements and protocols;
- 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;
- Information regarding the appropriate clinical approaches when delivering services to children in the care and custody of ADES/DCYF;
- Cultural competency; Responsible Agencies contracted with NARBHA utilize the Essential Learning Module “NARBHA Cultural Diversity and Language Assistance” for Administrative positions. In addition to receiving the “NARBHA Cultural Diversity and Language Assistance”, Clinical positions receive the “Cultural Issues in Behavioral Health” Essential Learning Module. The 7-hour DBHS Cultural Competence Training Curriculum is required for Clinical positions, QM Supervisor type positions and Clinical Record Reviewer type positions.
- Interpretation and Translation services; orientation must include information on the Cultural and Linguistically Appropriate Services (CLAS) standards and agency’s protocol for accessing interpreter/translation resources
- Child and Family Team practice, depending on the population(s) served;
- Third party liability and coordination of benefits;
- Recognizing common symptoms of mental disorders, personality disorders, or substance abuse;
- Ethical behavior such as staff and client boundaries;
- Claims/encounters submission process;
- Advance Directives;
- Identification and reporting of persons in need of Special Assistance for individuals who have been determined to be SMI;
- 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, 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 also recognizes that there may be ongoing training requirements, specific to each T/RBHA, such as:

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

9.1.6-B. Required training specific to Professional Foster Homes

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

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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); and
- 18 hours of pre-service training utilizing the Arizona Home Care Training to Client (formerly Therapeutic Foster Home) Service Curriculum.
- Behavioral health management of crisis situations including:
- Prevention of violent behaviors,
- Behavior management skills,
- De-escalation techniques, and
- Physical restraint practices, as needed
- 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.
- **NOTE:** Effective January 1, 2009, all providers delivering HCTC services must have completed the Arizona Home Care Training to Client (formerly Therapeutic Foster Care) Service Curriculum. This may be most easily accomplished by providing the training as part of the provider's annual advanced training requirement.

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](#).

9.1.6-C. Required training specific to Community Service Agencies

- Staff of a Community Service Agency providing covered behavioral health services must submit a statement as part of the initial or biannual certification application that they have completed the following training and that it was completed before they began to provide services to behavioral health recipients. Community Service Agencies (CSAs) must submit documentation

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as part of the initial and annual CSA application indicating that all direct service staff and volunteers have completed the following training prior to providing services to behavioral health recipients:

- Community service agencies must receive training on the following topics:
- Client rights;
- Providing services in a manner that promotes a person's dignity, independence, individuality, strengths, privacy and choice;
- Recognizing common symptoms of mental disorders, personality disorders or substance abuse;
- Protecting and maintaining confidentiality of person's records and information;
- Recognizing, preventing or responding to a client who may be a danger to self or a danger to others, behaving in an aggressive or destructive manner, needing crisis services, or experiencing a medical emergency;
- Record keeping and documentation; and
- Ethical behaviors such as staff and behavioral health recipient boundaries and the inappropriateness of receiving gratuities from a behavioral health recipient.

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

- Additional trainings is necessary for behavioral health providers staff serving in specific roles and functions including:
- Assessors;
- Behavioral Health Technicians;
- Child and Family Team facilitators (See Child and Family Team Process technical assessment documents: [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); and
- Providers offering expertise in specialized areas (e.g. developmental disabilities, trauma, substance abuse).
- To identify and refer persons who may need special assistance (see Section [5.4. Special Assistance for SMI Members](#)) when delivering services to persons who have been determined to have a serious mental illness;
- 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-E. Training Expectations for ADHS/DBHS Clinical and Recovery Practice Protocols

- Under the direction of the ADHS/DBHS Medical Director and Associate Medical Director, the Department has researched and published Clinical and Recovery Practice Protocols to assist behavioral health providers in Arizona's public behavioral health system. The Clinical and Recovery Practice Protocols can be accessed at <http://www.azdhs.gov/bhs/guidance/guidance.htm>.
- Behavioral health providers are required to receive training and implement the identified service expectations on the following Practice Protocols. Behavioral health providers should receive

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training on these Practice Protocols before providing services, but must receive training within six months of the staff person's hire date:

- Unique Needs of Children, Youth and Families Involved with Children's Protective Services (CPS). Behavioral health providers providing services to children and families involved with CPS will be required to attend "Unique Needs of Children Involved with CPS" training offered by each T/RBHA on a regular basis;
- Psychotropic Medication Use In Children, Adolescents and Young Adults;
- Other Practice Protocols as indicated at <http://www.azdhs.gov/bhs/guidance/guidance.htm>;
- Please note, although not required, ADHS/DBHS recommends behavioral health providers receive training on Practice Protocols not listed in this subsection, but found on the ADHS/DBHS website at <http://www.azdhs.gov/bhs/guidance/guidance.htm>. As Practice Protocols are updated, revised or new Protocols are added, training expectations will be identified.

9.1.6-E. 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 that may be necessary for your agency/organization to provide quality behavioral health services. A provider agency can contact the NARBHA Human Resource Manager at (928) 774-7128 for information regarding planned training and for consultation/technical assistance regarding training needs. Information regarding training can also be located on the NARBHA website www.narbha.org.

9.1.6-F. 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 and updated if necessary every six (6) months.
- 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, including ADHS Clinical Guidance Documents, which impact the delivery of behavioral health services.
- 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).

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- 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).
- All staff who provide clinical services to members receive a minimum of 24 hours of continuing education and in-service training each year, after the first year of employment per the OBHL Regulation R9-20-206 (B.2.b).
- Beginning July 1, 2006 all staff who are 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.
- All staff who are a clinical supervisor receive a minimum of 6 hours of continuing education training, after the first license renewal as a clinical supervisor per the OBHL 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.