

**Arizona Department of Health Services  
Division of Behavioral Health Services  
Training Information Form**

Name of Training: **Advance Directives**

Date Form Completed: **3.29.2007**

Person Completing This Form: ADHS/DBHS and T/RBHA Training Coordinators

*Please complete the following information regarding your upcoming training. This information will be used internally and provided to the RBHAs as applicable.*

1. Brief description of Training: **Describes what an Advance Directive is, how is it applied to behavioral health, why Advance Directives are valuable and useful to clients and behavioral health staff and what information on Advance Directives must be provided to members upon enrollment with a provider. Reviews guidelines outlines in Provider Manual section 3.12**

2. Length of Training Varies depending on format provided (ei. Self study, in class room) approximat time: **approx. 20-40 minutes**

3. Training Specifics (check one for each row):

a.  One-Time Training    or     On-Going Training    If on-going, how often? \_\_\_\_\_

b.  Stand-Alone Training    or     Can Be Combined With Other Trainings

i. If Can Be Combined, what Trainings would it be appropriate with (i.e. New Hire Orientation, Assessment, etc.)? **Rights and Responsibilities of Eligible/Enrolled Persons and Persons Determined to have an SMI**

c.  Required Training    or     Recommended Training

i.        If Required Training for RBHAs/Providers:

ii. Describe audience/key personnel (internal/external, all staff, clinical liaisons, QM staff, etc.) If multiple groups, list in order of priority: **clinical staff relevant to job function, QM staff as determined by the T/RBHA**

1. Are changes required to policy or Provider Manual?     Yes     No    If Yes, what section(s)? \_\_\_\_\_

2. Does it fulfill requirements already in policy or Provider Manual?     Yes     No

If Yes, what section(s)? **9.1** \_\_\_\_\_

3. Describe what you will need to see for monitoring (i.e. slides, sign-in sheets, etc):

A. Describe reporting requirements: **number of participants, participant list, training calendars and/or sign in sheets** \_\_\_\_\_

4. Will the Training be videotaped?     Yes     No

5. Describe ADHS' training activities (Is ADHS providing any/all trainings? Where? When? Is it a Train-the-Trainer model? Is there any limit to attendees?, etc.) **Chick Arnold presented information on Advance Directives to each of the 4 RBHAs.**

a.  Must Follow a Script Exactly or  Can Be Modified

i. If Can Be Modified, describe any restrictions: **Must follow guidelines outlined in Provider Manual Section 3.12**

6. What is the timeframe to complete the training (i.e. 6-months- 1 year)? If prioritized audience, please list separately. **Within a reasonable timeframe, as part of New Hire Orientation**

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\_\_\_\_\_  
\_\_\_\_\_

7. Would you recommend this training for Essential Learning (on-line training)?  Yes  No

8. Describe any other pertinent information regarding this training. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Are there specific credentials the trainer must have (i.e. licensed professional)? Describe.  
Determined by T/RBHA to be expert in subject matter and has abilities to facilitate trainings effectively