

SECTION: 1 CHAPTER: 400
POLICY: 403, Training Requirements

1. PURPOSE:

In order to effectively meet the requirements of the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) the Tribal/Regional Behavioral Health Authorities (T/RBHAs) must participate in development, implementation and support of trainings for behavioral health contractors and subcontractors to ensure appropriate training, education, technical assistance and workforce development opportunities. Specifically to:

- a. Promote a consistent practice philosophy; provide voice and empowerment to staff and behavioral health recipients;
- b. Ensure a qualified, knowledgeable and culturally competent workforce;
- c. Provide timely information regarding initiatives and best practices; and
- d. Ensure that services are delivered in a manner that results in achievement of the Arizona System Principles, which include the [9 Guiding Principles for Recovery Oriented Adult Behavioral Health Services](#) and Systems [and Arizona Children's Vision and Principles](#).

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.

2. PROCEDURES:

- a. Required training for behavioral health providers
 - i. Each T/RBHA must monitor and implement training activities and requirements outlined in Section 9.1.6 A - H. In addition, T/RBHAs will annually evaluate the impact of the training requirements and activities in order to develop a qualified, knowledgeable and culturally competent workforce.
 - ii. T/RBHAs and their providers must ensure the following within 90 days of the staff person's hire date, as relevant to each staff person's job duties and responsibilities and annually as applicable (see subsection 2.d. for training requirements applicable to Home Care Training to Home Care Client (HCTC) providers and subsection 2.e. for training requirements applicable to Community Service Agencies):
 - (1) [Section 1](#)
 - (a) Fraud and program abuse recognition and reporting requirements and protocols;
 - (b) Managed care concepts, including information on the T/RBHA and the public behavioral health system;
 - (c) Screening for eligibility, enrollment for covered behavioral health services (when eligible), and referral when indicated;
 - (d) Overview of Arizona behavioral health system policies and procedures in the [Arizona Vision and 12 Principles](#) in the children's system,

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- (e) Overview of Arizona's behavioral health system policies and procedures in the [9 Guiding Principles for Recovery Oriented Adult Behavioral Health Services and Systems](#) in the adult system,
 - (f) Overview of partnership with Department of Economic Services/Rehabilitative Services Administration (DES/RSA);
 - (g) Cultural competency; including Cultural Competency 101: Embracing Diversity (ADHS/DBHS curriculum);
 - (h) Interpretation and translation services;
 - (i) ADHS/DBHS Demographic Data Set, including required timeframes for data submission and valid values; and
 - (j) Identification and reporting of quality of care concerns and the quality of care concerns investigation process.
- (2) Section 2
- (a) Use of assessment and other screening tools (e.g., substance-related, crisis/risk, developmental, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program etc.), including the Birth-to-Five Assessment depending upon population(s) served;
 - (b) Use of effective interview and observational techniques that support engagement and are strengths-based, recovery-oriented, and culturally sensitive;
 - (c) Application of diagnostic classification systems and methods depending upon population(s) served;
 - (d) Best practices in the treatment and prevention of behavioral health disorders;
 - (e) Behavioral health service planning and implementation which includes family vision and voice, developed in collaborations with the individual/family needs as identified through initial and ongoing assessment practices;
 - (f) 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);
 - (g) Overview of Substance Abuse Prevention and Treatment Block Grant (SAPT): priority placement criteria, interim service provision, consumer wait list reporting, and expenditure restrictions of the SAPT Block Grant in accordance with requirements in [Policy 110, Special Populations](#); [Policy 102 Appointment Standards and Timeliness of Service](#) and; [45 CFR Part 96](#);
 - (h) Behavioral health providers should receive training on the ADHS/DBHS National Practice Guidelines and Clinical Guidance Documents with required elements before providing services, but must receive training within six months of the staff person's hire date. (Protocol training is only required if pertinent to populations served).

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- (i) Clinical training as it relates to specialty populations including but limited to conditions based on identified need;
 - (j) Information regarding the appropriate clinical approaches when delivering services to children in the care and custody of the Arizona Department of Economic Security/Division of Children Youth and Families (ADES/DCYF); and
 - (k) Understanding behavioral and environmental risk factors, nonphysical interventions, the safe use of seclusion or restraint and responding to emergency situations in accordance with [Policy 702 Reporting and Monitoring the Use of Seclusion and Restraint](#).
- (3) Section 3
- (a) Behavioral health record documentation requirements (see [Policy 802, Behavioral Health Medical Record Standards](#));
 - (b) Confidentiality/Health Information Portability and Accountability Act (HIPAA);
 - (c) Sharing of treatment/medical information;
 - (d) Coordination of service delivery for persons with complex needs (e.g. persons at risk of harm to self and others, court ordered to receive treatment);
 - (e) Rights and responsibilities of eligible and enrolled behavioral health recipients, including rights for persons determined to have Serious Mental Illness (SMI);
 - (f) Appeals, grievances and requests for investigations;
 - (g) Complaint process (see [Policy 1802, Complaint Resolution](#));
 - (h) Customer service;
 - (i) Coordination of care requirements with Primary Care Providers (PCPs) (see [Policy 902, Coordination of Care with AHCCCS Health Plans, Primary Care Providers and Medicare Providers](#));
 - (j) Third party liability and coordination of benefits (see [Policy 701, Third Party Liability and Coordination of Benefits](#));
 - (k) Other involved agencies and government entities (see [Policy 903, Coordination of Care with other Governmental Entities](#));
 - (l) Claims/encounters submission process (see [Policy 501, Submitting Claims and Encounters](#));
 - (m) Advance Directives (see [Policy 801, Advance Directives](#));
 - (n) 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 (see [Policy 113, Special Assistance for Persons Determined to Have a Serious Mental Illness](#));
 - (o) Providers delivering services through distinct programs (e.g., Assertive Community Treatment teams, Dialectical Behavioral Therapy, Multi-Systemic

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- Therapy, developmental disabilities, trauma, substance abuse, children age birth to five, and Level I facilities);
- (p) Behavioral health recipient benefit options trainings: such as Medicare Modernization Act (MMA) Department of Economic Security/Rehabilitation Services Administration (DES/RSA) Substance Abuse Prevention Treatment (SAPT) grant.
- iii. Specific situations may necessitate the need for additional trainings. For example, quality improvement initiatives that may require focused training efforts and/or new regulations that impact the public behavioral health system (e.g., the Balanced Budget Act (BBA), Medicaid Modernization Act (MMA), the Affordable Care Act (ACA) and Deficit Reduction Act (DRA)). Additional trainings may be required, as determined by geographic service area identified needs.
 - iv. T/RBHAs must develop and make available to providers any policies and procedures regarding additional training information.
- b. Annual and Ongoing Training Requirements
- i. In addition to training required within the first 90 days of hire, all T/RBHA subcontracted providers are required to undergo and provide ongoing training for the following content areas:
 - (1) ADHS/DBHS Demographic Data Set, including required timeframes for data submission, valid values and as changes occur;
 - (2) Monthly trainings concerning procedures for submissions of encounters as determined by ADHS/DBHS;
 - (3) Annual cultural competency and linguistically appropriate training updates for staff at all levels and across all disciplines respective to underrepresented/underserved populations;
 - (4) Identification and reporting of Quality of Care Concerns and the Quality of Care Concerns investigations process;
 - (5) Inter-rater reliability;
 - (6) American Society of Addition Medicine Patient Placement Criteria (ASAM PPC-2R);
 - (7) Child and Adolescent Service Intensity Instrument (CASII);
 - (8) Ticket to Work/Disability Benefits 101;
 - (9) Peer, family member, peer-run, family-run and parent-support training and coaching,
 - (10) 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 (see [Policy 113, Special Assistance for Persons Determined to Have a Serious Mental Illness](#)) and;
 - (11) Workforce Development trainings specific to hiring, support, continuing education and professional development.

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- ii. Specific situations may necessitate the need for additional trainings. For example, quality improvement initiatives that may require focused training efforts and/or new regulations that impact the public behavioral health system (e.g., the Balanced Budget Act (BBA), Medicaid Modernization Act (MMA), the Affordable Care Act (ACA) and Deficit Reduction Act (DRA)). Additional trainings may be required, as determined by geographic service area identified needs.
 - iii. T/RBHAs must develop and make available to providers any policies and procedures regarding specific ongoing training requirements.
- c. Office of Behavioral Health Licensing (OBHL) required training
- i. Training must be completed and documented in accordance with OBHL requirements (see [R9-20-204\(F\)](#) and [R9-20-206](#) and the [ADHS Division of Public Health Services, Licensing Services website](#))
- d. Required training specific to Professional Foster Homes Providing HCTC Services
- i. Children
 - (1) 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/Office of Licensing, Certification and Regulation 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 contracted provider:
 - (2) CPR and First Aid Training;
 - (3) 18 hours of pre-service training utilizing the Arizona Home Care Training to Client Service Curriculum;
 - ii. The provider delivering HCTC services must complete the above training prior to delivering 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](#).
 - iii. Adults
 - (1) Medicaid reimbursable HCTC services for adults are provided in Adult Therapeutic Foster Homes licensed by ADHS/OBHL, and must comply with training requirements as listed in [R9-20-1502](#):
 - (a) Protecting the person's rights;
 - (b) Providing behavioral health services that the adult therapeutic foster home is authorized to provide and the provider delivering HCTC services is qualified to provide;
 - (c) Protecting and maintaining the confidentiality of clinical records;
 - (d) Recognizing and respecting cultural differences;
 - (e) Recognizing, preventing or responding to a situation in which a person:
 - (i) May be a danger to self or a danger to others;

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- (ii) Behaves in an aggressive or destructive manner;
 - (iii) May be experiencing a crisis situation; or
 - (iv) May be experiencing a medical emergency;
 - (f) Reading and implementing a person's treatment plan; and
 - (g) 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](#).

 - e. Required training specific to Community Service Agencies
 - i. 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 406, Community Service Agencies-Title XIX Certification](#)
 - f. Training Expectations for ADHS/DBHS Clinical and Recovery Practice Protocols
 - i. Under the direction of the ADHS/DBHS Chief Medical Officer, the Department publishes national practice guidelines and clinical guidance documents to assist behavioral health providers. These documents, some with required elements can be accessed at <http://azdhs.gov/bhs/guidance/index.htm>
 - ii. 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 ADHS/DBHS Practice Protocol, [The Unique Behavioral Health Service Needs of Children, Youth and Families Involved with Child Protective Services](#)).
 - iii. Training on Child and Family Team (CFT) practice, depending on the population(s) served; (See [ADHS/DBHS Practice Protocol Child and Family Team Practice](#))
Training curriculums can be differentiated based on the role (BHMP, BHT, Coaches, Family Support Partners, Supervisors, etc.) of the training participation provides in CFT Practice. Curriculums and certification processes shall be approved by T/RBHAs and ADHS/DBHS.
 - g. Training Requests
 - i. For additional training requests and/or technical assistance specific to the trainings listed above and /or identified are of need, contact the T/RBHA.
 - ii. T/RBHAs must develop and make available to providers any policies and procedures that identify how providers can access these types or trainings including specific T/RBHA contact information.
 - h. Workforce Development
 - i. Training Expert:
 - (1) T/RBHAs must employ a training expert/contact as key personnel and point of contact to implement and oversee compliance with the training requirements,

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- training plan, Policy 403, Training Requirements and participate in the Training Coordinators committees.
- ii. Training Development Plan:
 - (1) Each T/RBHA must develop, implement and submit an Annual Training Plan that provides information and documentation of all trainings. The training plan and training curriculums will be submitted annually, forty-five days after fiscal year end.
 - iii. Training Quarterly Updates:
 - (1) Each T/RBHA must submit a Workforce Development Quarterly Update which includes information specific to initiatives and activities specific to training. Quarterly updates are to be submitted 30 days after quarter end.
 - iv. ADHS/DBHS Ownership of any intellectual property:
 - (1) This policy will serve as disclosure of ownership of any intellectual property created or disclosed during the course of the service contract such as educational materials created for classroom training and/or learning programs.
 - v. Exceptions:
 - (1) Those cases in which the production of such materials is part of sponsored programs;
 - (2) those cases in which substantial University resources were used in creating educational materials; and
 - (3) those cases which are specifically commissioned by contacted vendors or done as part of an explicitly designated assignment other than normal contactor educational pursuits.
 - vi. T/RBHAs must develop and make available to providers any additional policies and procedures regarding specific workforce development requirements.

3. REFERENCES:

[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. R9-21-101](#)
[A.A.C. R9-21-301 through 314](#)
[AHCCCS/ADHS Contract](#)
[ADHS/RBHA Contracts](#)
[ADHS/TRBHA IGAs](#)
[Policy 113, Special Assistance for Persons Determined to Have a Serious Mental Illness](#)
[Policy 404, Peer Support/Recovery Support Training, Certification and Supervision Requirements](#)
[Policy 405, Credentialing and Recredentialing](#)
[Policy 406, Community Service Agencies-Title XIX Certification](#)

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[Policy 407, Cultural Competence](#)

[Policy 902, Coordination of Care with AHCCCS Health Plans, Primary Care Providers and Medicare Providers](#)

[Policy 903, Coordination of Care with other Governmental Entities](#)

[Policy 1002, Performance Improvement Projects](#)

[Policy 1702, Reporting and Monitoring the Use of Seclusion and Restraint](#)

[Arizona Vision and 12 Principles](#)

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

[Principles for Persons Determined to have a Serious Mental Illness \(SMI\).](#)

[ADHS/DBHS Office of Individual and Family Affairs Web Page](#)