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|  |  |  |  |  |  | **EXHIBIT A** |  |  |  |  |  |  |  |  |
| **HealthWest Regional Minimum CMHSP/SUD Training Requirements** | | | | | | | | | | | | | | |
| **Symbol Key\*** | | **Administrative Staff** | **Applied Behavior Analysis** | **ACT** | **Assessment** | **Behavior Treatment Review** | **Children's Waiver** | **Clinical Services OT/PT/SLP** | **Clubhouse** | **CLS Non-**  **Specialized Residential** | **Crisis Intervention** | **Crisis Residential** | **Direct Prevention** | **Enhanced Pharmacy** |
| I - Initially A - Initially & Annually II - Initially & Every Two Years O - Initial and Ongoing (see Training Requirements: Detail) R - Recommended ¥ - Adult Population Only  ^ - Child Population Only (SED Waiver and CWP) = - For staff involved in Medication Administration\* x - MANDT waiver available upon request and approval\* + - MANDT waived for Children's Specialized Residential Settings or residential settings where there are multiple payors. ₿ - Requirement of Women's Specialty Services programming\* £ - DCO requirement of CCBHC\* ₩ - Direct Care Workers Only | |
| **Training** | **Requirements** | **\*Additional information related to the Symbol Key is located on Page 4 of this document.** | | | | | | | | | | | | |
| Advance Directives | < 30 days of hire & prior to working with indv. |  |  | II |  |  |  |  |  |  | II £ | II |  |  |
| Behavioral Treatment/Crisis Intervention (MANDT Relational) | < 90 days of hire |  |  | R |  |  |  |  | R |  | A £ | A+ |  |  |
| Behavioral Treatment/Crisis Intervention (MANDT Conceptual) | < 90 days of hire |  |  | R |  |  |  |  | R |  |  | A+ |  |  |
| Behavioral Treatment/Crisis Intervention (MANDT Technical) | < 90 days of hire |  |  |  |  |  |  |  |  |  |  | Ax+ |  |  |
| Corporate Compliance | <60 days of hire | A | A | A | A £ | A | A | A | A | A | A £ | A | A | A |
| Cultural Competence | <60 days of hire | A | A | A | A £ | A | A | A | A | A | A £ | A | A | A |
| Emergency Preparedness | <60 days of hire |  | I |  |  |  | O |  | I | I |  | I |  |  |
| Knowledge of First Aid | <60 days of hire |  |  |  |  |  | II |  |  | II |  |  |  |  |
| First Aid Certification | <60 days of hire |  | O |  |  |  |  |  |  |  |  | O |  |  |
| CPR Certification | <60 days of hire |  |  |  |  |  | O |  |  |  |  | O |  |  |
| Grievance and Appeals | < 30 days of hire |  | A | A | A £ | A | A | A | A | A | A | A |  |  |
| HCBS IPOS Holder Training Modules | < 60 days of hire |  |  | A |  |  |  |  |  |  |  |  |  |  |
| HCBS Provider Training Module | < 60 days of hire |  |  |  |  |  |  |  |  | A |  |  |  |  |
| Health & Wellness | < 60 days of hire |  |  |  |  |  |  |  |  |  |  | I |  |  |
| HIPAA | < 60 days of hire | A | A | A | A £ | A | A | A | A | A | A | A | A | A |
| Introduction to Human Services | < 30 days of hire |  |  |  |  |  |  |  |  |  |  | I |  |  |
| Limited English Proficiency (LEP) | < 60 days of hire | A | A | A | A £ | A | A | A | A | A | A | A | A | A |
| Medication Series | < 60 days of hire |  |  |  |  |  |  |  |  | = |  | I |  |  |
| Nutrition & Food Safety | < 60 days of hire |  |  |  |  |  |  |  |  |  |  | I |  |  |
| Person-Centered Planning & Self-  Determination | < 60 days of hire |  | A | A | A £ | A | A | A | A | A | A | A |  |  |
| Recipient Rights | < 30 days of hire | A | A | A | A £ | A | A | A | A | A | A | A | A | A |
| Standard Precautions | Prior to working with indv. |  | A | A | A £ |  | A | A | A | A | A | A | A |  |
| Trauma Informed Care | < 6 months of hire |  | O | O | O £ | O | O | O | O | O | O | O | O |  |

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|  |  |  |  |  |  | **EXHIBIT A** |  |  |  |  |  |  |  |  |  |
| **HealthWest Regional Minimum CMHSP/SUD Training Requirements** | | | | | | | | | | | | | | | |
| **Symbol Key\*** | | **Family Supports and Training** | **Fiscal Intermediary** | **Health Services** | **Home Based** | **Housing Assistance** | **Intensive Crisis Stabilization** | **Ind. Adult/**  **Family/**  **Group Tx.** | **Nursing Facility MH**  **Monitor** | **OBRA PAS/SAR** | **Peer Delivered Services** | **Personal Care/CLS in Specialized Residential Setting** | **Private Duty Nursing** | **Psychiatric Services** | **Respite** |
| I- Initially  A - Initially & Annually  II- Initially & Every Two Years  O - Initial and Ongoing (see Training Requirements: Detail)  R - Recommended  ¥ - Adult Population Only  ^ - Child Population Only (SED Waiver and CWP)  = - For staff involved in Medication Administration\*  x - MANDT waiver available upon request and approval\*  + - MANDT waived for Children's Specialized Residential Settings or residential settings where there are multiple payors.  ₿ - Requirement of Women's Specialty Services programming\*  £ - DCO requirement of CCBHC\*  ₩ - Direct Care Workers Only | |
| **Training** | **Requirements** | **\*Additional information related to the Symbol Key is located on Page 4 of this document.** | | | | | | | | | | | | | |
| Advance Directives | < 30 days of hire & prior to  working with indv. |  |  |  |  |  |  |  | II |  |  |  |  |  |  |
| Behavioral Treatment/Crisis Intervention (MANDT Relational) | < 90 days of hire |  |  |  | R |  | A £ |  |  |  |  | A+ |  |  |  |
| Behavioral Treatment/Crisis Intervention (MANDT Conceptual) | < 90 days of hire |  |  |  | R |  |  |  |  |  |  | A+ |  |  |  |
| Behavioral Treatment/Crisis Intervention (MANDT Technical) | < 90 days of hire |  |  |  |  |  |  |  |  |  |  | A+ |  |  |  |
| Corporate Compliance | <60 days of hire | A | A | A | A |  | A £ | A £ | A | A | A | A | A | A | A |
| Cultural Competence | <60 days of hire | A |  | A | A |  | A £ | A £ | A | A | A | A | A | A | A |
| Emergency Preparedness | <60 days of hire |  |  |  |  |  |  |  |  |  |  | O |  |  |  |
| Knowledge of First Aid | <60 days of hire |  |  |  |  |  |  |  |  |  |  |  |  |  | II |
| First Aid Certification | <60 days of hire |  |  |  |  |  |  |  |  |  |  | O |  |  |  |
| CPR Certification | <60 days of hire |  |  |  |  |  |  |  |  |  |  | O |  |  |  |
| Grievance and Appeals | < 30 days of hire | A |  | A | A |  | A £ | A £ | A | A | A | A | A | A | A |
| HCBS IPOS Holder Training Modules | < 60 days of hire |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HCBS Provider Training Module | < 60 days of hire |  |  |  |  |  |  |  |  |  |  | A |  |  |  |
| Health & Wellness | < 60 days of hire |  |  |  |  |  |  |  |  |  |  | I |  |  |  |
| HIPAA | < 60 days of hire | A | A | A | A |  | A £ | A £ | A | A | A | A | A |  | A |
| Introduction to Human Services | < 30 days of hire |  |  |  |  |  |  |  |  |  |  | I |  |  |  |
| Limited English Proficiency (LEP) | < 60 days of hire | A | A | A | A |  | A £ | A £ | A | A | A | A | A | A | A |
| Medication Series | < 60 days of hire |  |  |  |  |  |  |  |  |  |  | I |  |  |  |
| Nutrition & Food Safety | < 60 days of hire |  |  |  |  |  |  |  |  |  |  | I |  |  |  |
| Person-Centered Planning & Self-  Determination | < 60 days of hire |  |  |  | A |  | A £ | A £ | A |  | A | A | A | A | A |
| Recipient Rights | < 30 days of hire | A | A | A | A | A | A £ | A £ | A | A | A | A | A | A | A |
| Standard Precautions | Prior to working with indv. | A |  | A | A |  | A £ | A £ | A | A | A | A | A | A | A |
| Trauma Informed Care | < 6 months of hire | O |  | O | O |  | O £ | O £ | O | O | O | O | O | O | O |

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| **EXHIBIT A** | | | | | | | | | | | | | | |
| **HealthWest Regional Minimum CMHSP/SUD Training Requirements** | | | | | | | | | | | | | | |
| **Symbol Key\*** |  | **Self- Directed** | **Skill Building/ Non- Vocational** | **SUD**  **Community Based Tx.** | **SUD**  **Medication Assisted Tx.** | **SUD**  **Outpatient Tx.** | **SUD**  **Residential Treatment** | **SUD Res.**  **Withdrawal Mgmt.** | **Supported Employment** | **Supports Coord** | **Targeted Case Mgmt.** | **Transporta tion** | **Treatment Planning** | **Wrap- around** |
| I- Initially  A - Initially & Annually  II- Initially & Every Two Years  O - Initial and Ongoing (see Training Requirements: Detail)  R - Recommended  ¥ - Adult Population Only  ^ - Child Population Only (SED Waiver and CWP)  = - For staff involved in Medication Administration\*  x - MANDT waiver available upon request and approval\*  + - MANDT waived for Children's Specialized Residential Settings or residential settings where there are multiple payors.  ₿ - Requirement of Women's Specialty Services programming\*  £ - DCO requirement of CCBHC\*  ₩ - Direct Care Workers only | |
| **Training** | **Requirements** | **\*Additional information related to the Symbol Key is located on Page 4 of this document.** | | | | | | | | | | | | |
| Advance Directives | < 30 days of hire & prior to working with  indv. |  |  | II ₿ £ | II ₿ £ | II ₿ £ | II ₿ £ |  |  | II¥ | II¥ |  | II |  |
| Behavioral Treatment/Crisis Intervention  (MANDT Relational) | < 90 days of hire |  |  | R ₿ £ |  |  | R ₿ £ | R ₿ £ |  | R | R |  |  |  |
| Behavioral Treatment/Crisis Intervention (MANDT Conceptual) | < 90 days of hire |  |  | R ₿ £ |  |  | R ₿ £ | R ₿ £ |  | R | R |  |  |  |
| Behavioral Treatment/Crisis Intervention (MANDT Technical) | < 90 days of hire |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Corporate Compliance | <60 days of hire |  | A | A ₿ £ | A ₿ £ | A ₿ £ | A ₿ £ | A ₿ £ | A | A | A | A | A | A |
| Cultural Competence | <60 days of hire |  | A | A ₿ £ | A ₿ £ | A ₿ £ | A ₿ £ | A ₿ £ | A | A | A | A | A | A |
| Emergency Preparedness | <60 days of hire | A₩ | A |  |  |  |  |  | A |  |  |  |  |  |
| Knowledge of First Aid | <60 days of hire | A₩ | II |  |  |  |  |  | II |  |  |  |  |  |
| First Aid Certification | <60 days of hire | A^ |  |  |  |  |  |  |  |  |  |  |  |  |
| CPR Certification | <60 days of hire |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Grievance and Appeals | < 30 days of hire |  | A | A ₿ £ | A ₿ £ | A ₿ £ | A ₿ £ | A ₿ £ | A | A | A | A | A | A |
| HCBS IPOS Holder Training Modules | < 60 days of hire |  |  |  |  |  |  |  |  | A | A |  |  |  |
| HCBS Provider Training Module | < 60 days of hire | A₩ | A |  |  |  |  |  | A |  |  |  |  |  |
| Health & Wellness | < 60 days of hire |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HIPAA | < 60 days of hire |  | A | A ₿ £ | A ₿ £ | A ₿ £ | A ₿ £ | A ₿ £ | A | A | A | A | A | A |
| Introduction to Human Services | < 30 days of hire |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Limited English Proficiency (LEP) | < 60 days of hire |  | A | A ₿ £ | A ₿ £ | A ₿ £ | A ₿ £ | A ₿ £ | A | A | A | A | A | A |
| Medication Series | < 60 days of hire |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nutrition & Food Safety | < 60 days of hire |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Person-Centered Planning & Self-  Determination | < 60 days of hire |  | A | A ₿ £ | A ₿ £ | A ₿ £ | A ₿ £ | A ₿ £ | A | A | A |  | A | A |
| Recipient Rights | < 30 days of hire | A₩ | A |  |  |  |  |  | A | A | A | A | A | A |
| Recipient Rights - SUD | < 30 days of hire |  |  | A ₿ £ | A ₿ £ | A ₿ £ | A ₿ £ | A ₿ £ |  |  |  |  |  |  |
| Standard Precautions | Prior to working with  indv. | A₩ | A | A ₿ £ | A ₿ £ | A ₿ £ | A ₿ £ | A ₿ £ | A | A | A | A | A | A |
| Trauma Informed Care | < 6 months of hire |  | O | O ₿ £ | O ₿ £ | O ₿ £ | O ₿ £ | O ₿ £ | O | O | O | O | O | O |

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| **Symbol Key:** | |
| **I** | Initially |
| **A** | Initially and annually |
| **II** | Initial and every two years |
| **O** | Initial and ongoing (see Page 5 - Page 12, Training Requirements:Detail) |
| **R** | Recommended |
| **¥** | Adult Population only |
| **=** | Required when staff provide reminding, monitoring, and/or observation of medication administration per the Medicaid Provider Manual Guidelines for CLS. |
| **x** | Waiver from participation in MANDT Conceptual or Technical session is available upon request and approval from the contracting CMHSP |
| **+** | Waiver from participation in MANDT for Children's Specialized Residential Settings or residential settings where there are multiple payors. |
| **₿** | Providers of Women's Specialty Services programming are required to complete with all  provisions outlined in the WSS Handbook. |
| **£** | Required for agencies contracted to provide services as a Designated Collaborative Organization (DCO) with the CMHSP/CCBHC. Must comply with all training requirements as outlined in the Michigan Certified Community Behavioral Health Clinic (CCBHC) Handbook. |
| **₩** | Required for staff classified as Direct Care Workers that are employed by agencies  contracted to provide Self-Directed services. |
| **This is a set of LRE minimum training requirements and is not all inclusive to each individual CMHSP/SUD Provider. Any county, accreditation, evidence -based practice, or CMHSP-specific training will be additionally documented by each CMHSP in their respective subcontracts. Not all requirements for accredited services (by CARF, etc.) are indicated.** | |