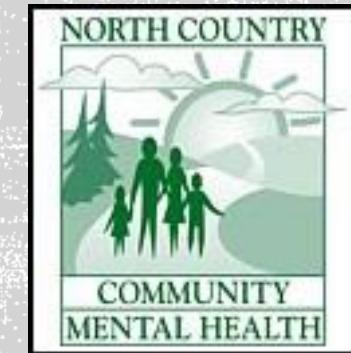
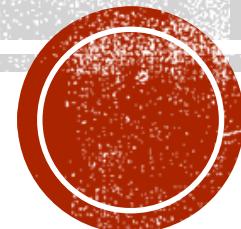


# NCCMH TRAINING UPDATES



November 5, 2019



# TRAINING REGISTRATION

- FY20 Calendar of Training
- Class Size
- No Shows
- Fees for No Shows
- Reciprocity Vetting Tools



# CONTRACTUAL RR TRAINING REQUIREMENTS

## 5. TRAINING

a. **CONTRACTOR** shall ensure and maintain documentation that **CONTRACTOR** and all of **CONTRACTOR**'s employees or agents providing services to **BOARD** consumers receive training in recipient rights protection within 30 days of employment, or the provision of such services, and annually thereafter. NOTE: We have never "required" annual updates

1. In lieu of an annual RR update training, the **CONTRACTOR** and the **CONTRACTOR**'s employees will review the quarterly educational brochures sent to the **CONTRACTOR** by the **BOARD**. Documentation that the information has been reviewed must be maintained by the **CONTRACTOR**.

b. **CONTRACTOR** shall ensure that **CONTRACTOR** and all **CONTRACTOR**'s employees or agents receive Recipient Rights training directly from **BOARD**'s Office of Recipient Rights, except under the following circumstances:

1. The **BOARD** will accept recipient rights training from another CMHSP's Office of Recipients if receiving it directly from the **BOARD**'s ORR would create an undue burden. The **CONTRACTOR** must maintain a copy of the proof of attendance from the CMHSP where the training occurred. **SEND REQUESTS TO CONTRACT MANAGER SO THAT A FORM REQUEST CAN BE SENT TO ORR AND ACKNOWLEDGED IN SOME FORMAT.**
2. If the **CONTRACTOR** requests and receives prior written approval from **BOARD**'s Office of Recipient Rights to utilize any other recipient rights training curriculum developed by **CONTRACTOR** or obtained from another source. The curriculum must meet the technical requirements as outlined in Attachment C6.3.2.3B of the MDHHS/CMHSP master contract. The request and a copy of the curriculum must be submitted in writing to the **BOARD**'s contract department for processing.
3. Returning/new hires who have taken recipient rights training from another CMHSP within three (3) years prior to date of application for employment with current **CONTRACTOR**. The **CONTRACTOR** must maintain a copy of the proof of attendance from the CMHSP where the training occurred. Recipient Rights training records older than three (3) years will not be accepted for returning/new hires.

# CONTRACTUAL MEDICATION ADMINISTRATION TRAINING REQUIREMENTS

- **CONTRACTOR** shall ensure that **CONTRACTOR** and all **CONTRACTOR**'s employees or agents receive Medication Administration training directly from **BOARD**'s Department of Health Services, except under the following circumstances:
  - The **BOARD** will accept Medication Administration training from another CMHSP's Office if receiving it directly from the **BOARD**'s Office of Health Services would create an undue burden. The **CONTRACTOR** must maintain a copy of the proof of attendance from the CMHSP where the training occurred and must report the training to the **BOARD** in a timely manner.
  - If the **CONTRACTOR** requests in writing to the **BOARD**'s Contract Manager, receives prior written approval from **BOARD**'s Director of Health Services and a contract addendum authorizing the **CONTRACTOR** to utilize any other Medication Administration training curriculum (either developed by **CONTRACTOR** or obtained from another source). The curriculum must meet the technical requirements as outlined in MDHHS Behavioral Health and Developmental Disability Training, section D. Basic Health and Medications, part V. through XII.
  - Returning or newly hired employees of the **CONTRACTOR** who have taken Medication Administration training from another CMHSP within three (3) years prior to date of application for employment with current **CONTRACTOR**. The **CONTRACTOR** must maintain a copy of the proof of attendance from the CMHSP where the training occurred. Medication Administration training records older than three (3) years will not be accepted for returning/new hires.

# **CONTRACTUAL CPR/FIRST AID TRAINING REQUIREMENTS**

- CPR/First Aid certifications should be kept up to date for all direct care workers including respite providers.**
- Certifications last two years.**
- Expired certifications = noncompliance.**



# TRAINING GRID REVIEW



# FORMS OF PI

- Upon NCCMH request for placement of a client in a licensed residential or unlicensed location that has not been used before, we need to know the following:
  - 1. HCBS Survey Form (residential or non-residential) must be completed and submitted to contract manager.
  - 2. Form of PI used in that specific home. We authorize CPI automatically. If any other form is utilized, a written request for approval should be sent to the Contract Manager along with the HCBS Survey prior to client placement. Contract manager will forward that request to clinical/ORR for authorization. If authorized, we will need to issue a contract addendum as formal notification.

