



Network Provider Training Plan

WRITTEN BY: GHS Training Department/GHS Provider Relations Department

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DATE: 4/10/2026

I. INTRODUCTION

This plan reflects a listing of training requirements for the Provider Network Direct Care Staff outlined in the current QAPIP, MDHHS, LARA, Medicaid Manual, Mental Health Code, Genesee Health System (GHS) policy manual, CARF, CCBHC, and federal requirements.

While this plan may not be exhaustive it encompasses all areas necessary to ensure compliance with applicable standards.

II. GENERAL INFORMATION

1. The Provider Network is defined as a network of behavioral health providers operating in the GHS Service Network to provide mental health treatment.
2. Providers are responsible for monitoring their own training needs and must ensure that their staff adheres to all training requirements.
3. Direct Care Workers (DCW) are defined as those providing services for adults in Specialized Residential, CLS with Med Drop, and Vocational/non-Vocational settings, as well as adults and children in community Living Supports (CLS), Respite, Nursing Respite, and Private Duty Nursing (PDN) settings serving GHS consumers.
4. Designated Collaborating Organization staff (DCO) are defined as those employed by an entity partnering with a Certified Community Behavioral Health Clinic (CCBHC) to provide required mental health and substance use services on behalf of the CCBHC.
5. Primary Clinicians are defined as clinical staff responsible for the plan of service in all programs serving individuals with mental illness and/or intellectual and developmental disabilities.
6. All staff are required to complete their training requirements outlined in this plan.
7. The Provider Network will complete GHS required trainings via the online training platform, Moodle. Each staff member must have their own account. To create an account, a help ticket must be submitted <https://providerhelpdesk.genhs.org/User/Login>.

8. Periodic assessments of training needs are conducted annually through Provider Relations for the Provider Network. These assessments include suggestions for in-services and trainings beneficial to the population served. The Training Department will review all requests and make recommendations for the upcoming year's training offerings.
9. There may be a cost for trainings that are offered through GHS for the Provider Network. Registration fees will be based on whether the classes contain Continuing Education credits and/or contact hours from the Michigan Certification Board for Addiction Professionals (MCBAP), as well as the standard material costs of the class. Providers and/or attendees will be expected to pay the required amount 72 hours prior to the start of the class, or the registration will be cancelled.

Registration fees are payable to: Genesee Health System
Attn: Training Department
RE: (please specify training)
1040 W. Bristol Rd.
Flint, MI 48507

Please bring receipt of payment to the training on the day of the training session. Classes cancelled without 48 hours' notice will not receive a refund.

10. **Training Requirements**

Please refer to the training requirements for clinical providers, Designated Collaborating Organizations, and direct care staff on the following pages.

CLINICAL PROVIDERS and DESIGNATED COLLABORATING ORGANIZATIONS

III. TRAINING REQUIREMENTS

1. **Behavioral Health Crisis Response Training (only crisis services DCO)** – Training is required within 60 days of hire.
 - a. Provider will be responsible to ensure staff complete the required Behavioral Health Crisis Response Training Program through Wayne State University.
2. **Bloodborne Pathogens/Universal Precautions** – Training is required within 60 days of hire for all staff, and annually thereafter.
 - a. Provider will be responsible for training staff on health hazards caused by exposure to blood and other potentially infectious materials.
3. **CCBHC Continuity of Operations/Disaster Plan** – The plan is required within 60 days of hire and every 3 years thereafter.
 - a. The continuity of operations/disaster plan must align with any requirements to be established for overall CMHSP certification as well as CMS emergency preparedness standards.
 - b. Staff must be made aware of the disaster plan and be trained on their relative roles and responsibilities in executing the disaster plan.
4. **CCBHC Informational Training for DCOs** – Training within 60 days of DCO start date and every 3 years thereafter.
 - a. CCBHC lead will provide a CCBHC informational session with each DCO provider to introduce them to the CCBHC model and requirements.
 - b. This session will include the following topics: CCBHC Demonstration background and structure; Review of most current CCBHC handbook; Six (6) CCBHC principles; Nine (9) core CCBHC services; and CCBHC measures and metrics.
5. **CHIP Crisis Screen Training** – Training is required within 60 days of hire.
 - a. All Clinical Supervisors, Clinical Coordinators, and Case Managers providing crisis services are required to be trained in CHIP Crisis Screen Training.
 - b. The Provider Network will complete this GHS required training via the online training platform, Moodle. <https://providerhelpdesk.genhs.org/User/Login>.
6. **Clinical Process Training** – Training is required within 60 days of hire for all staff providing clinical services.
 - a. Provider will provide training designed to assist in understanding the professional development for clinical staff.
7. **Corporate Compliance and Ethics** – Training is required within 60 days of hire for all staff, and annually thereafter.

- a. Provider is responsible for training staff in the practice of codes of conduct and adherence to federal, state, and local laws and regulations preventing fraud and securing confidential information.
 - b. This training is required annually thereafter via GHS Annual Compliance online training.
- 8. **Co-occurring Mental Health and SUD** – Training is required within 60 days of hire and every 2 years thereafter.
 - a. Provider is responsible for training staff to deliver integrated, evidence based care. It must address both conditions simultaneously rather than as separate, parallel tracks.
- 9. **CPR and First Aid** – Training is required within 60 days of hire for all staff, and every two years thereafter.
 - a. CPR and First Aid training must consist of in-person demonstration for competency in providing manual compressions and lifesaving skills to adults, children, and infants in alignment with OSHA, AHA, or the American Red Cross.
 - b. All licensed medical staff (example RN, LPN) are required to have Basic Life Support (BLS) training within 60 days of hire and every two years thereafter.
- 10. **Collaborating with and Roles of families and peers** – Training is required within 60 days of hire for all staff providing clinical services, and annually thereafter.
 - a. Provider is responsible for training staff on the role of families and peers being integrated into the care team to improve engagement, reduce hospitalizations, and strengthen community connections.
 - b. This training is required annually thereafter via GHS Annual Compliance online training.
- 11. **Conflict of Interest** - Training is required within 60 days of hire for all staff, and every 2 years thereafter.
 - a. Provider is responsible for training staff to understand the CCBHC Conflict of Interest requirements as well as review specific policies and procedures.
- 12. **Critical Incident Reporting** – Training is required within 60 days of hire for all staff, and annually thereafter.
 - a. Provider is responsible for training staff in timely and accurately reporting critical incidents.
 - b. This training is required annually thereafter via GHS Annual Compliance online training.
- 13. **Cultural Competence** – Training is required within 60 days of hire for all staff, and annually thereafter.
 - a. Provider will be responsible for providing training that will align with the national Standards for Culturally and Linguistically Appropriate Services (CLAS) to advance health equity, improve quality of services, and eliminate disparities.
- 14. **Customer Service and Welcoming** – Training is required within 60 days of hire for all staff, and annually thereafter.

- a. Provider is responsible for training staff in providing a welcoming space to ensure consumers feel recognized and valued.
- b. This training is required annually thereafter via GHS Annual Compliance online training.

15. DECA Training

- a. DECA (Devereux Early Childhood Assessment) is a MDHHS required training and certification for primary clinicians who work with consumers between the ages of 1 month and 6 years.
- b. An initial training will be completed by new staff within 6 months of hire. The training is completed online and is provided by the MDHHS contracted agency at <https://michiganeca.org/>.
- c. Staff are then required to complete booster training every two years. These booster training courses are provided online by the MDHHS contracted agency at <https://michiganeca.org/>.

16. Due Process/Enrollee Rights/Grievance & Appeals - Training is required within 60 days of hire for all staff providing clinical services, and annually thereafter.

- a. Provider is responsible for providing training that ensures all staff are trained on enrollee rights, due process, and grievance/appeals procedures for the enrollees.
- b. This training is required annually thereafter via GHS Annual Compliance online training.

17. Fire Suppression Training – Training is required within 60 days of employment and then annually.

- a. Provider is responsible for providing training to staff to identify, prevent and safely combat fires using extinguishers and safe evacuation procedures within their facility.

18. GHS Annual Compliance – The following training modules are required annually and must be taken through GHS. No other CMH and/or Individual Provider Compliance Training will be accepted.

- a. Training modules consist of:
 - Community Safety
 - Critical Incident Reporting
 - Corporate Compliance and Ethics
 - Customer Services and Welcoming
 - Due Process/Enrollee Rights/Grievance & Appeals
 - HIPAA
 - Implicit Bias
 - Limited English Proficiency (LEP)
 - Military and Veteran Culture
 - Older Adult Culture and Care
 - Overdose Prevention and Response
 - Person Centered Planning and the Roles of Families and Peers
 - Recipient Rights
 - Suicide Assessment and Prevention
 - Trauma Informed Care

- b. Staff must enroll via the Moodle platform. When choosing Moodle each staff member must have their own account. To create an account, a help ticket must be submitted <https://providerhelpdesk.genhs.org/User/Login>.
 - c. All modules are required regardless of the population served.
 - d. All staff must complete the new fiscal year training upon release according to the due date assigned.
- 19. **HIPAA** – Training is required within 30 days of hire for all staff, and annually thereafter.
 - a. Provider is responsible for training staff in the understanding of the Health Insurance Portability and Accountability Act (HIPAA).
 - b. Training should include confidentiality and securing consumer protected health information (PHI).
 - c. This training is required thereafter via GHS Annual Compliance online training.
- 20. **Implicit Bias** – Training is required within 60 days of hire for all staff and annually thereafter.
 - a. Provider is responsible for training staff in recognizing and mitigating automatic, involuntary stereotypes and prejudices they may hold towards certain groups.
 - b. This training is required thereafter via GHS Annual compliance online training.
- 21. **Indicia/MCG Training for Crisis Services** – Training is required within 60 days of hire.
 - a. All Clinical Supervisors and Clinical Coordinators providing crisis services are required to be complete Indicia/MCG training.
 - b. The Provider Network will complete this GHS required trainings via the online training platform, Moodle. <https://providerhelpdesk.genhs.org/User/Login>.
- 22. **LGBTQ+ Cultural Competency** – Training is required with 60 days of hire for all staff.
 - a. Provider is responsible for training staff on cultural competency and specialized clinical training focusing on persons who identify as lesbian, gay, bisexual, transgender, gender nonconforming, queer, or question their sexual identity and expression.
- 23. **Limited English Proficiency (LEP)** – Training is required within 60 days of hire for all staff and annually thereafter.
 - a. Provider is responsible for training staff on how to effectively communicate with and assist individuals who have a limited ability to understand or use English.
 - b. Training should include understanding the legal obligation to provide language assistance, and how to use interpreter services.
 - c. This training is required annually thereafter via GHS Annual Compliance online training.
- 24. **LOCAS P.A.S. (Level of Care Utilization System for Psych and Addiction Services Training**

A clinically reliable and valid decision-making support tool for determining appropriate level of care, capable of measuring client needs over time.

- a. All Primary Clinicians, Intake Staff and Therapists working with persons over the age of 18 are required to be trained in LOCAS P.A.S.
- b. Trainings are hosted via webinar through AACP (<https://training.communitypsychiatry.org>) and must be completed within 30 days of hire.
- c. Staff are required to complete annual LOCUS Refresher training.

25. **MEND Dashboard Training for Crisis Services** – Training is required within 60 days of hire.

- a. All Clinical Supervisors, Clinical Coordinators, and Case Managers providing crisis services are required to be trained in CHIP Crisis Screen Training.
- b. The Provider Network will complete this GHS required trainings via the online training platform, Moodle. <https://providerhelpdesk.genhs.org/User/Login>.

26. **MichiCANS**

- a. MichiCANS (Michigan Child and Adolescent Needs and Strengths) is a MDHHS required training tool being implemented statewide in the public mental health system for clinical staff who provide services to individual birth through 20 years.
- b. Initial training is provided online through MDHHS monthly for new staff. This training is to be completed by new staff within 6 months of hire. [MI CBC MichiCANS](#).
- c. Initial trainings to receive required certification are as follows:
 - TCOM (Transformational collaborative Outcomes Management) orientation
 - MichiCANS Overview
 - Certification Assessment: after completing the above trainings staff must complete an assessment and receive 70% or higher to be a certified user of MichiCANS.
 - Action Planning
 - Supervisor Training (only required for supervisors)
 - Annual recertification is required

27. **Military/Veteran Culture Training** – Training is required within 60 days of hire, and annually thereafter.

- a. Provider is required to train staff in the understanding of military customs, values, language and experiences of veterans and the transition to civilian life.

- b. This training is required annually thereafter via GHS Annual Compliance online training.

28. **Non-Violent Crisis Prevention/Therapeutic Interventions** – Training is required within 60 days of hire for all staff, and annually thereafter.

- a. Provider will be responsible for training staff in non-violent therapeutic interventions for aggressive or disruptive behavior.

- b. Non-violent Crisis Intervention curriculum must be approved by GHS training department.
- 29. **Older Adult Care and Culture** – Training is required within 60 days of hire, and annually thereafter.
 - a. Provider is responsible for training staff with the knowledge, skills and culture competence needed to provide respectful, effective, and personalized support to seniors.
 - b. This training is required annually thereafter via GHS Annual Compliance online training.
- 30. **Overdose Prevention & Response (Narcan Training)** – Training is required within 60 days of hire, and annually thereafter.
 - a. Provider is responsible for training staff to recognize the signs of drug overdose, specifically opioid overdose and administer naloxone (Narcan) that can reverse an opioid overdose.
 - b. This training is required annually thereafter via GHS Annual Compliance online Training.
- 31. **Person/Family Centered Planning (PCP)** – Training is required within 60 days of hire for all staff, and annually thereafter.
 - a. Provider is responsible for training staff on the importance of the person and family centered planning processes.
 - b. Training should include integrating the person’s strengths, preferences, goals and desires into their recovery and well-being.
 - c. This training is required annually thereafter via GHS Annual Compliance online training.
- 32. **Primary care/behavioral health integration** – Training is required within 60 days of hire and every 2 years thereafter.
 - a. Provider is responsible for training staff on the integration of behavioral health and primary care, including screening and monitoring for physical health conditions.
 - b. Training should include evidence based practices and working with specific populations, including those with substance use disorders and serious mental illness.
- 33. **Primary Clinician Training** – Training is required within 60 days of hire.
 - a. Primary Clinician Training is required of ALL clinical staff (defined as those responsible for the Plan of Service) in ALL programs serving individuals with mental illness and/or intellectual/developmental disabilities.
 - b. The provider will provide training on current trends and topics of clinicians to be knowledgeable of the newest and most current research for appropriate applications when working with people.
 - c. This training can be taken through GHS online Training portal, Moodle.
- 34. **Recipient Rights** – Training is required by GHS Office of Recipient Rights within 30 days of hire for all staff.

- a. Newly hired staff may take alternative CMH Recipient Rights trainings. This must be approved by GHS Office of Recipient Rights in advance.
 - Current reciprocity agreements are in place with all other Community health Organizations.
 - b. Training is required annually thereafter via GHS Annual Compliance online training.
- 35. **Suicide Risk Assessment and Prevention** – Training is required within 60 days of hire for all staff, and annually thereafter.
 - a. Provider is responsible for providing staff training on recognizing the warning signs and assessing the risk of suicide and how to intervene effectively.
 - b. Training is required annually thereafter via GHS Annual Compliance online training.
- 36. **Trauma History Screening** – Training is required within 60 days of hire for all staff, and annually thereafter.
 - a. Provider is responsible for providing training staff on recognizing, understanding, and responding to the pervasive effects of trauma and fostering healing.
 - b. This training is required annually thereafter via GHS annual Corporate Compliance online training.
- 37. **Tribal Language, Culture, and Intervention** – Training is required within 60 days of hire.
 - a. Provider is responsible for providing training integrating indigenous knowledge, values and language revitalization into behavioral health.

Staff Working with SEDW/HSW/CWP Consumers – All staff working with these specialized programs will meet the current qualifications as defined in the Medicaid Provider Manual. Current requirements are as follows:

- a. **CWP-Children’s Waiver Program:** Clinician performing case management functions must meet the requirements for a QIDP (Qualified Intellectual Disability Professional), have a minimum of a bachelor’s degree in the human services field, and one year of experience working with people with developmental disabilities. (Medicaid Provider Manual, section 14.5, January 1, 2026)
- b. **HSW-Habilitation Supports Waiver:** Clinicians performing family training services must have one of the following credentials: MHP (Mental Health Professional), CMHP (Children’s Mental Health Professional), QMHP (Qualified Mental Health Professional), or QIDP (Qualified Intellectual Disability Professional). (SFY2026 Behavioral Health Code Charts and Provider Qualifications, updated January 1, 2026)
- c. **SEDW-Serious Emotional Disturbance Waiver:** Clinicians must meet the criteria for Intensive Care Coordination with wraparound (ICCW) and be supervised by an individual with a CMHP credential. (Medicaid Provider Manual, section 4.2, January 1, 2026).

- d. The following are the training requirements for aid staff working with individuals enrolled in these waiver programs:
 - 1) CMH Requirements: Bloodborne Pathogens/Infection Control; Corporate Compliance; Cultural Competency; HIPAA Privacy/Security; Recipient Rights.
 - 2) MDHHS Requirements: At least 18 years of age; in good standing with the law; able to perform basic first aid; able to prevent transmission of communicable disease; able to perform emergency procedures; received training in beneficiary IPOS, including beneficiary specific emergency procedures.

Staff Working with ABA Consumers –All staff working with consumers receiving ABA Services will meet the following requirements (Medicaid Provider Manual, section 18.12, January 1, 2026):

- a. CMH Requirements: Bloodborne Pathogens/Infection Control; Corporate Compliance; Cultural Competency; HIPAA Privacy/Security; Recipient Rights.
- b. MDHHS Requirements: At least 18 years of age; in good standing with the law; able to perform basic first aid; able to prevent transmission of communicable disease; 40 hours in RBT Curriculum; training in communication, emergency procedures, reporting, beneficiary IPOS.

Community Health Workers (CHW) – All Community Health Workers are required to complete the CHW Certification within one year of hire. The State of Michigan’s CHW Certification requirements are as follows:

- a. Completion of a CHW Training Program Pathway OR
- b. Completion of the Work Experience Pathway by 12/31/2025. (MMP Bulletin 23-74)

See Training Requirements Grid for Clinical Service Providers and Designated Collaborating Organizations.

Clinical Service Providers and Designated Collaborating Organizations			
Required Trainings	Frequency	Non-Crisis Providers Clinical and DCO	Crisis Providers Clinical and DCO
Behavioral Health Crisis Response Training Program	*Within 60 days of hire		X ¹
Bloodborne Pathogens/Universal Precautions	*Within 60 days of hire *Annually	X	X
CCBHC Continuity of Operations/Disaster Plan	*Within 60 days of hire *3 years	X*	X*
CCBHC Informational Training for DCOs	*Within 60 days of hire *3 years	X*	X*
CHIP Crisis Screen Training	*Within 60 days of hire		X ¹
Clinical Process Training	*Within 60 days of hire	X	
Corporate Compliance and Ethics	*Within 60 days of hire *Annually	X	X
CPR and First Aid <i>*Doctors and Nurses are required to complete BLS</i>	*Within 60 days of hire *2 Years	X	X
Collaborating with and Roles of families and peers	*Within 60 days of hire *Annually	X	X
Conflict of Interest	*Within 60 days of hire *2 years	X	X
Co-occurring Mental Health and SUD	*Within 60 days of hire *2 years		
Critical Incident Reporting	*Within 60 days of hire *Annually	X	X
Cultural Competence	*Within 60 days of hire *Annually	X	X
Customer Service and Welcoming	*Within 60 days of hire *Annually	X	X
Due Process/Enrollee Rights/Grievance and Appeals	*Within 60 days of hire *Annually	X	X
DECA	*Within 6 months of hire *2 Years	X	X
Fire Suppression	*Within 60 days of hire *Annually	X	X
GHS Annual Compliance	*Annually	X	X
HIPAA	*Within 30 days of hire *Annually	X	X
Implicit Bias	*Within 60 days of hire *Annually	X	X
Indicia/MCG Training for Crisis Services	*Within 60 days of hire		X ²
LGBTQ+ Cultural Competency	*Within 60 days of hire		X
Limited English Proficiency (LEP)	*Initial	X	X

	*Annual		
LOCAS P.A.S.	*Within 30 days of hire *Annually	X	
MEND Dashboard Training	*Within 60 days of hire		X ¹
MichiCANS	*Within 6 months of hire *Annually	X	X
Military/Veteran Culture	*Within 60 days of hire *Annually	X	X
Non-Violent Crisis Prevention/Therapeutic Interventions	*Within 60 days of hire *Annually	X	X
Older Adult Care and Culture	*Within 60 days of hire *Annually	X	X
Clinical Service Providers and Designated Collaborating Organizations			
Required Trainings	Frequency	Non-Crisis Providers Clinical and DCO	Crisis Providers Clinical and DCO
Overdose Prevention and Response (Narcan)	*Within 60 days of hire *Annually	X	X
Person/Family Centered Planning (PCP)	*Within 60 days of hire *Annually	X	X
Primary Care/Behavioral Health Integration	*Within 60 days of hire *2 years	X	X
Primary Clinician	*Within 60 days of hire *Annually	X	X
Recipient Rights	*Within 30 days of hire *Annually	X	X
Suicide Risk Assessment and Prevention	*Within 60 days of hire *Annually	X	X
Trauma History Screen	*Within 60 days of hire *Annually	X	X
Tribal Language, Culture, and Intervention	*Within 60 days of hire		X
24 Child Specific Training Hours	*Within 150 days of hire *Annually	X ³	X ³

¹ Required for Case Managers, Clinical Coordinators, Clinical Supervisor.

² Indicia/MCG Training is only required by Supervisors and Coordinators.

³ Required of all staff working with children.

*Only for Designated Collaborating Organizations (DCO)

IV. PROVIDER RESPONSIBILITIES

1. Training Staff

a. New Hire –

- Provider should train staff per the requirements outlined in the GHS Training Plan.

b. Active Staff –

- Staff that have been employed for at least one year will need to complete all annual trainings and required refreshers per the GHS Training Plan.
 - Staff will need to complete annual trainings and required refreshers ongoing throughout employment.

2. Completion of Trainings and Record Keeping

a. Tests

- Provider must retain competency tests in the program or in an electronic data base and be able to produce the records upon request.

b. Certification

- Certificates should be issued upon completion of each training after passing the competency test.
- Each certificate must include:
 - Title of completed training
 - Staff name
 - Date training completed
 - Trainer's signature
- Certificates are issued for each individual training.
- Provider must retain certificates in the program or in an electronic database and be able to produce the records upon request.

c. Training Record

- Each staff is required to have a comprehensive log detailing all trainings completed during their employment. This includes all initial trainings, annual trainings, and refreshers.
- The comprehensive log is an individual transcript for each employee that should include the following information:
 - Staff name
 - Hire date
 - Training name
 - Score
 - Date of completed training
 - Date of training expiration
 - Trainer's name
 - Frequency of training (initial, annual, refresher)
- Provider must retain training records in the program or in an electronic database and be able to produce the records upon request.

3. Provider Training Plan

a. All providers are required to have a Training Plan.

- Training Plan consists of:
 - Identifying the curriculum used to train their staff
 - List of program trainings including their credentials

- Provide the setting in which the training is conducted
 - Timeframes for training new staff, active staff, and rehired staff based on the requirements outlined in the GHS Training Plan
 - Identify the timeline for periodic refresher training from the DCW modules that are not outlined in the required trainings
 - Explanation of how trainings are tracked to prevent lapses in trainings.
 - Identify how employee files are kept
 - Providers are required to submit their Training Plan annually in October. Plans should be submitted to TrainingPlans@genhs.org.
 - Providers are required to update their Training Plan as changes occur within the fiscal year.
 - In the event of any changes to their plans, the Provider will need to update their training plan and submit their updated plan to TrainingPlans@genhs.org.
 - Training Plans are subject to review and approval by the GHS Training Department.
- b. Each program should designate its own trainer for instructor-led courses.
- Trainers should be certified in the program they are training.
 - Certifications need to be current and available for review.
- c. Identifying the curriculum
- Utilizing county Community Mental Health (CMH) training platforms and commercial training sources are options for approved trainings.
 - Providers will need to identify the County and CMH organization they are using.
 - Providers will need to identify the commercial training source they are using.
 - Providers will need to identify the curriculum that is used.
 - Providers will need to identify if the trainings are done in-person or online.
 - Provider will be responsible for maintaining competency tests, training records, and certifications.

4. Monitoring

- a. Providers are responsible for monitoring their own training needs and must ensure that their staff adhere to all training requirements.
- Providers are responsible for following their Training Plan and the timeframes outlined.
- b. Providers are responsible for any updates to policies and regulations that may affect training requirements.
- Providers are responsible for implementing changes within 30 days of notification.

V. GHS RESPONSIBILITIES

1. Auditing

- a. GHS Quality Management is responsible for auditing the Clinical Provider Network for compliance annually.

2. Assessing

- a. GHS Provider Network Management conducts annual surveys to review provider training needs.
 - These surveys identify training needs that are beneficial to the served population.
 - GHS Provider Network Management provide any recommendations to GHS Training Department to improve training standards.
 - GHS Training Department will review all requests and make recommendations for the upcoming year's training offerings.

3. Monitoring

- a. GHS Quality Management will monitor Provider compliance regarding:
 - Submission of the training plan
 - Timely training of new staff, active staff, rehired staff.
 - Appropriate implementation of policies and procedures.
 - Adherence to training requirements.
 - Communicating changes effectively.
- b. Failure to meet compliance by a Provider may result in submitting a Corrective Action Plan (CAP).
 - Further non-compliance by a Provider may result in sanctioning.

4. Development and Evaluation

- a. This plan will be monitored by GHS Training Department and Provider Network Management, updated as needed, and released to GHS Network Providers.

DIRECT CARE WORKERS

VI. TRAINING REQUIREMENTS

1. **Advance Health Training** – Training is required within 60 days of hire for Specialized Residential Staff Only.
 - a. Provider is responsible for training staff on resident specific illnesses, and proper identification and recording of their signs, symptoms, and treatment.
2. **Bloodborne Pathogens/Universal Precautions** – Training is required within 60 days of hire for all staff, and annually thereafter.
 - a. Provider will be responsible for training staff on health hazards caused by exposure to blood and other potentially infectious materials.
3. **CPR and First Aid** – training is required within 60 days of hire for all staff, and every two years thereafter.
 - a. CPR and First Aid training must consist of in-person demonstration for competency in providing manual compressions and lifesaving skills to adults, children, and infants in alignment with OSHA, AHA, or the American Red Cross.
 - b. All licensed medical staff (example RN, LPN) are required to have Basic Life Support (BLS) training within 60 days of hire and every two years thereafter.
4. **Crisis Planning** – Training is required with 60 days of hire for all staff.
 - a. Provider will be responsible for training staff to identify symptoms and behaviors that may lead to crisis.
5. **Critical Incident Reporting** – Training is required within 60 days of hire for all staff, and annually thereafter.
 - a. Provider is responsible for training staff in timely and accurately reporting critical incidents.
 - b. This training can be taken annually in the GHS Annual Compliance Training.
6. **Cultural Competence** – Training is required within 60 days of hire for all staff, and annually thereafter.
 - a. Provider will be responsible for providing the training that will align with the national Standards for Culturally and Linguistically Appropriate Services (CLAS) to advance health equity, improve quality of services, and eliminate disparities.
7. **Environmental Emergencies** – Training is required within 60 days of hire for all staff, and annually thereafter (excludes CLS Med Drop Staff).
 - a. Provider is responsible for training staff in preventing, preparing, and responding to environmental emergencies. Staff should be able to demonstrate the ability to respond quickly, correctly, and calmly in the event of an emergency.

- b. Training should include how to protect the individuals they serve.
 - c. Training should include review of program specific emergency plans.
- 8. **Food Texture Modification** – Training is required within 30 days of hire for Specialized Residential, and annually thereafter. This training must be taken through GHS, no alternative trainings accepted.
 - a. Staff must enroll via the Moodle platform. When choosing Moodle each staff member must have their own account. To create an account, a help ticket must be submitted <https://providerhelpdesk.genhs.org/User/Login>.
 - b. Food texture training consists of a one hour in-person demonstration to provide competency in identifying different textures and amounts.
 - c. CLS caregivers providing meals at home and in the community must complete Food texture Training.
 - d. Basic food, Food Safety, or Nutrition trainings do not count for Food Texture Training.
- 9. **GHS Annual Compliance** – Training is required within 60 days of hire for all staff, and annually thereafter. This training must be taken through GHS; no alternative training is accepted. GHS will only accept their Annual Compliance training. No other CMH and/or Individual Provider Compliance Training will be accepted.
 - a. Training modules consist of:
 - Community Safety
 - Critical Incident Reporting
 - Ethics
 - HIPAA
 - Implicit Bias
 - Limited English Proficiency
 - Military and Veteran Culture
 - Narcan
 - Older Adult Culture and Care
 - Person Centered Planning and the Roles of Families and Peers
 - Recipient Rights
 - Suicide Assessment and Prevention
 - Trauma Informed Care
 - b. Staff must enroll via the Moodle platform. When choosing Moodle each staff member must have their own account. To create an account, a help ticket must be submitted <https://providerhelpdesk.genhs.org/User/Login>.
 - c. All modules are required regardless of the population served.
 - d. All new hires must complete the most current GHS Annual Compliance training within 60 days of hire.

- e. All staff must complete the new fiscal year training upon release according to the due date assigned.
10. **Health** – Training is required within 60 days of hire for all staff.
- a. Provider will be responsible for training staff to provide personal care and hygiene, signs, and symptoms of illness, taking vital signs, medical emergency procedures, and health and safety documentation.
11. **HIPAA** – Training is required within 30 days of hire for all staff, and annually thereafter.
- a. Provider is responsible for training staff in understanding the Health Insurance Portability and Accountability Act (HIPAA).
 - b. Training should include confidentiality and securing consumer protected health information (PHI).
 - c. This training can be taken annually in the GHS Annual Compliance training.
12. **Intro to Residential Services/Role as DCW** – training is required within 60 days of hire for Specialized Residential and vocational/non-Vocational Staff Only.
- a. Provider is responsible for training staff in basic job duties of a DCW and understanding staff role in supporting the individuals they serve.
13. **Limited English Proficiency (LEP)** – Training is required within 60 days of hire for all staff and annually thereafter.
- a. Provider is responsible for training staff on how to effectively communicate with and assist individuals who have a limited ability to understand or use English.
 - b. Training should include understanding the legal obligation to provide language assistance, and how to use interpreter services.
 - c. This training can be taken annually in the GHS Annual Compliance training.
14. **Medication** – Training is required within 60 days of hire for all staff, and every two years thereafter (excludes Respite Staff).
- a. Provider is responsible for training staff in medication management, administration, and documentation.
 - b. Training should include the 8 Rights of Medication Administration.
15. **Non-Violent Crisis Prevention/Therapeutic Interventions** – training is required within 60 days of hire for all staff (exclude CLS Med Drop, Nursing Respite and PDN Staff), and annually thereafter.
- a. Provider will be responsible for training staff in non-violent therapeutic interventions for aggressive or disruptive behavior.
 - b. Non-violent Crisis Intervention curriculum must be approved by GHS training department.

- c. Gentle Teaching is not a replacement for therapeutic Interventions.
16. **Nutrition** – Training is required within 60 days of hire for Specialized Residential Staff Only.
- a. Provider is responsible for training staff in basic nutrition, food safety, kitchen safety, meal planning, nutritious choices, and individual preferences.
17. **Person/Family Centered Planning (PCP)** – Training is required within 60 days of hire for all staff, and annually thereafter.
- a. Provider is responsible for training staff on the importance of the person and family centered planning processes.
 - b. Training should include integrating the person’s strengths, preferences, goals and desires into their recovery and well-being.
 - c. This training can be taken annually in the GHS Annual Compliance training.
18. **Recipient Rights** – Training is required by GHS Office of Recipient Rights within 30 days of hire for all staff.
- a. Newly hired staff may take alternative CMH Recipient Rights trainings. This must be approved by GHS Office of Recipient Rights in advance.
 - Current reciprocity agreements are in place with all other Community health Organizations.
 - b. Training is required annually thereafter via GHS Annual Compliance online training.
19. **Working with People** – Training is required within 60 days of hire for all staff (excludes CLS Med Drop Staff).
- a. Provider is responsible for training staff on understanding mental illness, substance use, and developmental disabilities and how that impacts daily living.
 - b. Training should include identifying staff responsible for promoting inclusion, self-esteem, and acceptance for and among the people with whom they serve.

See Training Requirements Grid for Direct Care Workers.

Direct Care Worker Requirements							
Required Training	Frequency	Specialized Residential	Vocation/ non-Vocational	CLS	CLS with Med Drop	Respite	PDN/ Nursing Respite
Advanced Health	*Within 60 days of hire	X					
Bloodborne Pathogens	*Within 60 days of hire *Annually	X	X	X	X	X	X
CPR and First Aid	*Within 60 days of hire *2 Years	X	X	X	X	X	BLS Required
Crisis Planning	*Within 60 days of hire	X	X	X	X	X	X
Critical Incident Reporting	*Within 60 days of hire *Annually	X	X	X	X	X	X
Cultural Competency	*Within 60 days of hire *Annually	X	X	X	X	X	X
Environmental Emergencies	*Within 60 days of hire *Annually	X	X	X		X	X
Food Texture	*Within 30 days of hire *Annually	X					
GHS Annual Compliance	*Within 60 days of hire *Annually	X	X	X	X	X	X
Health	*Within 60 days of hire	X	X	X	X	X	
HIPAA	*Within 30 days of hire *Annually	X	X	X	X	X	X
Intro to Residential Services/Role of DCW	*Within 60 days of hire	X	X				
IPOS Training Format for Staff Providing Direct Services	*Within 30 days of hire *As updated	X	X	X	X	X	
Limited English Proficiency (LEP)	*Within 60 days of hire *Annually	X	X	X	X	X	X
Medications	*Within 60 days of hire *2 Years	X	X	X	X		X
Non-Violent Crisis Interventions/ Therapeutic Interventions	*Within 60 days of hire *Annually	X	X	X		X	
Nutrition	*Within 60 days of hire	X					
Person Centered Planning	*Within 60 days of hire *Annually	X	X	X	X	X	X
Recipient Rights	*Within 30 days of hire *Annually	X	X	X	X	X	X
Working with People	*Within 60 days of hire	X	X	X		X	

VII. PROVIDER RESPONSIBILITIES

5. Training Staff

a. New Hire –

- Provider should train staff per the requirements outlined in the GHS Training Plan.
- Staff are unable to work alone until they have passed all trainings.

b. Active Staff –

- Staff that have been employed for at least one year will need to complete all annual trainings and required refreshers per the GHS Training Plan.
 - Staff will need to complete annual trainings and required refreshers ongoing throughout employment.

c. Rehired Staff with Existing Training:

- Rehire within 30 Days –
 - Staff Recipient Rights is still valid and will not need to be retaken again.
 - All other DCW trainings are still valid.
- Rehire after 30 Days –
 - Staff will need to take Recipient Rights training within 30 days of rehire.
 - Annual trainings that were past due will need to be taken per the GHS Training Plan.
- Rehire within 2 Years –
 - Staff will need to complete Recipient Rights within 30 days of rehire.
 - All annual trainings will need to be completed per the GHS Training Plan.
 - CPR, First Aid, and Medication trainings need to be current. They are renewed every two years.
- Rehire after 2 years –
 - Staff who have been out of the field for two years or more are required to complete the entire course of trainings per the GHS Training Plan or take and pass the competency-based tests.

6. Completion of Trainings and Record Keeping

a. Tests

- Competency tests should be completed after each training and have a minimum passing score of 80% except for medication training which requires a passing score of 86%.
- Competency tests must include:
 - Name of training
 - Staff name
 - Test date
 - Score
 - Trainer's signature
- Provider must retain competency tests in the program or in an electronic data base and be able to produce the records upon request.

b. Certification

- Certificates should be issued upon completion of each training after passing the competency test.
- Each certificate must include:
 - Title of completed training
 - Staff name
 - Date training completed
 - Trainer's signature
- Certificates are issued for individual training.
- Provider must retain certificates in the program or in an electronic database and be able to produce the records upon request.

c. **Training Record**

- Each staff is required to have a comprehensive log detailing all trainings completed during their employment. This includes all initial trainings, annual trainings, and refreshers.
- The comprehensive log is an individual transcript for each employee that should include the following information:
 - Staff name
 - Hire date
 - Training name
 - Score
 - Date of completed training
 - Date of training expiration
 - Trainer's name
 - Frequency of training (initial, annual, refresher)
- Provider must retain training records in the program or in an electronic database and be able to produce the records upon request.

7. Provider Training Plan

a. All providers are required to have a Training Plan.

- Training Plan consists of:
 - Identifying the curriculum used to train their staff
 - List of program trainings including their credentials
 - Provide the setting in which the training is conducted
 - Timeframes for training new staff, active staff, and rehired staff based on the requirements outlined in the GHS Training Plan
 - Identify the timeline for periodic refresher training from the DCW modules that are not outlined in the required trainings
 - Explanation of how trainings are tracked to prevent lapses in trainings.
 - Identify how employee files are kept
- Providers are required to submit their Training Plan annually in October. Plans should be submitted to TrainingPlans@genhs.org.

- Providers are required to update their Training Plan as changes occur within the fiscal year.

- In the event of any changes to their plans, the Provider will need to update their training plan and submit their updated plan to TrainingPlans@genhs.org.
- Training Plans are subject to review and approval by the GHS Training Department.
- b. Each program should designate their own trainer for instructor lead courses.
 - Trainers should be certified in the program they are training.
 - Certifications need to be current and available for review.
- c. Identifying the curriculum
 - Toolbox Training System is no longer a viable training program.
 - Utilizing county Community Mental Health (CMH) training platforms and commercial training sources are options for approved trainings.
 - Providers will need to identify the County and CMH organization they are using.
 - Providers will need to identify the commercial training source they are using.
 - Providers will need to identify the curriculum that is used.
 - Providers will need to identify if the trainings are done in-person or online.
 - Provider will be responsible for maintaining competency tests, training records, and certifications.

8. Monitoring

- a. Providers are responsible for monitoring their own training needs and must ensure that their staff adhere to all training requirements.
 - Providers are responsible for following their Training Plan and the timeframes outlined.
- b. Providers are responsible for any updates to policies and regulations that may affect training requirements.
 - Providers are responsible for implementing changes within 30 days of notification.

VIII. GHS RESPONSIBILITIES

5. Auditing

- a. GHS Provider Network Management is responsible for auditing the Provider Network for compliance annually.

6. Assessing

GHS Provider Network Management conducts annual assessments to review provider training needs.

- These assessments identify training needs that are beneficial to the served population.
- GHS Provider Network Management provide recommendations to improve training standards.
- GHS Training Department will review all requests and make recommendations for the upcoming year's training offerings.

7. Monitoring

- a. GHS Provider Network Management will monitor Provider compliance regarding:
 - Submission of the training plan
 - Timely training of new staff, active staff, rehired staff.
 - Appropriate implementation of policies and procedures.
 - Adherence to training requirements.
 - Communicating changes effectively.
- b. Failure to meet compliance by a Provider may result in submitting a Corrective Action Plan (CAP).
 - Further non-compliance by a Provider may result in sanctioning.

8. Development and Evaluation

- a. This plan will be monitored by GHS Training Department and Provider Network Management, updated as needed, and released to Community-Based Providers.