

Provider Training Reference Guide

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I. Purpose

The following information is being provided to support agencies in determining the relevant training content for their teams. Although we have attempted to provide a comprehensive list of topics, there may be others that are not listed and/or agencies may need to add, including specific relevant policies, and clinical topics such as suicide prevention or reporting requirements.

Providers must ensure that team members have the training, experience, and scope of practice consistent with applicable regulatory boards and/or requirements prior to offering or rendering services. See <u>ACBHD training policy</u> for more details.

II. Training Resources

The following resources may be utilized for training purposes:

- The California Mental Health Services Association (CalMHSA)¹ Documentation Guides.
- CalMHSA self-paced training modules accessible through CalMHSA's learning management portal. These can be accessed once a registration is created using these <u>instructions</u>. If using these modules for training, providers are required to offer updated information regarding the content, as appropriate.
- Content posted on the <u>QA Manual</u> page of the ACBHD provider website.
- Recorded training programs published on the <u>QA Training</u> page of the ACBHD provider website.
- Memos published on the <u>QA Memos</u> page of the ACBHD provider website.

III. Mandatory Training Topics for DMC-ODS and SMHS Providers

The following are mandatory training topics that must be offered annually:

- Compliance and Code of Conduct
 - Providers are required to complete the training provided by the County and sign two attestations: Compliance/Code of Conduct and a Confidentiality Statement. Information is tracked and reported to DHCS.
- Culturally and Linguistically Appropriate Standards (CLAS)²
 - Providers must ensure that at least half of their direct service staff and managers who provide or support services through their county contract complete at least 3 CLAS courses annually.
 - At least 1 of the CLAS training courses must be offered through ACBHD and attended by at least 2 staff from the provider's organization, one of which must

¹ CalMHSA is a Joint Powers of Authority (JPA) formed in 2009 by counties throughout the state to work on collaborative, multi-county projects that improve behavioral health care for all Californians.

² For more details, see Office of Ethnic Services | ACBHD Providers Website



- be a manager. There is no expectation that these trainings are offered during orientation or at the start of employment.
- Providers are required to complete 1) An electronic survey that demonstrates their implementation of CLAS Standards; and 2) A list of CLAS trainings attended by staff and managers who are providing or supporting services through their county contract.
- HIPAA Privacy and Security
 - HIPAA Privacy and Security training is delegated to CBOs, who are responsible for training their staff and subcontractors on HIPAA Privacy and Security requirements, policies, and procedures.
- Network Adequacy/Timely Access
 - Providers may develop their own training or utilize the recorded training offered by ACBHD and posted on the QA Training webpage.
- Unusual Occurrence Reporting Requirements
 - Providers may develop their own training or utilize the recorded training offered by ACBHD and posted on the QA Training webpage.

Please see section V of this document for a full list of training topics, some of which must also be included in a team member's initial training (e.g. scope of practice, documentation). Providers are expected to use good judgement to build their initial training and annual training programs.

IV. Mandatory Training Topics for DMC-ODS Providers

- Professional staff (LPHAs) must complete a minimum of five (5) hours of continuing education (CEU/CME) in addiction medicine <u>each year</u>.
- Training in American Society of Addiction Medicine (ASAM) Criteria <u>prior to providing</u> <u>services</u>. At minimum, providers and staff conducting assessments are required to complete the two e-Training modules entitled:
 - o ASAM Multidimensional Assessment
 - From Assessment to Service Planning and Level of Care
- Medi-Cal requires Evidence-Based Practices (EBPs) to be reviewed during <u>initial training</u> and annually.
- For programs that provide detoxification or withdrawal management services, training in provisions of detoxification, including first aid and cardiopulmonary resuscitation³.

V. Other Training Topics for DMC-ODS and SMHS Providers

Below is a list of some of the other topics that should be reviewed during orientation or shortly thereafter depending on the services provided, staff member's role and structure of each program. It is the responsibility of each agency to ensure that staff have the training, experience, and scope of practice consistent with applicable regulatory boards and/or requirements prior to offering or rendering services.

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³ Per AOD standards Section 11030 (e)



Topic	SMHS	DMC-ODS
Member Access Criteria	Х	Х
Medical Necessity Criteria	Х	Х
Beneficiary Informing Materials	Х	Х
Beneficiary Handbook	Х	Х
Documentation Standards	Х	Х
ACBHD Clinical Quality Review Team (CQRT)	Х	Х
Scope of Practice	Х	Х
Supervision and Oversight	Х	Х
Service Descriptions	Х	Х
Case Management/Care Coordination	Х	Х
Procedure Codes and billing information	Х	Х
Language Assistance	Х	Х
Grievances and Appeals	Х	Х
Notice of Adverse Benefit Determination (NOABD)	Х	Х
ACBHD Practice Guidelines	Х	Х
DHCS Transition of Care Tools	Х	Х
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)	Х	Х
Intensive Care Coordination (ICC)	Х	
Intensive Home-Based Services (IHBS)	Х	
Therapeutic Behavioral Services (TBS)	Х	
Therapeutic Foster Care (TFC)	Х	
CANS and PSC-35	Х	
Adolescent SUD Best Practices ⁴		Х

For questions related to this document, contact QATA@acgov.org.

⁴ DHCS Adolescent SUD Best Practices Guide