

**Arizona Department of Health Services  
Division of Behavioral Health Services  
Magellan Health Services of Arizona Edition  
Section 9.1 Training Requirements**

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**9.1.1 Introduction**

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:

- Promote a consistent practice philosophy; provide voice and empowerment to staff and behavioral health recipients;
- Ensure a qualified, knowledgeable and culturally competent workforce;
- Provide timely information regarding initiatives and best practices; and
- 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.

**9.1.2 References**

The following citations can serve as additional resources for this content area:

- [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](#)

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[A.A.C. R9-21-301 through 314](#)

[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contracts](#)

[ADHS/TRBHA IGAs](#)

[Section 3.20, Credentialing and Recredentialing](#)

[Section 3.23, Cultural Competence](#)

[Section 4.3, Coordination of Care with AHCCCS Health Plans, Primary Care Providers and Medicare Providers](#)

[Section 4.4, Coordination of Care with other Governmental Entities](#)

[Section 5.4, Special Assistance for Persons Determined to Have a Serious Mental Illness](#)

[Section 7.3, Seclusion and Restraint Reporting](#)

[Section 8.4, Performance Improvement Projects](#)

[Section 9.2, Peer Support/Recovery Support Training, Certification and Supervision](#)

[Requirements](#)

[Policy and Procedure Manual CO 1.2, Cultural Competence](#)

[Policy and Procedure Manual MI 5.2, Community Service Agencies-Title XIX Certification](#)

[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](#)

**9.1.3 Scope**

**To whom does this apply?**

This section applies to all T/RBHAs and contracted behavioral health providers delivering covered services within the ADHS/DBHS public health and behavioral health systems.

**9.1.4 Did you know...?**

ADHS/DBHS monitors the T/RBHAs to ensure behavioral health providers receive all required training.

ADHS/DBHS requires T/RBHAs to consult with providers regarding what training topics are necessary, how training curricula are developed and how training content is presented.

Information concerning the qualifications required of T/RBHA and provider trainers is determined by each T/RBHA. Magellan partners with community experts who are actively delivering services, receiving services, interacting with the system, and/or researching best practices to ensure that training participants will receive the most up-to-date, accurate and experiential learning opportunity available.

In addition to the required training content areas, T/RBHAs must ensure that appropriate training/technical assistance is available to behavioral health providers when deficiencies are identified.

Providers involved in ordering, providing, monitoring or evaluating seclusion or restraint must complete and document education and training. Education and training must include the following: understanding behavioral and environmental risk factors, nonphysical interventions, the safe use of seclusion or restraint and responding to emergency situations (see [PM 7.3, Seclusion and Restraint Reporting](#)).

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Family members, peer-run, family-run, and parent-support organizations must be utilized to provide technical assistance, training, coaching and support to peers, family members and youth who assume leadership roles within the behavioral health system (i.e., roles or membership on Boards of Directors and advisory groups which develop and implement programs, policies, and quality management activities). For more information, see the [ADHS/DBHS Office of Individual and Family Affairs webpage](#).

**9.1.5 Objectives**

To ensure T/RBHAs and their contracted providers have the necessary knowledge, education and skills to increase and successfully provide high quality services for all individuals accessing and receiving services in the public behavioral health system.

**9.1.6 Procedures**

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.

**9.1.6-A. Required training for behavioral health providers**

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 9.1.6-D for training requirements applicable to Home Care Training to Home Care Client (HCTC) providers and subsection 9.1.6-E for training requirements applicable to Community Service Agencies):

Section 1

- Fraud and program abuse recognition and reporting requirements and protocols;
- Managed care concepts, including information on the T/RBHA and the public behavioral health system;
- Screening for eligibility, enrollment for covered behavioral health services (when eligible), and referral when indicated;
- Overview of Arizona behavioral health system policies and procedures in the [Arizona Vision and 12 Principles](#) in the children's system,
- 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,
- Overview of partnership with Department of Economic Services/Rehabilitative Services Administration (DES/RSA);
- Cultural competency; including Cultural Competency 101: Embracing Diversity (ADHS/DBHS curriculum);
- Interpretation and translation services;
- ADHS/DBHS Demographic Data Set, including required timeframes for data submission and valid values; and
- Identification and reporting of quality of care concerns and the quality of care concerns investigation process.

Section 2

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- 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;
- Use of effective interview and observational techniques that support engagement and are strengths-based, recovery-oriented, and culturally sensitive;
- Application of diagnostic classification systems and methods depending upon population(s) served;
- Best practices in the treatment and prevention of behavioral health disorders;
- 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;
- 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);
- 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 [PM Section 3.19, Special Populations](#); [PM 3.2 Appointment Standards and Timeliness of Service](#) and; [45 CFR Part 96](#);
- 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).
- Clinical training as it relates to specialty populations including but limited to conditions based on identified need;
- 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
- Understanding behavioral and environmental risk factors, nonphysical interventions, the safe use of seclusion or restraint and responding to emergency situations in accordance with [PM 7.3, Seclusion and Restraint Reporting](#).

Section 3

- Behavioral health record documentation requirements (see [PM 4.2, Behavioral Health Medical Record Standards](#));
- Confidentiality/Health Information Portability and Accountability Act (HIPAA);
- Sharing of treatment/medical information;
- 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);
- Rights and responsibilities of eligible and enrolled behavioral health recipients, including rights for persons determined to have Serious Mental Illness (SMI);
- Appeals, grievances and requests for investigations;
- Complaint process (see [PM 5.2, Member Complaints](#));
- Customer service;

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- Coordination of care requirements with Primary Care Providers (PCPs) (see [PM 4.3, Coordination of Care with AHCCCS Health Plans, Primary Care Providers and Medicare Providers](#));
- Third party liability and coordination of benefits (see [PM 3.5, Third Party Liability and Coordination of Benefits](#));
- Other involved agencies and government entities (see [PM 4.4, Coordination of Care with other Governmental Entities](#));
- Claims/encounters submission process (see [PM 6.2, Submitting Claims and Encounters to the RBHA](#));
- Advance Directives (see [PM 3.12, Advance Directives](#));
- 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 [PM 5.4, Special Assistance for Persons Determined to Have a Serious Mental Illness](#));
- Providers delivering services through distinct programs (e.g., Assertive Community Treatment teams, Dialectical Behavioral Therapy, Multi-Systemic Therapy, developmental disabilities, trauma, substance abuse, children age birth to five, and Level I facilities );
- 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.

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.

**9.1.6-B. Annual and Ongoing Training Requirements**

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:

- ADHS/DBHS Demographic Data Set, including required timeframes for data submission, valid values and as changes occur;
- Monthly trainings concerning procedures for submissions of encounters as determined by ADHS/DBHS;
- Annual cultural competency and linguistically appropriate training updates for staff at all levels and across all disciplines respective to underrepresented/underserved populations;
- Identification and reporting of Quality of Care Concerns and the Quality of Care Concerns investigations process;
- Inter-rater reliability;
- American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC-2R);
- Child and Adolescent Service Intensity Instrument (CASII);
- Ticket to Work/Disability Benefits 101;
- Peer, family member, peer-run, family-run and parent-support training and coaching,
- 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

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of persons providing Special Assistance (see [PM 5.4, Special Assistance for Persons Determined to Have a Serious Mental Illness](#)) and;

- Workforce Development trainings specific to hiring, support, continuing education and professional development.

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.

Providers are responsible for ensuring staff members receive training in the following areas during new employee orientation and annually thereafter as relevant to each staff person's job duties and responsibilities:

- Behavioral Health Record Documentation
- Fraud and Abuse
- Confidentiality/HIPAA
- Third Party Liability and Coordination of Benefits

**9.1.6-C Office of Behavioral Health Licensing (OBHL) required training**

Training must be completed and documented in accordance with OBHL requirements (see [R9-20-204\(F\)](#) and [R9-20-206](#) and <http://www.azdhs.gov/als/behavior/training.htm> ).

**9.1.6-D. Required training specific to Professional Foster Homes Providing HCTC Services**

Children

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:

- CPR and First Aid Training;
- 18 hours of pre-service training utilizing the Arizona Home Care Training to Client Service Curriculum;

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](#).

Adults

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](#):

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- Protecting the person’s rights;
- Providing behavioral health services that the adult therapeutic foster home is authorized to provide and the provider delivering HCTC services is qualified to provide;
- Protecting and maintaining the confidentiality of clinical records;
- Recognizing and respecting cultural differences;
- Recognizing, preventing or responding to a situation in which a person:
  - May be a danger to self or a danger to others;
  - Behaves in an aggressive or destructive manner;
  - May be experiencing a crisis situation; or
  - May be experiencing a medical emergency;
- Reading and implementing a person’s treatment plan; and
- 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](#).

**9.1.6-E. Required training specific to Community Service Agencies**

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 and Procedure Manual MI 5.2, Community Service Agencies-Title XIX Certification](#).

**9.1.6- F Training Expectations for ADHS/DBHS Clinical and Recovery Practice Protocols**

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>

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, [Unique Needs of Children, Youth and Families Involved with Child Protective Services](#)).

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.

**9.1.6-G. Training Requests**

For additional training requests and/or technical assistance specific to the trainings listed above and /or identified are of need, contact the T/RBHA.

Providers can access learning resources through [Achieve](#), Magellan’s web-based learning management system. *Achieve* is designed to serve as a learning resource to all stakeholders,

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including: service recipients, family members, community members, system partners, providers and internal staff members. Stakeholders can access learning resources, complete online courses and enroll in instructor led training sessions. *Achieve* is also used for monitoring and reporting of training activities and is supported by a dedicated helpdesk to assist users and agency training coordinators as needed.

The Magellan Learning Department is also available to assist you with your onsite learning needs. To request onsite training or technical assistance, please utilize the '[onsite training request form](#)' accessible through [Achieve](#).

The phone number for the Magellan Learning Center is: 602-572-8210.

**9.1.6-H Workforce Development**

Training Expert:

T/RBHAs must employ a training expert/contact as key personnel and point of contact to implement and oversee compliance with the training requirements, training plan, PM 9.1, Training Requirements and participate in the Training Coordinators committees.

Training Development Plan:

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.

Training Quarterly Updates:

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.

ADHS/DBHS Ownership of any intellectual property:

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.

Exceptions:

- Those cases in which the production of such materials is part of sponsored programs;
- those cases in which substantial University resources were used in creating educational materials; and
- those cases which are specifically commissioned by contacted vendors or done as part of an explicitly designated assignment other than normal contactor educational pursuits.

Magellan must ensure that contracted behavioral health providers delivering covered services within the ADHS/DBHS public health and behavioral health systems receive all required training as established within Provider Manual Section 9.1. Magellan expects providers to be accountable for ensuring documentation that demonstrates that staff members receive training that is relevant to the staff member's role. Providers should be prepared to present documentation of training completions for all staff members. This includes, but is not limited to, documentation of adherence to training requirements defined in PM 9.1, evidence of staff member's completion of required training topics and verification of competencies achieved by



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staff members. Magellan's Learning and Performance Department may conduct on site visits to ensure all contracted providers are adherent with contractual training requirements and/or request that providers submit training completion reports to demonstrate adherence with all PM 9.1 training standards.

Magellan's Learning and Performance Department offers consultation to providers regarding what training topics are necessary, how training curricula are developed, what training reporting supports are available and how training content is presented to support the needs of the contracted providers. In addition, Magellan Learning and Performance makes [Achieve](#) available to all providers to ensure providers have a method to access, complete, and monitor training requirements in accordance with ADHS/DBHS and RBHA training expectations.

To support effective monitoring of training requirements, agency training coordinators/supervisors can request supervisor access to run training reports for individual staff members for the agency by e-mailing: [achieveaz@magellanhealth.com](mailto:achieveaz@magellanhealth.com).