

DWIHN Treatment Plan Training Procedures

Purpose

To ensure the appropriate training has been provided to staff who will be responsible for implementing the supports and services identified in the plan. This includes training on a member's Individual Plan of Service (IPOS), Wraparound Plan of Care (POC), crisis plan, behavior treatment plan (BTP), or other clinical treatment plan as authorized in the member's IPOS.

Expected Outcome

Staff providing supports and services will be trained and proficient in implementing the goals and objectives in the plan.

Process

- A. When a new document (IPOS, POC; Crisis Plan; Behavior Treatment Plan or other clinical document) is developed, all staff who work directly with the member are to be trained on the specific, individual components of the plan, prior to providing the service.
- B. When a document Amendment is completed to add or change services, all staff who work directly on the amended treatment services, goals or objectives are to be trained on the specific, individual components of the service. All staff must be trained prior to documenting their first service to the individual under the amended change
- C. The trainings will be provided by the or author of the plan and by each specialized professional within their scope of practice. If determined to be able to safely and accurately communicate the learned information, those in attendance can be considered qualified to train other staff, i.e., Train-the-Trainer
- D. The required documentation is DWIHN's Treatment Plan Training Log. This form captures critical information needed to meet all MDHHS and DWIHN requirements. All documentation must be legible.
 - a. Each dated training session will be documented on separate training forms. Reminder: ongoing training sessions cannot be added to the form as a running list. When new staff are trained on a separate date you must have a separate form.
 - b. All signatures must be dated and accompanied by a legible printed name.
 - c. Once all staff have been trained the form is to be uploaded into the member's medical record in MHWIN, under Scanned and Uploaded documents, titled "DWIHN Training Log_DATE"
 - d. All training documents must be maintained in the member's record.
 - i. Regarding Train the Trainer: Any staff that receives training from the plan author or clinical specialist and then trains others, must retain a copy of the initial training they received in the member's record. The documentation trail needs to reflect the initial and subsequent trainings, that would be expected (as documented evidence) at the time of a site review.
- E. Exceptions:
 - a. In emergent situations, when staff not trained on the members' plan must work with the individual to ensure their health and safety, training on the IPOS will take place within 24 hours of the initial shift.
 - b. DWIHN does not require additional training for medication administration as that is a standard training in the direct care toolbox and approved by MDHHS. The CMHSP policies for training of direct care staff to provide medication services should outline the requirement for initial and annual medication checks with an RN to assure proficiency

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- F. Trainings may take place virtually to meet the needs of the member and their staff. When done virtually:
 - a. the trainings must take place via a secure platform;
 - b. the staff receiving the training must have access to a copy of the document they are being trained on;
 - c. The trainer must verify those in attendance and complete the training log, to include:
 - i. Member's name and MHWIN#
 - ii. Date of the training
 - iii. Type of document/assessment being presented
 - iv. Date of document/assessment being presented
 - v. Names of all participants clearly documented
 - vi. Name/title of the trainer clearly documented
 - d. The trainer will ensure that the training log is uploaded into MHWIN, as noted in 4 above.
- G. Roles and Responsibilities
 - a. Training shall be provided by; the primary case holder / clinically responsible service provider or other qualified staff that are responsible for monitoring the IPOS and are not providers of any other service to that individual and by each specialized professional within the scope of their practice, as appropriate.
 - b. Any change in goals, objectives, interventions, significant behaviors or events shall be updated in the appropriate planning document and a new training must occur in regard to supports and services.

Related Policies

Person-Centered Planning / Individual Plan of Service

Telemedicine Policy

Quality Assurance/Improvement

Compliance with All Applicable Laws

Legal Authority