

Policy 8.8

POLICY TITLE:	TRAINING AND DEVELOPMENT	POLICY #8.8	REVIEW DATES	
Topic Area:	HUMAN RESOURCES	<u>ISSUED BY:</u> Chief Operating Officer <u>APPROVED BY:</u> Chief Executive Officer	3/20/14	5/1/15
Applies to:	LRE STAFF, LRE Vendors		8/20/2015	9/9/2016
Developed and Maintained by:	Chief Operating Officer			
Supersedes:	N/A	Effective Date: 4/1/2014	Revised Date: 6/1/2025	

I. PURPOSE

To provide a mechanism for assessing and prioritizing the training and development needs of staff members and the organization as a whole; defining appropriate resources to meet the needs; ensuring that priority training and development needs are met; and assessing the effectiveness of the training and development efforts. The intent of the training and development activities is continuous performance and competency improvement, which will positively impact quality of care and service delivery to regional consumers and community stakeholders.

II. POLICY

It is the policy of Lakeshore Regional Entity (LRE) to train and develop its staff and vendors, in order to continually improve the effectiveness of Region 3 PIHP.

III. APPLICABILITY AND RESPONSIBILITY

LRE Staff, which includes LRE employees, independent contractors, interns, volunteers, and vendors.

IV. MONITORING AND REVIEW

This policy is reviewed by the LRE Chief Executive Officer (CEO), or designee, on an annual basis. This policy is monitored by the LRE Compliance Officer for staff training purposes and LRE Human Resources for LRE staff development.

LRE monitors contractual compliance with training requirements of Member CMHSP and Network Providers through Facility Reviews, Site Reviews, and Medicaid Event Verifications (MEV).

V. DEFINITIONS

Member CMSHPs means the Member CMSHPs that hold a contract with LRE to provide supports and services to adults and children with mental illness, developmental disabilities, and co-occurring mental health and substance abuse disorders to Medicaid

enrollees and to perform various delegated managed care functions consistent with LRE policy. “Member CMSHPs” includes the agency itself as well as those acting on its behalf, regardless of employment or contractual relationship.

Network Provider Any provider, group of providers, or entity that has a provider agreement with LRE or Member CMHSP, including a CMHSP, and receives Medicaid funding directly or indirectly to order, refer or render covered services as a result. A network provider is not a subcontractor by virtue of the network provider agreement, unless the network provider is responsible for services other than those that could be covered in a network provider agreement related to the delivery, ordering, or referring of covered services to a beneficiary.

VI. PROCEDURES

A. Assessment of Training and Development Needs: Training and development needs of LRE Staff, LRE Vendors, Member CMHSPs, and Network Providers may be identified through or made necessary by:

1. Requirements or Changes in Regulations, Laws, Contractual Obligations, Policies, Practices, Procedures, Services, Systems, Technologies.
2. Reviews of Charts, Customer Complaints, Corporate Compliance Violations, or other such records, etc.
3. Organizational Performance Improvement Metrics
4. LRE Employee Orientation Checklist
5. Supervisor’s Orientation Checklist
6. Performance & Competency Appraisals
7. Supervision Logs
8. Direct Observation by Team Members or Evaluators

B. Identification, Evaluation, and Prioritization of LRE Staff Training and Development Needs:

1. LRE has defined mandatory training requirements for LRE Staff when they first begin their association with LRE. These training requirements are identified in the FY25 Corporate Compliance Plan, LRE Employee Orientation Checklist, and the Supervisor’s Orientation Checklist.
2. LRE has defined mandatory organization wide training requirements for LRE staff that may be updated periodically.
3. LRE Supervisors have the primary responsibility for assessing the ongoing training and development needs of their staff members. This assessment is made primarily through supervision and formal performance and competency assessment. Supervisors must prioritize individual training and development needs for their individual staff members and collective team(s) with the priority being meeting minimum competency requirements first and foremost and advancing competency to levels exceeding minimum competency standards secondarily.
4. The LRE Executive Team members are responsible for identifying and prioritizing

broad functional area training and development needs for their departments with the priority being meeting minimum competency requirements first and foremost, and advancing competency to levels exceeding minimum competency standards secondarily.

5. The LRE CEO, or designee, is responsible for identifying and prioritizing organization wide training and development needs for LRE with the priority being meeting minimum competency requirements first and foremost and advancing competency to levels exceeding minimum competency standards secondarily.
6. The LRE CEO, or designee must also determine under what circumstances it may be appropriate to train nonemployee agents and subcontractors.
 - a. LRE Employees, officers, managers, supervisors, and Board members must be required to attend compliance training sessions and to sign certifications that they have completed the appropriate sessions.
 - b. The LRE must provide annual refresher compliance training that highlights compliance program changes or other new developments. The refresher training should re-emphasize Medicaid statutory, regulatory, and contractual requirements and the LRE's code of conduct.
 - c. The LRE must employ additional, less formal means for communicating its compliance message such as posters, newsletters, and Intranet communications. The compliance officer must be responsible for the content of the compliance messages and materials distributed to employees and managers.

C. Identification and Communication of Training & Development Resources:

1. LRE Mandatory Training Programs for LRE Staff, which must be completed within 30 days of hire and annually thereafter, include:
 - a. Corporate Compliance¹
 - b. Cultural Competency
 - c. Grievance and Appeals
 - d. HIPAA
 - e. Limited English Proficiency
 - f. Person-Centered Planning and Self-Determination
 - g. Recipient Rights
 - h. Standard Precautions
 - i. Trauma Informed Care
 - j. Any others as identified by the LRE CEO or designee
2. LRE External Training Resources: The identification of external training resources is a shared responsibility of LRE staff.
3. Member CMHSPs and Network Providers are contractually obligated to ensure staff receive initial and, at least, annual training in the following areas:
 - a. Appeals and Grievances within 30 days of hire
 - b. Corporate Compliance within 60 days of hire
 - c. Cultural Competency within 60 days of hire

- d. HIPAA withing 60 days of hire
 - e. Limited English Proficiency within 60 days of hire
 - f. Person-Centered Planning and Self-Determination within 60 days of ire
 - g. Recipient Rights within 30 days of hire
 - h. Standard Precautions within 60 days of hire
 - i. Trauma Informed Care within 6 moths of hire
 - j. Any other contractually required training as identified in Attachment I of the provider contract
4. LRE's Compliance Officer may not perform their own training and education.

D. LRE Training Platform:

- 1. LRE utilizes a vendor to conduct all contractually obligated trainings.
- 2. LRE may utilize a vendor to conduct any non-mandatory trainings.

E. LRE Training and Development Tracking:

- 1. LRE Compliance Officer, or designee, is responsible for tracking all mandatory LRE staff trainings.
 - a. LRE training activities will be tracked using a training database or other such electronic mechanisms.
 - b. Reports on LRE training activities may be produced upon request of the LRE Executive Team.
 - c. All training documentation will be contained within the training database or filed in the LRE staff personnel files.
- 2. LRE Human Resources, or designee, is responsible for tracking all LRE staff development activities and filing the LRE staff personnel files.

F. LRE Training Requests & Budget Development:

- 1. Annually LRE supervisors will submit training, staff development, and organizational budget requests to the Chief Financial Officer (CFO). Departmental budgets include all requests for continuing education as deemed appropriate for each position as well as requests for professional memberships with other entities. All staff are encouraged to submit requests to their supervisor by June 1 for consideration in the annual budget review process. Requests submitted after June 1 are contingent upon the availability of funds and will be individually reviewed by the CFO and supervisor.
- 2. The Finance Department will review all training budget requests and will request prioritization of training requests/budget needs, if the costs exceed budgetary limitations.
- 3. All training and conference requests must be submitted and approved at least one week in advance, using the Conference/Training Authorization Form. An exception may be granted to the one week advance notice requirement if attendance is mandated by a supervisor within 7 days of the event.

VII. REFERENCES AND SUPPORTING DOCUMENTS

- A. FY24 MDHHS-PIHP Contract
- B. LRE Training Requirements by Service (Attachment)

VIII. RELATED POLICIES AND PROCEDURES

- LRE Compliance Plan
- LRE Human Resources Policies and Procedures

IX. CHANGE LOG

Date of Change	Description of Change	Responsible Party
5/30/25	Revised "Policy"; "Applicability and Responsibility", "Monitoring and Review" Sections.; Added definitions. Updated Procedures. Additions to VI – B.6 through 9	Compliance Officer