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Owner:	<i>Kimberly Hoga: LPC, I/DD Clinical Specialist</i>
Policy Area:	<i>CPI - Clinical Practice Improvement</i>
References:	

Treatment Plan Training Procedure for Direct Support Professional (DSP)/Aide

PROCEDURE PURPOSE

To ensure the appropriate training has been provided to Direct Support Professional (DSP)/Aide 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), and if applicable, crisis plan, behavior treatment plan (BTP), or other clinical treatment plan as authorized in the member's IPOS.

EXPECTED OUTCOME

The DSP/Aide providing supports and services will be trained and proficient in implementing the interventions necessary to assist the member with attaining goals and objectives outlined in the plan. DSP/Aides includes but is not limited to non-certified, non-licensed staff in a variety of settings, such as licensed and non-licensed group homes, family homes, skill building centers, and day treatment programs. Populations served includes Adults, Children, Individuals with Intellectual and/or Developmental Disabilities (I/ DD), SMI, Serious Emotional Disturbance (SED), and Co-Occurring Substance Use Disorder (SUD).

PROCEDURE

1. When a new document (IPOS, POC; Crisis Plan; Behavior Treatment Plan or other clinical document) is developed, all DSP/Aides who work directly with the member are to be trained in the member's plan of service by the supports coordinator/case manager or other qualified staff that are responsible for monitoring the IPOS, prior to providing services. Training should be completed as soon as possible to avoid / prevent delay of services.
2. If applicable, Specialty services or interventions that DSP/Aides are expected to perform will be trained on by each specialized professional within their scope of practice. Specific, individual components of the plan that are not directly performed by support staff do not require the specialized professional to provide training. It is advised that the HIPAA "Minimum Necessary" standard is followed when training on the IPOS. This standard requires all HIPAA covered entities and business associates to restrict the uses and disclosures of protected health information (PHI) to the minimum amount necessary to achieve the purpose for which it is being used, requested, or disclosed.
3. When a document Amendment is completed to add or change the services provided by DSP/Aides, all staff responsible for implementing the amended plan are to be trained on the amended plan prior to documenting their first service to the member under the amended change. Training should be completed

as soon as possible to avoid / prevent delay of services.

4. Excluding training on a Behavior Treatment Plan with restrictive or intrusive interventions, a train the trainer approach can be used to train DSP/Aides on the member's IPOS. The supports coordinator/case manager or specialized professional will determine when a trained DSP/Aide is qualified to train other staff.
5. 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 training event or occurrence shall be documented on a separate training form. 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. All completed training log forms are 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.
6. 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
7. Trainings may take place virtually (video audio / audio only) to meet the needs of the member and their DSP/Aides. When done virtually:
 - a. the trainings must take place via a secure platform and must allow for real time communication and questions and answers. Email communication alone is not sufficient to meet virtual training requirements;
 - b. the DSP/Aides 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.

8. 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.

MONITORING STEPS

Who monitors this procedure:	Starlit Smith /Quality Monitoring Administrator
Department:	Quality
Frequency of monitoring:	Quarterly
Reporting provided to:	QISC
Comments: This procedure is attached to both the IPOS Individual Plan of Service / Person Centered Plan and CHILDREN DIAGNOSTIC TREATMENT SERVICES PROGRAM	

Attachments

[Training Log Final \(1\).docx](#)

Approval Signatures

Approver	Date
Allison Smith: Project Manager, PMP	02/2022
Tania Greason: Quality Improvement Admin	02/2022
Ebony Reynolds: Clinical Officer	01/2022
Kimberly Hoga: LPC, I/DD Clinical Specialist	01/2022