

<b>Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) Policy</b>	<b>Policy Number: T-003</b>
	<b>Supersedes:</b> Policy Governing the Training Requirements for Direct-Support Staff and Internal Service Coordinators Serving Individuals with Developmental Disabilities, July 1, 1998
<b>Policy Title:</b> Training Requirements for Direct Service Agency Staff Policy	
<b>Effective Date:</b> March 1, 2007	
<b>Approved: Signature on File</b>	<b>Date:</b> 2/23/07

**I. PURPOSE**

- A. The purpose of this policy is to establish minimum training requirements for direct service agency staff paid to support:
  - 1. Individuals receiving services through the Developmental Disabilities Waiver;
  - 2. Adults receiving residential or day services through the State General Fund.
  
- B. This policy affirms the following values:
  - 1. Training promotes health, safety, person-centered practices, and meaningful outcomes for individuals receiving services.
  - 2. Staff are interested in and should have access to training that promotes competence and career development.
  - 3. Training promotes the retention of staff.
  - 4. Best practices in adult learning and developmental disabilities continue to change; therefore, training methodology and specific skill competencies should be reviewed and revised on a regular basis.

**II. POLICY STATEMENTS:**

- A. Individuals shall receive services from competent and qualified staff.
- B. Staff shall complete individual-specific (formerly known as “Addendum B”) training requirements in accordance with the specifications described in the individual service plan (ISP) of each individual served.
- C. Staff shall complete training on DOH-approved incident reporting procedures in accordance with 7 NMAC 1.13.
- D. Staff providing direct services shall complete training in universal precautions on an annual basis. The training materials shall meet Occupational Safety and Health Administration (OSHA) requirements.
- E. Staff providing direct services shall maintain certification in first aid and CPR. The training materials shall meet OSHA requirements/guidelines.
- F. Staff who may be exposed to hazardous chemicals shall complete relevant training in accordance with OSHA requirements.
- G. Staff shall be certified in a DDSD-approved behavioral intervention system (e.g., Mandt, CPI) before using physical restraint techniques. Staff members providing direct services shall maintain certification in a DDSD-approved behavioral intervention system if an individual they support has a behavioral crisis plan that includes the use of physical restraint techniques.
- H. Staff shall complete and maintain certification in a DDSD-approved medication course in accordance with the DDSD Medication Delivery Policy M-001.

- I. Staff providing direct services shall complete safety training within the first thirty (30) days of employment and before working alone with an individual receiving services. The training shall address at least the following:
  - 1. Operating a fire extinguisher
  - 2. Proper lifting procedures
  - 3. General vehicle safety precautions (e.g., pre-trip inspection, removing keys from the ignition when not in the driver's seat)
  - 4. Assisting passengers with cognitive and/or physical impairments (e.g., general guidelines for supporting individuals who may be unaware of safety issues involving traffic or those who require physical assistance to enter/exit a vehicle)
  - 5. Operating wheelchair lifts (if applicable to the staff's role)
  - 6. Wheelchair tie-down procedures (if applicable to the staff's role)
  - 7. Emergency and evacuation procedures (e.g., roadside emergency, fire emergency)
- J. Respite, substitute care, and personal support staff shall complete a *minimum* of 40 hours of training within the first year of assignment. Thereafter, they shall complete a minimum of 10 hours per year. Specific courses shall include:
  - 1. Applicable requirements described in policy statements B – I (above).
  - 2. Agency-specific course requirements (which may include core curriculum trainings).
  - 3. The maximum number of individual-specific training hours outside of a formal classroom setting that can be applied to the 40-hour requirement is eight (8).
  - 4. The maximum number of individual-specific training hours outside of a formal classroom setting that can be applied to the 10-hour requirement is four (4).
- K. In addition to the *applicable* requirements described in policy statements B – I (above), direct support staff, direct support supervisors, and internal service coordinators shall complete DDS-approved core curriculum training. Attachments A and B to this policy identify the specific competency requirements for the following levels of core curriculum training:
  - 1. Introductory Level – must be completed within thirty (30) days of assignment to his/her position with the agency.
  - 2. Orientation – must be completed within ninety (90) days of assignment to his/her position with the agency.
  - 3. Level I – must be completed within one (1) year of assignment to his/her position with the agency.
  - 4. Level II – must be completed within two (2) years of assignment to his/her position with the agency.
  - 5. Level III – must be completed within three (3) years of assignment to his/her position with the agency.
- L. Staff providing services on a temporary or interim basis shall comply with the training requirements of the staff for whom they are replacing.
- M. To complete a core curriculum training course, trainees shall achieve 100% competency rating during the competency verification process.
- N. Core curriculum training modules shall be approved by the DDS or its designee.
- O. Only certified trainers and mentors shall facilitate core curriculum training courses.
- P. Certified trainers and mentors shall agree to and adhere to the DDS Training Code of Ethics (Attachment C).

### III. APPLICABILITY:

This policy applies to the following:

- A. Developmental Disabilities Waiver
  - 1. Internal service coordinators, direct support supervisors, and direct support staff of community living (i.e., supported living, family living, and independent living), community inclusion, supported employment, and tier III crisis services
  - 2. Internal service coordinators and direct staff of personal support, respite, and substitute care services
- B. Internal service coordinators, direct support supervisors, and direct support staff of State General Fund residential and day services (for adults with developmental disabilities)
- C. Internal case managers and direct support supervisors.
- D. Trainers and mentors of courses addressing DDS training requirements

**Note:** Developmental Disabilities Waiver and the State General Funded Service descriptions and standards can be accessed on the DDS website at [www.health.state.nm.us/dds/](http://www.health.state.nm.us/dds/).

### IV. DEFINITIONS:

- A. *Certified Mentor*: means a person who has completed the DDS mentorship certification process, which includes, but may not be limited to, the following: attending DDS's mentorship course, demonstrating mastery of the course content and demonstrating ability to mentor a potential trainer effectively.
- B. *Certified Trainer*: means a person who has completed the DDS trainer certification process, which includes, but may not be limited to, the following: attending DDS's trainer certification course, attending a train-the-trainer session and demonstrating ability to facilitate the course effectively.
- C. *Core Curriculum Training*: means a training that was developed to address one or more set(s) of DDS competency statements published in the attachments to this policy.
- D. *Direct Services*: means face-to-face support to an individual that may include (but not be limited to) the following: implementing action plans and strategies (as defined in the ISP), assisting the individual with activities of daily living, supporting the individual to develop meaningful roles in the community, transporting the individual, etc.
- E. *Direct Service Agency*: means an agency that provides any of the services described in the applicability section of this policy.
- F. *Direct Support Staff*: means the staff primarily responsible for providing direct services to one or more individuals. See also the applicability section of this policy.
- G. *Direct Support Supervisor*: means the staff directly responsible for the assignment and review of the work of one or more direct support staff.
- H. *Individual Service Plan (ISP)*: means a plan developed for an individual with a developmental disability, as set forth in 7 NMAC 26.5.
- I. *Staff*: means the employees, contractors, or subcontractors of direct service agencies, as identified in the applicability section of this policy.
- J. *Internal Service Coordinator*: means the staff directly responsible for coordination of services at the agency level for one or more individuals (as set forth in 7 NMAC 26.5).
- K. *Training*: means a systematic and organized presentation of information that promotes on-the-job application of targeted competencies (i.e., applicable awareness, knowledge, and skills). Training, by definition, is not limited to a classroom environment. It can also consist of self-study training manuals, computer-based training programs, etc. To be effective, training needs to be applied to the job with the support of the agency.

**V. REFERENCE:**

Developmental Disability Act [28 –16A-13. (C) (2)].

## Attachment A

Attachment A identifies the specific competency requirements for direct support staff and direct support supervisors for the introductory, orientation and level one core curriculum training levels.

**ATTACHMENT A:  
CORE CURRICULUM TRAINING REQUIREMENTS FOR DIRECT SUPPORT STAFF  
AND DIRECT SUPPORT SUPERVISORS**

**Policy Reference: Training Requirements for Direct Service Agency Staff Policy**

**Core Curriculum Training for Direct Support Staff and Direct Support Supervisors is Designed to Promote the Following Outcomes:**

**ADVOCACY AND RIGHTS**

Individuals served shall be supported to exercise their rights; be respected; be afforded due process; have time, space and opportunity for privacy; have and keep personal possessions; decide when to share personal information; and be free from abuse and neglect.

**HEALTH**

Individuals served shall be supported to receive adequate/comprehensive health care services, receive safe assistance with medication, learn to self-administer medications, and make informed health care decisions.

**BEHAVIORAL SUPPORTS**

Individuals with challenging behaviors shall be supported to engage in meaningful life opportunities, environments and relationships.

**INDIVIDUAL SERVICE PLANNING**

Individuals shall be supported to have an individual service plan (ISP) that reflects and supports their chosen personal vision and cultural preferences, as well as assures choice in:

- where and with whom they live,
- where they work,
- how to use their free time,
- services received,
- daily routine,
- desired relationships, and
- things they want to learn,

while, at the same time, complies with ISP regulations and Utilization Review guidelines.

**NATURAL SUPPORTS AND RELATIONSHIPS**

Individuals shall be supported to participate in the life of their community and culture in a manner that promotes maximum independence/interdependence, interaction with other members of the community, and opportunities to perform meaningful social roles.

**COMMUNICATION**

Individuals shall be supported to receive and express information necessary to:

- express wants, needs and concerns,
- develop and maintain meaningful relationships,
- enhance educational/vocational opportunities,
- perform self-advocacy,

- access inclusive community resources, and
- understand others.

**QUALITY ASSURANCE**

Individuals shall be supported to be safe and to determine the extent to which they:

- are satisfied with services,
- are satisfied with their personal life situations,
- experience continuity and security, and
- achieve progress toward their personal vision.

**TEAM FACILITATION/PARTICIPATION**

Individuals shall be supported by interdisciplinary teams (IDTs) that are effective in all phases of the ISP process (assessment, planning, implementation and improvement) through meaningful participation in the process.

**SPECIFIC INTRODUCTORY, ORIENTATION, AND LEVEL ONE COMPETENCY REQUIREMENTS TO SUPPORT MEANINGFUL OUTCOMES:**

*NOTE: Except where noted, trainers and agencies shall be allowed to develop training courses to address competency requirements. Training modules shall meet the expectations of the Department of Health and shall be formally approved by the Developmental Disabilities Supports Division Training Unit or its designee.*

**INTRODUCTORY LEVEL**

***PRE-SERVICE MANUAL***

Direct support staff and direct support supervisors shall complete an **introductory** course that addresses the following competency statements:

- PS01 Explain why using “People First” language is important.
- PS02 Identify three person-centered values.
- PS03 Give one example for each of the following to explain how a disability can affect an individual’s quality of life: financial equality, relationships, community involvement and access to work/educational opportunities.
- PS04 Explain why it is important to develop a relationship with and get to know the individual you support.
- PS05 List three ways equal status can be promoted between a staff person and an individual he/she supports.
- PS06 Describe how the roles of “staff” and “individual supported” may interfere with an individual taking more control over his/her life.
- PS07 Give two examples of how to demonstrate respect for a person.
- PS08 Describe three characteristics that should be present in a relationship between an individual with disabilities and support person.
- PS09 Describe three possible violations of confidentiality.

- PS10 Describe three ways staff can maintain confidentiality.
- PS11 Describe the concept of “inclusion” and your role in promoting it.
- PS12 Explain in your own words, what “dignity of risk” means and how you would safely support an individual to experience “dignity of risk” in natural settings.
- PS13 Explain the rights of persons with disabilities.
- PS14 Describe the process to report possible rights violations accurately and immediately.
- PS15 Define abuse.
- PS16 Define neglect.
- PS17 Define exploitation.
- PS18 State the procedures for reporting suspected abuse, neglect and exploitation, which meet the requirements of the Division and state law.
- PS19 Identify at least five examples of non-verbal behavior.
- PS20 Identify at least three personal and/or environmental conditions affecting communication.
- PS21 Explain why it is important to be aware of an individual’s personal space and boundaries.
- PS22 Describe at least four communication methods that could be used with a person who is non-verbal.
- PS23 Describe what might happen to a person when his/her right to communicate is violated.
- PS24 Explain how both opportunity and communication can affect choice.
- PS25 Identify at least one risk associated with teaching people to be “compliant”.
- PS26 List three examples of what a person may communicate through his/her behavior.
- PS27 List three factors that may affect an individual’s behavior.
- PS28 Identify three techniques to support a person with challenging behaviors.
- PS29 List three major life areas that a vision statement must address.
- PS30 Explain what makes desired outcomes and action plans meaningful.
- PS31 Explain the statement “The individual is the most important person in the person-centered planning process.”
- PS32 Describe your role on the support team in the person-centered planning process.
- PS33 List three benefits of exercising choice and three negative consequences of being denied choice.
- PS34 List three situations when you should not support the choice an individual makes.
- PS35 Describe your role in supporting an individual to make responsible choices.

***BASIC AND ORIENTATION HEALTH INFORMATION***

Direct support staff and direct support supervisors shall complete an **introductory** course that addresses the following competency statements:

- CH04 Give three examples of signs that indicate that a person is in good health and three examples of signs that indicate that a person’s physical health may be at risk.
- CH45 Explain your role in assisting individuals to maintain good health.
- CH35 Explain why it is important to know an individual’s dietary restrictions and specialized eating programs before offering any types of food or beverage.
- CH33 Explain why it is important to ensure that special diets, specialized eating programs and use of adaptive eating equipment are followed and that individuals drink enough fluids.

- CH34 Explain why proper skin and dental care are important.
- CH39 Give three reasons for providing routine position changes to people with decreased mobility.
- CH37 Identify three indications of skin breakdown and techniques for prevention.
- CH40 Define the longest maximum time a person with decreased mobility can be left in one position.
- CH46 Explain why it is important to monitor bowel and bladder functions of individuals with decreased mobility and/or diminished digestive/bowel capacity.
- CH30 Identify indicators of generalized and partial seizures.
- CH38 Identify the steps of general first aid procedures for a seizure.
- CH31 Identify factors which would indicate that emergency procedures are the appropriate response to a seizure.
- CH44 Explain why it is important to check with a medical person before assisting an individual to take over-the-counter medications, including vitamins and herbal supplements.
- CH36 Give three reasons why it is important to understand the expected effects and side effects of all prescription medication an individual takes.
- CH29 Distinguish between emergency, acute and health maintenance situations.
- CH32 Explain the appropriate response to a health emergency.

### **ORIENTATION LEVEL**

#### ***PERSON-CENTERED PLANNING IN NEW MEXICO (ONE-DAY)***

Direct support staff and direct support supervisors shall complete an **orientation** course that addresses the following competency statements:

- PC01 Distinguish between program-centered and person-centered services.
- PC02 List three benefits of person-centered planning.
- PC03 Describe the importance of using person-centered language.
- PC04 Identify four person-centered outcomes.
- PC05 Explain why it is important to understand and honor the cultural background of the person and his/her family.
- PC06 Describe how the following can influence the supports and services provided to a person: age, gender, values, spirituality, geographic area, food, and language.
- PC07 Describe three benefits of having natural supports
- PC08 Describe three benefits of having community supports
- PC09 Describe typical roles and responsibilities of specialized support providers.
- PC10 Identify the core members of an interdisciplinary team (IDT).
- PC11 List two benefits of using teamwork principles.
- PC12 Describe the four parts of the planning process (i.e., assess, plan, implement, and review/revise).
- PC13 Describe two benefits of assessment.
- PC14 List three things that should occur before an ISP meeting.
- PC15 Identify three ways to prepare a person to communicate effectively and make choices during a meeting.

- PC16 Identify each section of an individual service plan.
- PC17 Describe two strategies for successful completion of the narrative section of the ISP.
- PC18 Describe three characteristics of meaningful long-term vision statements.
- PC19 Identify three strategies for creating meaningful desired outcome statements.
- PC20 Describe the purpose of establishing action plans for desired outcome statements.
- PC21 Identify three considerations when developing individual-specific training requirements.
- PC22 List two examples of support plans.
- PC23 Describe what should be included in teaching and support strategies.

*NOTE: Trainers and agencies shall not be allowed to develop their own training modules to address the competency statements listed above. Therefore, agencies/trainers are required to use the Department of Health's Person-Centered Planning in New Mexico (One-Day) training module.*

### ***ASSISTING WITH MEDICATION DELIVERY***

See the Division's Medication Delivery Policy M-001 for specifics about who is required to complete the medication course addressing the following competency statements:

- M01 Identify the definition for each of the following: prescription medications, *Pro Re Nata* (PRN) medications, controlled substances, and sustained-release formulations.
- M02 Identify the generic, chemical, and brand/trade name for one medication.
- M03 Identify one example for each of the following formulations: solid, semisolid, and liquid.
- M04 Describe two factors that can alter the rate of absorption of medications.
- M05 Identify two characteristics of a "steady state."
- M06 Give one example for each of the following types of interactions: drug-drug interaction, food-drug interaction, and disease-drug interaction.
- M07 Identify two types of adverse drug reactions.
- M08 Identify the definition of "anaphylactic shock."
- M09 Identify three examples of medication-related emergencies.
- M10 Explain what to do during a medication-related emergency.
- M11 Identify where you find information about medication benefits, side effects, and food and drug interactions.
- M12 Demonstrate one method for discovering the benefits, side effects and food and drug interactions from medication.
- M13 Explain the difference among self-administration of medication, assisting with medication, and medication administration.
- M14 Identify key people and their roles in the medication delivery process.
- M15 Identify the "Six Rights" of assisting with medication.
- M16 List four types of medication errors and how to avoid them.
- M17 Identify three procedures to follow when a person refuses medication.
- M18 Describe the relationship between informed consent and the right to refuse medication.
- M19 Identify at least four general strategies for teaching self-administration of medication.
- M20 List three benefits of self-administration of medication.
- M21 Identify the steps of the medication delivery process.

- M22 Explain confidentiality safeguards used in handling medication.
- M23 Explain the importance of the information on a medication label.
- M24 Identify the documentation procedures for each of the following: refusal, discontinued medication, taking medication, refill, food and drug interactions, misplaced or lost medications, prescription change, and dosage errors.
- M25 Identify what to take with you to medical appointments and emergencies and where it is located.
- M26 Explain why a direct support staff should not use drug abbreviations and symbols.
- M27 Identify the circumstances that must be in place before using over-the-counter medications.
- M28 Identify four medication storage practices.
- M29 Identify the procedure for handling discontinued, contaminated and refused medication.
- M30 List eight common side effects.
- M31 Demonstrate documentation procedures for the following: refusal, discontinued medication, taking medication, refill, food and drug interactions, misplaced or lost medication, prescription changes, and dosage errors.
- M32 Identify an individual's medications, their purpose, and possible side effects.
- M33 Demonstrate your ability to identify significant medication issues by reviewing one individual's medication history.
- M34 Demonstrate how to assist an individual with the medication delivery process.
- M35 Demonstrate teaching an individual one technique for self-administration of his/her medication.

*NOTE: Trainers and agencies shall not be allowed to develop their own training modules to address the competency statements listed above. Therefore, agencies/trainers are required to use the Department of Health's medication module for the staff who are required to complete the medication course.*

## LEVEL ONE

### ***RIGHTS AND ADVOCACY***

Direct support staff and direct support supervisors shall complete a **level one** course that addresses the following competency statements:

- PF18 Identify three important factors to consider when explaining rights and responsibilities to an individual.
- PF14 List three examples of rights violations.
- PF30 Describe three ways you can help maintain an individual's privacy.
- SH06 Identify three ways to assure that ownership of a person's home is respected.
- SH19 List three important factors that must be considered when a person you support may experience, or has experienced, a change in a home, job, or relationship.
- SC17 Describe three ways to support individuals to make informed decisions.
- PF13 Explain informed consent.
- SC19 Identify three ways to support a person who is dealing with the negative consequences of a choice.

- PF31 Identify three ways to support an individual in taking more control over his/her life.
- PF20 Describe one way to advocate for a person's rights in each of the following settings: community, home, work, and ISP meeting.
- AR11 Demonstrate the DOH-approved procedure for completing an incident report involving suspected abuse, neglect, or exploitation.

### ***LEVEL ONE HEALTH***

Direct support staff and direct support supervisors shall complete a **level one** course that addresses the following competency statements:

- BH33 Describe how pain can influence an individual's behavior.
- CH12 Identify how to share information with key personnel working with an individual.
- CH41 Describe your role in assisting an individual to arrange appointments, communicate concerns to the doctor/therapist, respond to emergencies, follow up on treatment orders and communicate health information to other team members.
- CH42 Demonstrate supporting an individual to arrange appointments, communicate concerns to the doctor so that treatment is accurate during routine and emergency treatments, and receive appropriate follow-up.
- CH43 Explain when and how each of the following health care decision makers should be involved in medical treatment decisions for an individual with a developmental disability: the individual, the guardian, the physician, and the individual designated to make decisions regarding medical treatment and/or advanced directives.

### ***TEACHING AND SUPPORT STRATEGIES***

Direct support staff and direct support supervisors shall complete a **level one** course that addresses the following competency statements:

- TS01 Describe three learning styles.
- TS02 Explain why it is important to choose strategies that match an individual's learning style.
- TS03 Describe two teaching strategies that are effective with an individual you support.
- TS04 Describe what types of information should be included in teaching and support strategies.
- TS05 Explain why it is important to incorporate information from therapy assessments and therapy plans into teaching and support strategies.
- TS06 Describe the importance of data collection.
- TS07 Identify four factors to investigate when the data collection shows that an individual has made little or no progress towards achieving an action step.
- TS08 Explain two benefits of using a visual schedule.
- TS09 Demonstrate your ability to complete a task analysis.
- TS10 Demonstrate respectful use of each of the following strategies: prompts, feedback, and error correction.

### ***POSITIVE BEHAVIOR SUPPORT STRATEGIES***

Direct support staff and direct support supervisors shall complete a **level one** course that addresses the following competency statements:

- B01 Describe the difference between behavior control, behavior management and behavior support techniques.

- B02 Identify three interventions that are aversive.
- B03 Explain why aversive interventions are prohibited.
- B04 Describe your role in completing a “holistic” assessment of an individual’s behavior.
- B05 Explain why the team must always assess for pain when there are changes in an individual’s behavior.
- B06 Describe the relationship between psychoactive medications and challenging behavior.
- B07 Give one example of culture specific or language related behavior that might be misunderstood as challenging behavior.
- B08 Give one example of a factor that may affect an individual’s behavior for each of the following: physical health, mental health, culture, sexuality, and environment.
- B09 List one logical support an IDT would provide when each of the following is identified as a contributing factor to the individual’s challenging behavior: physical health, mental health, culture, sexuality, and environment.
- B10 Identify three proactive strategies that decrease the likelihood that an individual will demonstrate challenging behavior.
- B11 Give three examples of support strategies that help a person you support feel comfortable and safe.
- B12 Give one example each of how a staff person’s behavior can positively or negatively affect an individual’s behavior.
- B13 Describe how staff interactions and interventions can inadvertently add to an individual’s distress and subsequent escalation of behavior.
- B14 Describe how your body positioning in relation to another person can affect his/her behavior.
- B15 Identify when it is appropriate to use physical intervention strategies to assist a person who is in crisis.
- B16 Identify when it is the appropriate to access emergency services (e.g., police) to resolve a behavioral crisis.
- B17 Describe when it is appropriate to obtain input from a human rights committee regarding behavioral interventions.
- B18 Describe team member responsibilities with regard to implementation and monitoring of behavior supports.

***PARTICIPATORY COMMUNICATION AND CHOICE-MAKING***

Direct support staff and direct support supervisors shall complete a **level one** course that addresses the following competency statements:

- C32 In your own words, explain your understanding of the concept that “all people communicate.”
- C14 State four purposes served by communication.
- SC06 List five ways you can design or modify a person’s environment or use adaptations to support communication and choice-making.
- C18 Describe two possible messages shown by the body language of a person you support and explain how you came to understand their meaning.
- C30 Give one example of each low tech and high tech augmentative communication devices an individual may use to communicate.

- C07 Identify at least three ways to support a person who uses augmentative or alternative communication or Assistive Technology.
- C34 Explain your role in supporting an individual's right to communicate.
- C33 Describe how you could integrate communication strategies into at least one informal and one formal daily routine to enhance on-going opportunities for being involved
- SC12 Describe how you would promote choice-making during a "naturally occurring" opportunity for one person you support.
- C21 Explain how to communicate with a person you support.

*NOTE: Trainers and agencies shall not be allowed to develop their own training modules to address the competency statements listed above. Therefore, agencies/trainers are required to use the Department of Health's Participatory Communication and Choice-Making training module.*

### **LEVEL TWO**

Competency requirements for level two have not yet been established.

### **LEVEL THREE**

Competency requirements for level three have not yet been established.

## Attachment B

Attachment B identifies the specific competency requirements for service coordinators for the introductory, orientation and level one core curriculum training levels.

## **ATTACHMENT B: CORE CURRICULUM TRAINING REQUIREMENTS FOR SERVICE COORDINATORS**

**Policy Reference: Training Requirements for Direct Service Agency Staff Policy.**

**Core Curriculum Training for Service Coordinators is Designed to Promote the Following Outcomes:**

### **ADVOCACY AND RIGHTS**

Individuals served shall be supported to exercise their rights; be respected; be afforded due process; have time, space and opportunity for privacy; have and keep personal possessions; decide when to share personal information; and be free from abuse and neglect.

### **HEALTH**

Individuals served shall be supported to receive adequate/comprehensive health care services, receive safe assistance with medication, learn to self-administer medications, and make informed health care decisions.

### **BEHAVIORAL SUPPORTS**

Individuals with challenging behaviors shall be supported to engage in meaningful life opportunities, environments and relationships.

### **INDIVIDUAL SERVICE PLANNING**

Individuals shall be supported to have an individual service plan (ISP) that reflects and supports their chosen personal vision and cultural preferences, as well as assures choice in:

- where and with whom they live,
- where they work,
- how to use their free time,
- services received,
- daily routine,
- desired relationships, and
- things they want to learn,

while, at the same time, complies with ISP regulations and Utilization Review guidelines.

### **NATURAL SUPPORTS AND RELATIONSHIPS**

Individuals shall be supported to participate in the life of their community and culture in a manner that promotes maximum independence/interdependence, interaction with other members of the community, and opportunities to perform meaningful social roles.

### **COMMUNICATION**

Individuals shall be supported to receive and express information necessary to:

- express wants, needs and concerns,
- develop and maintain meaningful relationships,
- enhance educational/vocational opportunities,

- perform self-advocacy,
- access inclusive community resources, and
- understand others.

### **QUALITY ASSURANCE**

Individuals shall be supported to be safe and to determine the extent to which they:

- are satisfied with services,
- are satisfied with their personal life situations,
- experience continuity and security, and
- achieve progress toward their personal vision.

### **FUNDING AND ELIGIBILITY**

Individuals shall be supported to have economic resources and necessary supports and services.

### **TEAM FACILITATION/PARTICIPATION**

Individuals shall be supported by interdisciplinary teams (IDTs) that are effective in all phases of the ISP process (assessment, planning, implementation and improvement) through meaningful participation in the process.

## **SPECIFIC INTRODUCTORY, ORIENTATION, AND LEVEL ONE COMPETENCY REQUIREMENTS TO SUPPORT MEANINGFUL OUTCOMES:**

*NOTE: Except where noted, trainers and agencies shall be allowed to develop training courses to address competency requirements. Training modules shall meet the expectations of the Department of Health and shall be formally approved by the Developmental Disabilities Supports Division Training Unit or its designee.*

### **INTRODUCTORY LEVEL**

#### ***PRE-SERVICE MANUAL***

Service coordinators shall complete a self-study **introductory** course that addresses the following competency statements:

- PSM01 Explain why using “people first” language is important.
- PSM02 Demonstrate use of person-centered language when speaking to or about an individual, and also in written reports and assessments.
- PSM03 Give one example for each of the following to explain how a disability can affect an individual’s quality of life: financial equality, access to relationships, community involvement, and work/educational opportunities.
- PSM04 Explain the code of ethics for case manager conduct.
- PSM05 Describe legal/regulatory responsibilities related to confidentiality.
- PSM06 Identify three possible violations of confidentiality.
- PSM07 Identify the rights about which case managers must inform individuals and their families/guardians.

- PSM08 Explain the rights (human, civil, and legal) that people with disabilities have to a person and/or family member/guardian.
- PSM09 Explain informed consent in your own words.
- PSM10 Explain the Dispute Resolution Process outlined by the Department of Health, Developmental Disabilities Supports Division.
- PSM11 Describe your agency's grievance procedure for individuals served.
- PSM12 Identify factors which indicate when guardianship may be needed.
- PSM13 Identify types of guardianship.
- PSM14 Define neglect.
- PSM15 Define exploitation.
- PSM16 Define abuse.
- PSM17 Explain what you should do if you suspect abuse, neglect and/or misappropriation (i.e., exploitation).
- PSM18 Explain how to obtain a medical history and why it is important.
- PSM19 Identify where to obtain information regarding various chronic health conditions.
- PSM20 Identify two sources of information about specific developmental disabilities.
- PSM21 Identify where to obtain information on a person's medications, their purpose, and side effects.
- PSM22 List two things to look for when reviewing the medication administration record (MAR) each month for each individual served.
- PSM23 Define the terms: advance directive, power of attorney for healthcare, and surrogate healthcare decision maker.
- PSM24 Explain who has authority to make healthcare decisions.
- PSM25 Identify two resources that can assist individuals and their families/guardians in making difficult healthcare decisions.
- PSM26 List three examples of what a person may communicate through his/her behavior.
- PSM27 Give one example for each area of a factor that may negatively affect an individual's behavior: physical health, mental health, environmental, and sensory.
- PSM28 Describe the purpose of the person-centered individual service planning process.
- PSM29 Explain the importance of networking with a variety of local resources.
- PSM30 Describe the concept of inclusion and why it is important.
- PSM31 Given an individual assessment, identify two appropriate natural supports and describe how you would go about linking the individual.
- PSM32 Identify two common community access barriers and solutions to address each.
- PSM33 Identify two resources for educating individuals served regarding appropriate and safe expression of their sexuality.
- PSM34 Describe a strategy for identifying important relationships in the individual's life.
- PSM35 Describe two strategies for assisting individuals to build new relationships.
- PSM36 Describe the concept of participatory approach to enhancing communication, as defined in the assistive technology policy of the Division, and why it is important.
- PSM37 Explain the purpose and expected results of augmentative communication devices.
- PSM38 Identify the components of ongoing contact notes.
- PSM39 List all components of a complete client record.
- PSM40 State the components of complete quarterly reports related to the individual service plan.

- PSM41 List key medical information that must be kept in the case manager's record for each individual.
- PSM42 State key elements to look for when monitoring service delivery.
- PSM43 Identify one situation when it is appropriate to contact each of the following with a quality concern: Developmental Disabilities Supports Division Regional Offices, Developmental Disabilities Supports Division Central Office, Division of Health Improvement, PASARR, Utilization Review, Developmental Disabilities Planning Council, Protective Services (CPS/APS).
- PSM44 Identify the key components of a developmental disability.
- PSM45 Explain the financial and clinical eligibility process for the Developmental Disabilities Waiver.
- PSM46 Explain the required components of a level of care (LOC) packet and why each is important.
- PSM47 Identify where to look for current information about DD Waiver Service Standards and rates.
- PSM48 Explain what needs to occur regarding the LOC packet before an individual is discharged from the hospital.
- PSM49 Complete one LOC packet, including relevant assessments.
- PSM50 Explain how the LOC packet is processed.
- PSM51 Identify where to get information about benefits available to individuals on the DD Waiver through their Medicaid card.
- PSM52 Explain the parameters for Annual Resource Allotments (ARA) for: adults age 22 and older and young adults (age 18-21) receiving residential services through the DD Waiver; for adults age 22 and older and young adults (18-21) who are not receiving residential services; and for children/youths age birth to 18.
- PSM53 Indicate case managers' authority in approving individual service plans under the ARA system; circumstances that require prior authorization from Medicaid Utilization Review or Developmental Disabilities Supports Division at DOH; and relevant timelines, and required forms.
- PSM54 Correctly complete a MAD 046 for a sample plan.
- PSM55 Identify where to find the legal policies and procedures of the Department of Health Developmental Disabilities Supports Division.
- PSM56 Prepare for team meeting in order to assure efficient use of meeting time
- PSM57 Develop an ISP meeting agenda with time frames.
- PSM58 List meeting preparation activities necessary to assure the effective participation of all team members, including medical practitioners.
- PSM59 With supervision, demonstrate your ability to facilitate a person-centered individual service plan meeting.

*NOTE: Trainers and agencies shall not be allowed to develop their own training modules to address the competency statements listed above. Therefore, agencies/trainers are required to use the Department of Health's approved Pre-Service Manual for Case Managers and Service Coordinators.*

## ORIENTATION LEVEL

### ***PERSON-CENTERED PLANNING IN NEW MEXICO (TWO-DAY)***

Service coordinators shall complete an **orientation** course that addresses the following competency statements:

- PC01 Distinguish between program-centered and person-centered services.
- PC02 List three benefits of person-centered planning.
- PC03 Describe the importance of using person-centered language.
- PC04 Identify four person-centered outcomes.
- PC05 Explain why it is important to understand and honor the cultural background of the person and his/her family.
- PC06 Describe how the following can influence the supports and services provided to a person: age, gender, values, spirituality, geographic area, food, and language.
- PC07 Describe three benefits of having natural supports
- PC08 Describe three benefits of having community supports
- PC09 Describe typical roles and responsibilities of specialized support providers.
- PC10 Identify the core members of an interdisciplinary team (IDT).
- PC11 List two benefits of using teamwork principles.
- PC12 Describe the four parts of the planning process (i.e., assess, plan, implement, and review/revise).
- PC13 Describe two benefits of assessment.
- PC14 List three things that should occur before an ISP meeting.
- PC15 Identify three ways to prepare a person to communicate effectively and make choices during a meeting.
- PC16 Identify each section of an individual service plan.
- PC17 Describe two strategies for successful completion of the narrative section of the ISP.
- PC18 Describe three characteristics of meaningful long-term vision statements.
- PC19 Identify three strategies for creating meaningful desired outcome statements.
- PC20 Describe the purpose of establishing action plans for desired outcome statements.
- PC21 Identify three considerations when developing individual-specific training requirements.
- PC22 List two examples of support plans.
- PC23 Describe what should be included in teaching and support strategies.
- PC24 Explain team roles in regards to the coordination of assessments.
- PC25 Describe three basic facilitation techniques to promote participation.
- PC26 Explain what type of information should be included in the following sections of the ISP: life experiences; school, work, and/or volunteer history; relationships; health and safety; and strengths, gifts, preferences, and hobbies.
- PC27 Describe five techniques for gathering information to include in the narrative section of the ISP.
- PC28 List two pitfalls to avoid when supporting an individual to develop his/her long-term vision statement.
- PC29 Demonstrate your ability to complete the “progress towards reaching the vision” section of the ISP.

- PC30 Explain how to develop desired outcome statements.
- PC31 Describe how to create a meaningful action plan.
- PC32 Describe how to complete the individual-specific training requirement pages in the ISP form.
- PC33 Explain the importance of developing detailed teaching and support strategies.
- PC34 Describe how to collaborate with other team members to develop integrated teaching and support strategies.
- PC35 Explain what needs to be included in quarterly reports.
- PC36 Identify five situations that require a team meeting.
- PC37 Explain how to revise each section of the ISP.
- PC38 List four resources to contact when the team needs to access technical assistance.
- PC39 Describe the dispute resolution process.

*NOTE: Trainers and agencies shall not be allowed to develop their own training modules to address the competency statements listed above. Therefore, agencies/trainers are required to use the Department of Health's Person-Centered Planning in New Mexico (Two-Day) training module.*

### **PROMOTING EFFECTIVE TEAMWORK**

Service coordinators shall complete an **orientation** course that addresses the following competency statements:

- TF01 Identify three benefits associated with providing positive feedback to others.
- TF02 Demonstrate active listening techniques.
- TF03 Demonstrate your ability to receive difficult feedback in a constructive manner.
- TF04 Demonstrate your ability to give constructive feedback about an issue or concern.
- TF05 Identify four factors that affect team functioning.
- TF06 Explain the following stages of team development: forming, storming, norming, and performing.
- TF07 Describe the responsibilities of a facilitator, scribe, and timekeeper.
- TF08 Identify two benefits of co-facilitation.
- TF09 List two characteristics of effective meetings and two characteristics of ineffective meetings.
- TF10 Explain how to prepare for a successful meeting.
- TF11 Describe two ways to ensure that individuals receiving services are prepared for team meetings.
- TF12 List three reasons for using an agenda during team meetings.
- TF13 Demonstrate your ability to develop an agenda for a team meeting.
- TF14 Explain why it is important to do the following at the beginning of a team meeting: share the desired outcomes of the meeting, obtain consensus on the agenda, and develop ground rules.
- TF15 Describe four strategies for facilitating a focused team meeting.
- TF16 Describe three techniques for getting people involved during team meetings.
- TF17 List three ways to maximize the involvement of individuals receiving services during team meetings.
- TF18 Describe two brainstorming techniques.

- TF19 Identify five facilitation techniques to use when completing the narrative section of an ISP meeting.
- TF20 Describe two reasons to use a parking lot during a discussion.
- TF21 Identify three effective ways to deal with disruptions during team meetings.
- TF22 Describe two differences between false consensus and true consensus.
- TF23 Demonstrate your ability to develop an action plan.

*NOTE: Trainers and agencies shall not be allowed to develop their own training modules to address the competency statements listed above. Therefore, agencies/trainers are required to use the Department of Health's Promoting Effective Teamwork training module.*

### **LEVEL ONE**

#### ***POSITIVE BEHAVIOR SUPPORT STRATEGIES***

Service coordinators shall complete a **level one** course that addresses the following competency statements:

- B01 Describe the difference between behavior control, behavior management and behavior support techniques.
- B02 Identify three interventions that are aversive.
- B03 Explain why aversive interventions are prohibited.
- B04 Describe your role in completing a "holistic" assessment of an individual's behavior.
- B05 Explain why the team must always assess for pain when there are changes in an individual's behavior.
- B06 Describe the relationship between psychoactive medications and challenging behavior.
- B07 Give one example of culture specific or language related behavior that might be misunderstood as challenging behavior.
- B08 Participate in a holistic, culturally appropriate, assessment process with an IDT, to identify possible factors that may contribute to an individual's challenging behaviors.
- B09 Give one example of a factor that may affect an individual's behavior for each of the following: physical health, mental health, culture, sexuality, and environment.
- B10 List one logical support an IDT would provide when each of the following is identified as a contributing factor to the individual's challenging behavior: physical health, mental health, culture, sexuality, and environment.
- B11 Identify three proactive strategies that decrease the likelihood that an individual will demonstrate challenging behavior.
- B12 Give three examples of support strategies that help a person you support feel comfortable and safe.
- B13 Give one example each of how a staff person's behavior can positively or negatively affect an individual's behavior.
- B14 Describe how staff interactions and interventions can inadvertently add to an individual's distress and subsequent escalation of behavior.
- B15 Describe how your body positioning in relation to another person can affect his/her behavior.

- B16 Identify when it is appropriate to use physical intervention strategies to assist a person who is in crisis.
- B17 Identify when it is the appropriate to access emergency services (e.g., police) to resolve a behavioral crisis.
- B18 Describe when it is appropriate to obtain input from a human rights committee regarding behavioral interventions.
- B19 Describe how to incorporate behavioral supports into an individual service plan to address factors that are contributing to an individual’s challenging behavior.
- B20 Describe team member responsibilities with regard to implementation and monitoring of behavior supports.

### ***PARTICIPATORY COMMUNICATION AND CHOICE-MAKING***

Service coordinators shall complete a **level one** course that addresses the following competency statements:

- C32 In your own words, explain your understanding of the concept that “all people communicate.”
- C14 State four purposes served by communication.
- SC06 List five ways you can design or modify a person’s environment or use adaptations to support communication and choice-making.
- C18 Describe two possible messages shown by the body language of a person you support and explain how you came to understand their meaning.
- C30 Give one example of each low tech and high tech augmentative communication devices an individual may use to communicate.
- C07 Identify at least three ways to support a person who uses augmentative or alternative communication or Assistive Technology.
- C34 Explain your role in supporting an individual’s right to communicate.
- C33 Describe how you could integrate communication strategies into at least one informal and one formal daily routine to enhance on-going opportunities for being involved
- SC12 Describe how you would promote choice-making during a “naturally occurring” opportunity for one person you support.
- C21 Explain how to communicate with a person you support.
- CS13 Demonstrate active listening techniques.
- AT07 Describe the potential benefits of Assistive Technology for individuals with developmental disabilities.
- AT10 Identify three resources for Assistive Technology services.
- CS40 Explain the purpose and expected results of Assistive Technology evaluation and devices.

*NOTE: Trainers and agencies shall not be allowed to develop their own training modules to address the competency statements listed above. Therefore, agencies/trainers are required to use the Department of Health’s Participatory Communication and Choice-Making training module.*

### ***ADVOCACY STRATEGIES***

Service coordinators shall complete a **level one** course that addresses the following competency statements:

- S25 Given a scenario, identify one community resource to access for assistance to resolve a guardianship issue.
- AP16 Demonstrate problem solving techniques.
- PF27 Explain why it is important to develop a relationship with and get to know the individuals you support.
- PF07 List three strategies for promoting self-advocacy.
- CS10 Define full (plenary) guardianship, limited guardianship, durable power of attorney, and conservatorship.
- CS17 List two community resources available to individuals with developmental disabilities who are involved with the criminal justice system.
- CS18 Identify the process for assisting individuals who are involved with the criminal justice system.
- CS11 List three resources on estate planning for individuals with developmental disabilities and their families.
- PF13 Explain informed consent.
- CS68 Describe one situation in which it would be appropriate to access each of the following: Dispute Resolution Process, Client Complaint Procedure, and Technical Assistance.
- QA25 Describe two functions of a human rights committee.
- CS9 Identify individual rights as they relate to advanced medical directives.
- FP11 List three ways to encourage creative thinking during the ISP planning process.
- CS67 List three strategies for assisting individuals to maintain positive relationships with their natural support networks during team conflicts.
- CS71 Demonstrate two basic techniques to resolve conflicts.
- CS16 Demonstrate two strategies to promote self-advocacy.

***ISP CRITIQUE***

Service coordinators shall complete a **level one** course that addresses the following competency statements:

- QI01 Explain how assessment information should be integrated into the ISP.
- QI02 Describe how to support an individual to develop meaningful social roles through the person-centered planning process.
- QI03 Explain how to identify and avoid potential readiness traps.
- QI04 Describe five strategies for improving the quality of an ISP.
- QI05 Explain how to conduct quality reviews of an ISP.
- QI06 Demonstrate ability to review and critique an individual service plan, including the following components: narrative section, action plans, individual-specific training requirements, and teaching and support strategies.
- QI07 Demonstrate ability to formulate quality improvement recommendations related to an ISP.

*NOTE: Trainers and agencies shall not be allowed to develop their own training modules to address the competency statements listed above. Therefore, agencies/trainers are required to use the Department of Health's ISP Critique training module.*

### ***SEXUALITY FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES***

Service coordinators shall complete a **level one** course that addresses the following competency statements:

- IS01 Define sexuality.
- IS02 List three myths about sexuality and individuals with developmental disabilities
- IS03 Explain an adult's rights and responsibilities related to sexuality.
- IS04 Identify two sources of sexuality training for people with developmental disabilities.
- IS05 Identify three factors that make a person especially vulnerable to sexual abuse.
- IS06 List three ways to prevent sexual victimization.
- IS07 Explain the importance of developing agency policies related to sexuality and socialization.
- IS08 Identify three ways to support an individual's informed choice about social and sexual matters.
- IS09 Describe the team's role in determining an individual's ability to give informed consent.
- IS10 Explain the team's role in conducting risk assessments for individuals who are at risk of engaging in illegal sexual acts.

*NOTE: Trainers and agencies shall not be allowed to develop their own training modules to address the competency statements listed above. Therefore, agencies/trainers are required to use the Department of Health's Sexuality for People with Developmental Disabilities training module.*

### ***LEVEL ONE HEALTH FOR CASE MANAGERS AND SERVICE COORDINATORS***

Service coordinators shall complete a **level one** course that addresses the following competency statements:

- CH45 Identify four ways that case managers and service coordinators can assist with maintaining the health of individuals served.
- CS20 List three ways to access medical experts to assist the IDT in designing appropriate supports to address health issues.
- CH29 Describe the IDT's responsibilities to ensure appropriate action is taken for illnesses and health maintenance concerns (e.g., annual check-ups).
- CH31 Identify factors which indicate that emergency procedures are the appropriate response to a seizure.
- CH32 List two ways that case managers can ensure that teams are prepared to respond appropriately to health emergencies involving individuals being served.
- CC01 Identify the health conditions that indicate the need for a crisis prevention plan and the key elements that plans must include.
- CC02 List five indicators case managers and service coordinators can use to identify individuals who may be at risk for aspiration.
- CC03 Describe at least one step case managers and service coordinators can take, if risk is suspected, to obtain appropriate evaluation for aspiration.
- CC04 Name at least one action that case managers should take to ensure that individuals consume the appropriate amount of fluids.
- PS07 Name three common behaviors you can observe in IDT members, which may indicate a high level of stress.

- PS05 List at least four ways to support individuals served to manage their stress.
- CS26 Name two things case managers can do if an individual demonstrates a pattern of refusing to take his/her medication.
- CC05 Identify three health related issues that must be addressed through individual-specific training.
- CC06 State what case managers and service coordinators can do if they discover that health related individual-specific training has not occurred in a timely fashion.

### **LEVEL TWO**

Competency requirements for level two have not yet been established.

### **LEVEL THREE**

Competency requirements for level three have not yet been established.

## **Attachment C: Training Code of Ethics**

**NEW MEXICO DEPARTMENT OF HEALTH  
DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION**

**TRAINING CODE OF ETHICS**

As a trainer/mentor of core curriculum modules addressing DDS-required competencies, I shall:

- Follow the DDS training policies, procedures, and standards.
- Promote person-centered values.
- Adhere to my scope of certification.
- Train only courses for which I am certified.
- Mentor only courses for which I am certified.
- Present the course content in accordance with the specifications in each approved module.
- Ensure course content is presented within a timeframe that allows participants to successfully complete the required competency measures.
- Promote positive relationships among people, organizations, agencies, and system supports.
- Treat trainees with dignity and respect.
- Ensure that trainees complete competency verification forms individually and without the aid of module/supplemental materials (unless otherwise specified in the approved module).
- Participate fully in training audits conducted by the DDS and/or its designees, which may include but not be limited to the following: training record reviews, trainee interviews, and in-class monitoring.

By signing this document, I am declaring that I understand and agree to follow this Training Code of Ethics. I understand that failure to comply may result in a temporary suspension of trainer/mentor certification (pending the completion of specified actions) or a loss of trainer/mentor certification.

\_\_\_\_\_  
FULL NAME (PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE