THE NEW MEXICO DEPARTMENT OF HEALTH
DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION

INDIVIDUAL SPECIFIC TRAINING GUIDE

A GUIDE FOR PROVIDERS AND POTENTIAL TRAINERS ON HOW TO ***DEVELOP AND DELIVER EFFECTIVE INDIVIDUAL SPECIFIC TRAINING***

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PURPOSE

The purpose of individual specific training (IST) is to fully train all team members on the specifics of working with and supporting each particular individual. These trainings augment the required DDSD core curriculum and any other DDSD and agency specific trainings team members attend.

PHILOSOPHY

The IST offers a wonderful opportunity to introduce new employees to our person centered system and its application to each individual we support. The posture or tone we use can have an extremely positive effect on how staff interact with and support individuals. Armed with a person-centered approach and comprehensive information about the individual, staff will feel equipped to perform their jobs in a highly competent and effective manner. This, in turn, may drastically reduce the “high turnover” many agencies experience.

BENEFITS

Successful individual specific training has many benefits to the individual, employee, the trainer and to the agency on a whole.

To the individual being supported:
- More knowledgeable, skilled and confident staff
- Staff who have a deeper understanding of their dreams, preferences and needs
- Overall better and more consistent services and supports
- Less staff turnover
- Less incidences of Abuse, Neglect and Exploitation
- Quicker progress towards visions and desired outcomes

To the employee and agency:
- Increased competency
- Opportunity to tap into the accumulated knowledge and experience of the trainer/team
- Opportunity to receive feedback and clarification about concerns
- Feeling supported and avoid feeling isolated
- Feeling confident instead of unsure or fearful
- Opportunity to develop a mentor relationship with experienced staff

To the designated trainers:
- Recognition of their skills and abilities
- Opportunities to develop new mentoring skills
- New challenges and renewed interest in job

It’s a Win-Win-Win situation!

THE INDIVIDUAL SPECIFIC TRAINING REQUIREMENTS FORM

The IST form (pages 12-15 of the ISP) serves as the official guide to **what** training is required for each team member, the level of intensity or **type** of the training (awareness, knowledge or skill level), the **urgency** or how soon the training needs to occur (prior to working with the individual or working alone, within a 30 day timeline, etc.) and **who** is responsible to provide the training (this may be a qualified staff member, a therapist or BSC, a staff member identified by the therapist as a 'designated trainer', or "self" if awareness level will be reached by reading and reviewing the plan and/or additional materials).

This form needs to be completed and updated annually at the ISP meeting and as training needs arise. Each provider agency is responsible for completing the form for the team members who are part of their staff. We strongly suggest that each provider complete their section of the form and submit it with the annual narrative assessment to the case manager two weeks before the meeting. This allows each provider (including case managers, therapists and behavior support consultants) the opportunity to identify specifics for team members from their agency and the Case Manager the opportunity to consolidate information from all providers. The form is then finalized at the team meeting.

DOCUMENTATION

Each provider agency is responsible for implementing a tracking system to ensure individual training has occurred.

- There is no specific form the state requires to document individual specific trainings, however, we have provided a sample IST verification form developed by Sheila Allen at High Desert Family Services that provides a good example for meeting the documentation requirements. We have also included a sample documentation form which may be helpful for case managers, therapists and behavior support consultants.

- Whether you adopt this form or develop your own, be specific in your instructions (like the HDFS form) in detailing that the bulleted items are guides and should be elaborated on during the training.

- Any document or plan identified or referred to in the training needs to be available for staff to actually review.

- Therapists and behavior support consultants are also required to have signed rosters for the trainings they provide to staff.

- Signed verification forms and any related training rosters should be kept in the staff's personnel file or in a designated training file. If a separate file is used, reference its location in the staff's personnel file so it can be easily located.

HOW IS THE LEVEL OF TRAINING REACHED AND COMPETENCY VERIFIED?

The method utilized to train and verify staff competency should be determined by the nature of the topic being trained. Since there are three levels of training (awareness, knowledge, and skill), methods of training and competency verification will vary.

Reaching an **awareness** level may be accomplished by reading plans or other material. Verbal or written recall of the information or knowing where to access the information could verify the staff's awareness.

Reaching a **knowledge** level may take the form of observing a plan in action, reading a plan more thoroughly or having a plan described in detail by an experienced staff or a therapist, behavior support consultant or nurse. Verbal or written recall, and/or completion of a specific class
(e.g. Mandt, CPI, Handle with Care) are ways to verify this level of competency.

Reaching a **skill** level would involve being trained by an experienced designated staff or a therapist, behavior support consultant or nurse. The trainer should demonstrate the techniques according to the plan, observe the staff practicing the techniques and provide constructive feedback. This should be repeated until competency is demonstrated. Demonstration of the skill (e.g. transferring a person from a wheelchair to their bed) or implementation of the techniques or strategies (helping an individual choose healthy foods according to their nutrition plan) would verify staff competency. Staff should be observed on more than one occasion to ensure that the use of appropriate techniques are maintained and to provide additional coaching/feedback.

WHAT DOES EFFECTIVE TRAINING LOOK LIKE?

Training will look a little different for each individual and will vary according to the role of each team member. Case managers, service coordinators, therapists and behavior support consultants may only need to achieve an *awareness* training level in most situations, while direct support staff will most likely require *knowledge* or *skill* achievement level. When teams cannot agree on what level of training is appropriate, then the highest level suggested should be selected.

For example, a case manager may simply need to be aware of the contents of an individual's aspiration management plan, for which direct support staff need to demonstrate the skill to feed the person in the safe manner outlined in the mealtime instructions, brush the individual's teeth safely and position the individual properly for certain other activities. Another team member may need to have a knowledge level regarding this same plan so that he/she can observe/monitor whether the staff are feeding, brushing and positioning the individual properly. Regular observation by the trainer may also result in identifying the need to update or change strategies or elements of the plan.

The level of support the individual needs impacts the level of training direct support staff will require. For example if they must brush an individual's teeth for them, the staff will need skill level training; if they just need to prompt the individual while they brush their teeth themselves (to make sure they brush all sides for example) that would require knowledge level. If the individual is completely independent with tooth brushing, they would just need to be aware of that so they do not diminish the individual's independence.

In all situations, your agency should employ best practice methods to ensure consistency, quality, and effective training. This means that simply having staff read materials will not suffice. Guidance, modeling and mentoring of strategies and support techniques will help the staff develop the needed skills to successfully support individuals. Include individual specific information that has been gathered from family/guardians, staff who have been supporting the individual, other team members or natural supports who know the individual well and of course from the individual him/herself.

In fact, having the individual help train staff is an excellent way to honor the individual's knowledge and recognize them as being the person in control of their own services and supports.

Examples include:

- Before the behavior support consultant reviews the behavior support plan, the individual communicates (with assistance, if needed) what helps calm him/her.
- When the trainer emphasizes the importance of following the mealtime plan, the individual communicates (with assistance, if needed) what it feels like when staff provide food and drink too quickly and/or in too large portions.
- When the trainer is presenting on medical crisis plans, the individual shares (with assistance, if needed) his/her understanding of the chronic condition(s), including what if feels like to experience the condition.

Often agencies are under a lot of pressure to fill staff openings and get staff fully trained to work with the individuals they support. When orienting new staff to the time frames of their trainings, we have an early opportunity to introduce them to our DDSD system. Please consider how a new staff member might feel with the following two examples:

a) "We're so glad you've accepted the position- we really needed some warm bodies in the Peach Street House. All three individuals are really involved medically with mealtime plans, aspiration risks, nebulizer protocols and one individual has a G-tube. So, please read as much of these three client files as you can before your shift this evening and sign your name when you are done."

b) "We're so glad you've accepted the position and will be working with Bob, Maria, and Richard in their home. The first thing we want you to know is that you will never be scheduled to work alone with anyone until you are fully trained. These other staff members have been fully trained so you can always ask any one of

them for advice during your training. You will be trained by the house supervisor, the house lead, the nurse and the speech language therapist during the next few weeks and your training will include “shadowing” with fully trained staff.   But training with the individuals you support is always ongoing. Please let us know if you ever feel uncomfortable or not fully trained in addressing any medical or other supports required in your position.”

During the period where new employees often shadow veteran staff, we have another opportunity to impact training with our language and tone. Please consider how a new staff might feel with the following two examples:

a) “Well, this is your first shift here and I have to let you know that Bob’s mother is extremely bossy and controlling and will be showing up tonight to see if you know how to use the nebulizer, so let me show you the procedure now”.

b) “Welcome to Bob and Carl’s house. One of the first things I want to let you know is that Bob has a serious asthma condition and we support him with his nebulizer treatment. Also, about two months ago, a new staff member made a mistake with this process and Bob had a scary few days in the hospital. His mom is one of the more involved family members and has volunteered to stop by each time we hire a new employee to make sure they know the procedures. So let’s make sure you feel comfortable with this particular training before she comes by this evening”.

Remember, your positive and respectful attitude will create a productive learning environment that will model a respectful and equal relationship with the individual receiving services.

GENERAL VS. SPECIFIC TRAINING

There are many conditions that are common enough that you may consider doing general trainings on these for all staff (e.g. heart conditions, seizures, diabetes, autism, etc.). The nurse, therapist or behavior support consultant can then focus more specifically on the healthcare plan/support plan/crisis plan for each individual and what staff can do to support the individual with the condition; how to know when the person is in crisis and how to respond; hands-on skills needed, etc.

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<u>IST Form Training Categories</u>

The form (pages within the ISP) is divided into three sections; <u>Support Plans</u>, <u>Medical Crisis Prevention/Intervention Plans,</u> <u>and Other Supports</u>. The categories in the first two sections are identified according to whether they are applicable to the individual or not. The third section contains categories that are mandatory for all individuals.

The sub categories apply only to the main heading for that category. An example would be under the **CHOICE** category. "Likes, dislikes and preferences " do not refer to the person's "strengths, gifts, preferences, and hobbies", but refers, instead, to that individual's likes, dislikes and preferences in regards to making choices (e.g. John prefers to select his choice from a small list of options like two or three possibilities rather than an open ended question or John needs to visually see the choices he has in order to choose).

Another example is for the **INDIVIDUAL SERVICE PLAN** category. Even though reading through the entire ISP may be valuable, the sub categories in this section focus on teaching the staff the most applicable parts of the individual's ISP (roles on IDT, narrative section, action plans, strategies). The idea is to provide meaningful information and not overwhelm the new employee by saying "read the ISP and sign off on it". This section should not be a general review of the ISP. Instead, the focus should be on learning about the individual's own ISP and the staff's role in implementing the plan.

IDT member roles and responsibilities section:

This section of training clarifies the role of direct care in the development and implementation of the ISP as well as how to support the individual in participating in the development and the running of the ISP meeting. Agencies can identify the role of the new staff member in gathering information and completing the annual narrative assessments for each individual prior to the meeting. This is a good place to let new staff know how we develop the ISP and how they will be providing key input in this development process. This might include the use of the pre-ISP questionnaire or other agency specific planning processes and tools. This may be a good place to let a new staff member know the name of the individual's case manager, service coordinator, etc. It is also a good place to reinforce our core curriculum training that teaches that the individual is the most important member of the team and our valuing of direct care in supporting them.

Narrative section:

By reviewing the narrative section, we can show new employees how <u>**meaningful**</u> and <u>**accurate**</u> narrative information can lead to meaningful action plans that help individuals gain new skills and experiences in their communities. We can also clarify how new employees have a critical role in updating this information (including descriptions of the meaningful day).

Becoming familiar with the individual's vision for their future and the specific outcomes they have identified to help them realize that vision helps the staff see the person as an individual with dreams and desires and helps them understand the why and how services and supports need to be delivered. Showing staff how the information contained in the narrative section of the individual's ISP connects to the outcomes and action plans for that individual helps staff make sense of the plan and why it is important to follow it.

***Action Plans section**:*
By reviewing the action plans, we can demonstrate to new employees the role of direct support staff in supporting individuals in achieving their outcomes, and how these flow from the narrative information. New employees will eventually be helping teams develop new action plans.

***Strategies section**:*
By reviewing the specific teaching and support strategies with new employees we can show them in detail how to support an individual in accomplishing their action steps. This might include recommendations from therapists and behavior support consultants in easily understood language, specific to the setting of the action step. Emphasizing the importance of following these support strategies helps maintain a consistent and effective learning opportunity for the individual.

The **MEDICATIONS** category covers the information necessary for staff to provide safe and effective support with medication. Completing this section meets the requirement for the Assisting with Medication Delivery "On-the-Job Skills Demonstration" competency (M32).

THINGS TO CONSIDER WHEN PROVIDING INDIVIDUAL SPECIFIC TRAINING:

1. Who will be providing the training? Some examples include supervisors, service coordinators, therapists, nurses, behavior support consultants and/or experienced direct support staff. Make sure there is documentation of the trainer having completed the training him/herself.

2. Having staff read the plan is not sufficient. Review the plan with staff. In order to match different learning styles and culture use a combination of visual, auditory and kinesthetic (hands-on) modes if possible. Use simple vocabulary, avoid using jargon. Check for understanding.

3. The designated trainer needs to be kept up-to-date with any changes or additions to the individual's ISP, medical/medication status, and therapy plans, etc.

4. Always have relevant materials, supplies, equipment available during the training. And provide materials staff can use for reference after the training.

5. Clarify when the knowledge or skill(s) will be used within the individual's typical routine (e.g. mealtime procedures apply not only to meals in the home, but also snacks, eating at restaurants/movies and, if appropriate, taking medication).

6. The trainer should be using person-centered language and modeling respectful interactions at all times.

7. When teaching about the individual, teach the positive attributes first then teach the challenges and the best ways to support the individual to deal with challenges.

8. Involve the individual receiving services in the actual training whenever possible. Not only does this provide for firsthand information but helps give the individual a sense of empowerment.

9. Allow enough time to thoroughly cover the topic and verify the competence of each staff (this may occur over several sessions).

10. Model for staff how to implement the plan/strategies and then have staff demonstrate techniques. Providing immediate feedback in a positive, constructive manner will help build skills and confidence in supporting the individual.

    This should be followed up with you observing staff implementing the plan/strategies. This not only allows you to ensure skill competency, but may suggest possible needed changes to the plan after seeing the techniques implemented.

<u>THINGS TO CONSIDER WHEN PROVIDING INDIVIDUAL SPECIFIC TRAINING</u>
(Continued)

12. No staff is permitted to assist an individual with any procedure or task that may have health/safety consequences for the individual without direct supervision of trained staff until the staff is fully trained.

13. Training may be delivered jointly by the nurse, OT, PT and/or SLP especially when support plans and health care plans overlap. For example, a health care plan may include the need for *exercise, losing weight and range of motion.* The PT/OT would have a plan with the specifics of how to do the ROM exercises. The nurse would teach about why you don't want contractures (i.e. pain, difficulty with bathing & other hygiene assistance, infection, etc.).

14. Provider program supervisors are responsible for coordinating with therapists and behavior support consultants to schedule training. Efforts should be made to maximize the number of staff scheduled for each training to avoid unnecessary repetition. Sufficient time should be available to allow for training to be thorough and enable staff to ask questions.

15. Experts say that you have to tell the average adult something 6 times before they have internalized it and remember it. Therefore when opportunities arise during later interactions with staff, constructive feedback should be given as to how they are performing the skills, including positive feedback so they are encouraged to "keep up the good work".

Individual Specific Training Provided by Nurses

DD Waiver Standards - Requirements

- Nurse Delegation – The provider agency must develop and implement policies and procedures that actively support nurses' professional responsibilities regarding delegation as defined in the New Mexico Board of Nursing Rules, including but not limited to initial and ongoing assessment of each direct care staff's skill level, providing initial and ongoing training and performing ongoing monitoring of the direct care staff implementing delegated tasks. Delegation must be documented and may be rescinded at any time the nurse determines that the direct care staff is unable to safely perform the delegated task.

- Health related plans – Health Care plans, and Crisis prevention and intervention plans must be written in user-friendly language that is easily understood by those implementing the plan.

- The nurse shall also document training regarding the crises prevention and intervention plan delivered to agency staff and other team members, clearly indicating competency determination for each trainee.

- If the individual receives services from separate agencies for community living and community inclusion services, nurses from each agency shall collaborate in the development of and training delivery for crisis prevention and intervention plans to assure maximum consistency across settings.

- Approaches described in the plan shall be individualized to reflect the individual's unique needs, provide guidance to the caregiver(s) and designed to support successful interactions. Some interventions may be carried out by staff, family members or other team members, and other interventions may be carried out directly by the nurse – persons responsible for each intervention shall be specified in the plan.

- The nurse shall also document training on the healthcare plan delivered to agency staff and other team members, clearly indicating competency determination for each trainee. If the individual receives services from separate agencies for community living and community inclusion services, nurses from each agency shall collaborate in the development of and training delivery for healthcare plans to assure maximum consistency across settings.

Recommendations for training delivered by nurses

- Training may be delivered in a 4 part process as follows:
    1. General Education
    2. Specific to the person
    3. Hands on
    4. Crisis Plan

Here is an example for training staff on an individual with a cardiac condition (this list is not all inclusive):

1. General training on cardiac conditions – What is congestive heart failure? What can you do to support this condition? How do you document these supports?
2. Training specific to the person- How would you know the person was in crisis? How would you respond?
3. Hands-on training- Train staff how to check for a pulse and/or blood pressure. Have staff demonstrate the skill to the trainer.
4. Crisis Plan training- Thorough review of the plan. Ask staff to repeat back the steps they must take in a crisis. If a crisis plan step involves skill based techniques, those should be demonstrated by the staff to assure competence.

Here is an example for training staff on an individual who has diabetes (this list is not all inclusive):

1. General training on diabetes -What is it, who gets it, what are the signs & symptoms, how is it generally treated, etc. – a general overview.
2. Training specific to the person- Train staff that the individual may have wounds as a result of the diabetes. They have Type 2 diabetes, they are not on insulin, but they do take Metformin, they are on a diet, and they exercise, etc.
3. Hands-on training-What does the diet look like exactly? Here's what lunch would look like, here's the exact menu, here's how you would document it. Here's how you check the blood sugar and document it. The nurse may delegate the care of wounds to staff. The nurse would teach, observe and monitor this care. This is different than teaching about cardiac condition. It's an actual task or skill that is being demonstrated. The nurse would observe staff to make sure they are competent in carrying out the task(s).
4. Crisis plan- Teach the crisis plan. What to do in a crisis. What does an insulin reaction look like, what does insulin shock look like, what do you do to treat it, do you give juice, when do you call 911, etc. Make sure they can repeat back the steps and demonstrate any techniques included.

Suggestions on how to verify competency

The nurse would observe staff checking blood pressure. The nurse might check the BP after the staff checked to make sure it was accurate. The nurse would observe staff and then monitor again later on.

Even with teaching general information the nurse would ask questions to determine understanding. Training should be ongoing to ensure retention of information.

The nurse should go back on a fairly regular basis for each specific individual to ensure that staff are properly implementing what they were trained on. Constructive feedback should be given regularly – both positive reinforcement for what they are doing well and reminder/correction for skill that may have "slipped" or been forgotten.

Individual Specific Training Provided by Therapists

DD Waiver Standards - Requirements

- Identify, implement and train therapeutic strategies to support the individual and his or her family and support staff in efforts to meet the individual's ISP visions, desired outcomes and actions plans.
- Therapists are required, according to his or her specialized expertise, to develop written strategies that guide caregivers as he or she implement the action plans stated in the ISP.
- The therapist shall develop written support plans and therapy strategies to support the individual's action plans identified in the ISP and to support the individual's health and safety needs as applicable.

DD Waiver Standards - Billing

Individual integrated therapy rate may be billed:

- For interventions within the licensed therapist's scope of service when those services are provided in the natural contexts of an individual's life (such as residence, day habilitation site, vocational site, community locations or at IDT/ISP planning meetings), the services apply to a functional activity and when collaboration with a caregiver occurs in at least 50% of all therapy sessions (e.g. during 25 or more of 50 therapy sessions).
- When a direct skilled therapy is provided within a natural context, the individual integrated therapy unit may be billed if the intervention is applied to a functional activity/routine and collaboration with a caregiver occurs in at least 50% of all therapy sessions (e.g. during 25 or more of 50 therapy sessions).
- Caregiver training and consultation in a natural context may be billed at the individual integrated therapy rate.
- If the ISP requires participation of the therapist in individual-specific training (e.g., seizure response training delivered by the nurse), such time is also billable at the ind

DD Waiver Standards - Training Family/Support Staff

- Whenever possible, family members and/or support staff are to be involved in therapeutic activities designed by the therapist and directed toward assisting the individual to achieve the visions and desired outcomes of that individual's ISP.
- Training shall include family/support staff from all relevant settings and training techniques that are appropriate for family/support staff being trained should be used.
- Family/support staff are required to be trained at least annually on all written support plans and specific strategies. Training may be provided more frequently, on an "as

needed" basis, according to therapist's judgment or as requested from family/support staff. Additionally, a more frequent schedule of training may be required according to specific DOH Policies & Procedures, e.g., "Supporting Individual's Served by the DD Waiver with Dysphagia/Risk of Aspiration" and any new policies or memos from DDSD.

- Day Program directors, Home supervisors and Supported Employment supervisors are required to notify therapists if new staff members need to be trained.
- The individual should be present during training sessions whenever appropriate. The presence of the individual is necessary for effective training on such programs as mealtime support plans and physical care techniques.

DD Waiver Standards - Training Rosters

- When a therapist conducts a training session, all persons attending the training session shall be asked to sign a training roster to record his or her attendance.
- The training roster shall include the name of the individual receiving services, date of the training, the signatures of the attendees, the role of the attendees (home staff, supported employment staff, family, etc.), the topic for the training (support plans covered, ISP strategies trained), the beginning and ending time of the training and the name of the trainer.
- The training roster shall be submitted to the Case Manager as part of the documentation for the annual ISP meeting or the bi-annual therapy progress report depending on which report is due next.

What areas on the IST form need to be trained by therapists or their designee?

The first page of the Individual-Specific Training Requirements: Support Plans

- Meal Time Plan
- Tube Feeding Protocol (Including Positioning)
- Therapy Plan (Written Support Plans) – Communication
- Therapy Plan (Written Support Plans) – Occupational
- Therapy Plan (Written Support Plans) – Physical

The second page of the Specific Training Requirements: Medical Crisis Prevention Plans

- Aspiration

The third and forth pages of the Specific Training Requirements: Other Supports

- Choice
- Communication
- Learning Style
- Individual Service Plan (Action Plans & Strategies -if related to specific therapy supports)
- Daily Oral Care

The continuous training involvement with family and/or support staff provide an opportunity for ongoing constructive feedback on techniques covered during initial individual specific training to assure consistent implementation during the individual's daily routines when the therapist isn't present.

It also creates an opportunity for the family and/or support staff to communicate issues with the therapist that may indicate the need to change a technique either because the technique isn't working well, or because the individual has achieved their desired outcome and now wishes to work on something new.

Therapy appointments should not be viewed by support staff as an opportunity to go do something else – rather as an opportunity to be involved and improve their skills in supporting the individual and communicate to the therapist how the techniques are impacting daily routines

Individual Specific Training Provided by Behavior Support Consultants (BSC)

<u>DD Waiver Standards – Requirements</u>

- Behavioral Support Consultation includes a comprehensive positive behavioral supports assessment of an individual's behaviors, development, implementation and management of the Positive Behavior Supports Plan (PBSP), behavioral support consultation and training provided to the individual's IDT.

The Behavior Support Consultant will:

- Practice a consultative training model of service. This requires the involvement of the direct support staff to the maximum extent possible in the implementation of behavioral goals.
- Provide training for IDT members and all relevant personnel, including direct support staff on the implementation of the individual's Positive Behavior Supports Plan, and if applicable, Crisis Prevention/Intervention, PRN Psychotropic, and/or Risk Management Plan(s) and data collection procedures.
- Provide families, guardians, IDT members, and direct support staff with the materials or other relevant information needed to effectively implement the Positive Behavior Supports Plan.
- Initially be very active in designing, implementing and training the PBSP and collecting data to determine the effectiveness of the plan.
- Provide strategies and skill training necessary for effective support for the individual to achieve a meaningful and stable life within the community in which he or she lives.
- Guide the IDT members in assessing the individual in improving or maintaining adaptive behaviors.
- Guide the IDT members in assessing, predicting, preventing, and intervening in behaviors that are likely to:
  - (a) *Interfere with the individual's ability to carry out day-to-day activities;*
  - (b) *Put the individual at risk for exclusion from typical community settings, services, and supports; and*
  - (c) *Put the individual at risk of harm to his or her health and safety or the health and safety of others.*
  - (d) *Promote the health and safety of the individual;*
  - (e) *Limit the need for psychotherapeutic medication; and*
  - (f) *Allow for the individual to live and work in the least restrictive environment.*
- Positive Behavior Supports Plan: The Positive Behavior Supports Plan shall be developed at least annually, or revised as needed if there is a change in the status

of the individual, Behavioral Support Consultation Provider, or Support Consultant. If health and safety issues have been identified by DDSD, the plan shall be revised and staff training on the revisions shall occur within ten (10) calendar days.

- Implementation of the Positive Behavior Supports Plan: The BSC shall provide IDT members, including direct support staff, with training, materials or other relevant information needed to successfully implement the Positive Behavior Supports Plan. This includes staff training for any ongoing data collection or provider reporting required by the Positive Behavior Supports Plan and all other related plans (Crisis Prevention/Intervention, PRN Psychotropic, or Risk Management Plans).

- Crisis Prevention/Intervention Plan: All staff shall be trained on the Crisis Prevention/Intervention Plan within ten (10) calendar days of plan development and plan modification. If a revision to the Crisis Prevention/Intervention Plan is requested by DDSD/OBS, the plan shall be revised and staff training on the revision shall occur within ten (10) calendar days.

DD Waiver Standards – Billing

- When a direct skilled therapy is provided in a "pull-out model" within a natural context, the Integrated Behavioral Support Consultation rate may be billed if the intervention is applied to a functional activity/routine in collaboration with a caregiver at some point during that Behavioral Support Consultation session.

- The Individual Consultation Rate within the scope of service may include writing of plans, training of staff and didactic training for the Support Consultant as it pertains to certain individuals on the Support Consultant's caseload.

- A BSC may bill for one hour of training he or she attends for each individual on his or her caseload for whom the content of the training is appropriate. The case records for any individuals for whom training is billed shall reflect attendance at the training and how the training relates to services for that individual.

INDIVIDUAL SPECIFIC TRAINING FREQUENTLY ASKED QUESTIONS

1. *Do direct care staff need "**skill**" level for all areas identified on the IST form?*

This question comes from an uncertainty about the definition for skill level including "demonstrates the ability to implement the plan". The team identifies what level is needed in each category for each team member. Remember, the level of support the individual needs impacts the level of training direct support staff will require. See the "What does effective training look like" section for specific examples.

2. *What level do case managers, therapists and behavior support consultants need to achieve and how do they document their IST requirements?*

For case managers, therapists and behavior support consultants who may never spend time alone with the individual, "awareness" may be the most appropriate level of training. Some case managers prefer to document this in their case notes. For case managers, therapists and behavior support consultants who might spend time alone with the individual, "knowledge" or "skill" may be required. A recommendation may be to have a one page document that identifies a sign off on all areas as "awareness" with any higher level trainings noted (i.e. "skill" level training on positive behavior support plan achieved 3/12/08 with trainer's signature). We have included a sample form that therapists, behavior support consultants and case managers can use to document their trainings.

3. *Can a supervisor or other designated staff train other staff on the therapy support plans or positive behavior support plans?*

Therapists/behavior support consultants can designate an agency staff member to train other staff in their agency. This should be specified by name on the IST form under "who provides the training" as "therapist/behavior support consultant or designee".

The therapist/behavior support consultant must also document in writing *who* is designated to train and specifically *what elements* or parts of the plan can be trained and *under what conditions* (e.g. using specific materials). This can be written directly in the plan and/or on a separate form to be attached to the plan. If a staff member is designated as a trainer at a time other than when the plan is written, the form should be attached to the plan and updated annually. The form should indicate if the staff's ability to train has been rescinded. The form should be sent to the case manager for purposes of updating the IST section of the ISP and a copy should be given to the designated trainer/provider agency.

Note: The one exception is the Mealtime Support Plan. The SLP or Eating Specialist is required to provide hands-on training to each staff member. The OT may in some cases be involved in delivering this training.

4. *Can someone other than the nurse train staff on medically related issues/healthcare plans?*

In addition to DDSD policies and standards, nurses fall under the Board of Nursing requirements. In most cases, nurses will not designate an unlicensed staff to train on health plans. Nurses must assess staff's skill level and provide initial and ongoing training and document competency. (see "Individual Specific Training Provided by Nurses" attachment).

5. *If the individual receives services from more than one provider agency which agency nurse is responsible for providing the training?*

As outlined in the standards, if the individual receives services from separate agencies for community living and community inclusion services, nurses from each agency shall collaborate in the development of and training delivery for crisis prevention and intervention plans to assure maximum consistency across settings.

6. *What documentation is required for training of therapy support plans, crisis plans, and healthcare plans?*

Providers need to keep documentation of all the individual specific trainings in designated personnel files. (see "Individual Specific Training Provided by Therapists" attachment). In addition, trainers should keep a copy of the trainings they present. This includes trainers from one agency training staff from another agency.

7. *Are healthcare coordinators required to receive any individual specific training?*

Healthcare coordinators are required to receive training in all medically related topics including medications the individual is taking and their potential side effects. They should also be trained on support plans, crisis plans, and the individual's communication. If the healthcare coordinator will be alone with the individual, they may need training at the skill level (i.e. behavior crisis plan, etc.).

8. *Are volunteers and natural supports required to receive individual specific training?*

Provider agencies must develop a system for the effective orientation, training, and supervision of volunteers to protect the health and safety of individuals served. If volunteers are supporting an individual without direct staff present or acting in place of direct support staff, then they should receive the same training as the direct support staff would receive.

The team should determine what information is essential for the natural support to know in order to safely and effectively support the individual (i.e. mealtime support plan, behavior crisis plan, etc.).

9. *Are providers required to send documentation of completed IST to the case manager?*

No, however, if a case manager requests copies of IST completion documentation providers do need to send it. Also, providers need to make the IST completion documentation available for DHI monitors and auditors.

10. *If a team member is to be trained at the* ***awareness*** *level, who provides the training?*

Awareness level may be reached by reading the plan and/or other material as long as there is an opportunity to ask questions and get clarification from the author of the plan or a knowledgeable team member.

11. *How often does IST training need to occur?*

After the initial training is completed staff should receive an update at least annually that includes a review of the individual's ISP to ensure staff are aware of the current plan and their role in implementation of the plan. All support plans and healthcare plans also need to be reviewed. Training may also need to occur as changes happen throughout the year (i.e. a change to the mealtime support plan).