Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) Policy	Policy Number: T-002
	Supersedes: Policy Governing the Training Requirements for Case Management Staff Serving Individuals With Developmental Disabilities, July 1, 1998
Policy Title: Training Requirements for Case Management Agency Staff Policy	
Effective Date: March 1, 2007	
Approved: Signature on File	**Date: 2/23/07**

I. PURPOSE

A. The purpose of this policy is to establish minimum training requirements for case management agency staff that 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. Case management personnel are interested in and should have access to training that promotes competence and career development.
3. 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 case managers.
B. Case management 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. Case management staff shall complete training on DOH-approved incident reporting procedures in accordance with 7 NMAC 1.13.
D. In addition to the applicable requirements described in policy statements B – C (above), case managers and case management supervisors shall complete DDSD-approved core curriculum training. Attachment A to this policy identifies 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.
E. Substitutes shall comply with the training requirements of the staff for whom they are substituting.

F. To complete a core curriculum-training course, trainees shall achieve 100% competency rating during the competency verification process.

G. The DDSD or its designee shall approve core curriculum training modules.

H. Only certified trainers and mentors shall facilitate core curriculum training courses.

I. Certified trainers and mentors shall agree to and adhere to the DDSD Training Code of Ethics (Attachment B).

III. APPLICABILITY:

This policy applies to the following:

A. Case managers and case management supervisors of DD Waiver services,

B. Trainers and mentors of courses addressing DDSD training requirements, and

C. Substitutes.

Note: Service coordinators, otherwise referred to as internal case managers, are required to complete the DDSD requirements specified in the policy entitled "Training Requirements for Direct Service Agency Staff."

Note: Developmental Disabilities Waiver and the State General Funded Service descriptions and standards can be accessed on the DDSD website at www.health.state.nm.us/ddsd/.

IV. DEFINITIONS:

A. *Certified Mentor*: means a person who has completed the DDSD mentorship certification process, which includes, but may not be limited to, the following: attending DDSD'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 DDSD trainer certification process, which includes, but may not be limited to, the following: attending DDSD'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 DDSD competency statements published in the attachment to this policy.

D. *Individual Service Plan (ISP):* means a plan developed for an individual with a developmental disability, as set forth in 7 NMAC 26.5.

E. *Staff*: means employees, contractors, or subcontractors of case management agencies that provide and/or supervise case management services.

F. *Substitute*: means a staff member who, on an interim/temporary basis, performs the duties of a case manager and/or case management supervisor.

G. *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 is the core curriculum training requirements for Case Managers and Case Management Supervisors. Specific competency requirements are identified for three levels of training: the introductory level, the orientation level and level one.

CORE CURRICULUM TRAINING REQUIREMENTS FOR
CASE MANAGERS AND CASE MANAGEMENT SUPERVISORS

Policy Reference: Training Requirements for Case Management Agency Staff Policy

Core Curriculum Training for Case Managers and Case Management 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.

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
Case managers and case management supervisors 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   Correctly completes a Health Assessment Tool (HAT) and identifies circumstances in which it is the Case Manager's role to do so.
PSM22   Identify where to obtain information on a person's medications, their purpose, and side effects.
PSM23   List two things to look for when reviewing the medication administration record (MAR) each month for each individual served.
PSM24   Define the terms: advance directive, power of attorney for healthcare, and surrogate healthcare decision maker.
PSM25   Explain who has authority to make healthcare decisions.
PSM26   Identify two resources that can assist individuals and their families/guardians in making difficult healthcare decisions.
PSM27   List three examples of what a person may communicate through his/her behavior.
PSM28   Give one example for each area of a factor that may negatively affect an individual's behavior: physical health, mental health, environmental, and sensory.
PSM29   Describe the purpose of the person-centered individual service planning process.
PSM30   Explain the importance of networking with a variety of local resources.
PSM31   Describe the concept of inclusion and why it is important.
PSM32   Given an individual assessment, identify two appropriate natural supports and describe how you would go about linking the individual.
PSM33   Identify two common community access barriers and solutions to address each.
PSM34   Identify two resources for educating individuals served regarding appropriate and safe expression of their sexuality.
PSM35   Describe a strategy for identifying important relationships in the individual's life.
PSM36   Describe two strategies for assisting individuals to build new relationships.
PSM37   Describe the concept of participatory approach to enhancing communication, as defined in the assistive technology policy of the Division, and why it is important.
PSM38   Explain the purpose and expected results of augmentative communication devices.
PSM39   Identify the components of ongoing contact notes.
PSM40   List all components of a complete client record.
PSM41   State the components of complete quarterly reports related to the individual service plan.
PSM42   List key medical information that must be kept in the case manager's record for each individual.
PSM43   State key elements to look for when monitoring service delivery.
PSM44   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).
PSM45   Identify the key components of a developmental disability.

PSM46   Explain the financial and clinical eligibility process for the Developmental Disabilities Waiver.
PSM47   Explain the required components of a level of care (LOC) packet and why each is important.
PSM48   Identify where to look for current information about DD Waiver Service Standards and rates.
PSM49   Explain what needs to occur regarding the LOC packet before an individual is discharged from the hospital.
PSM50   Complete one LOC packet, including relevant assessments.
PSM51   Explain how the LOC packet is processed.
PSM52   Identify where to get information about benefits available to individuals on the DD Waiver through their Medicaid card.
PSM53   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.
PSM54   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.
PSM55   Correctly complete a MAD 046 for a sample plan.
PSM56   Identify where to find the legal policies and procedures of the Department of Health Developmental Disabilities Supports Division.
PSM57   Prepare for team meeting in order to assure efficient use of meeting time
PSM58   Develop an ISP meeting agenda with time frames.
PSM59   List meeting preparation activities necessary to assure the effective participation of all team members, including medical practitioners.
PSM60   If providing service coordination for individuals who receive services through state general funds, facilitate a person-centered individual service plan meeting with supervision.

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)
Case managers and case management 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 ISP.
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

Case managers and case management supervisors 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.

<u>LEVEL ONE</u>

POSITIVE BEHAVIOR SUPPORT STRATEGIES

Case managers and case management 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   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

Case managers and case management 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.

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

Case managers and case management supervisors 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

Case managers and case management supervisors 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

Case managers and case management supervisors 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

Case managers and case management supervisors 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 B

Attachment B is the 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 DDSD-required competencies, I shall:

- Follow the DDSD 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 DDSD 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