Respondent will modify its staff training program and provider contracting to include Florida and CMS specific rules. Respondent will ensure that all staff members have appropriate training, education, experience and orientation to fulfill their requirements of the position.

| **Training Topics to be completed  30 days prior to go-live** | **Clinical Staff** | **Member Services** | **Provider Relations** |
| --- | --- | --- | --- |
| Initial and ongoing staff training that includes an overview of CMS, CMS/AHCA Policy and Procedure Manuals, and Contract and State and Federal requirements specific to individual job functions. | Required (R) | R | R |
| CMS's vision, mission, goals, operating principles for the children service and population expansion. | R | R | R |
| Understanding existing children’s SPA services, EPSDT SPA services for children, including TAY, DD, and children ages 0–5. | R | R | R |
| Cultural competence outlining the impact of culture, ethnicity, race, gender, sexual orientation and social class within the service delivery process. | R | R | R |
| CMS eligibility requirements and protocols. | R | R | R |
| Knowledge of Medicaid or CHIP managed care regulatory requirements including:   * Timeframes for completion of assessment and Plan of Care for children with medical complexity; * Procedures and State guidelines for approving services recommended in a Plan of Care; * Effective and efficient monitoring of the individual’s progress, frequency of services, including identification of any deviations from approved plans of care; and * Coordination across departments responsible for compliance with Medicaid or CHIP requirements, including but not limited to reporting related to Medicaid and CHIP. | Manager (M) | M | M |
| Services for children with First Episode Psychosis as well as knowledge of service delivery consistent with evidence-based and promising practices for children, including Early Intervention services and peer and family support services. | R | R |  |
| Care Management operational requirements (e.g., needs assessment, plans of care). | R | R | R |
| Specialized services for children. | R |  | R |
| BH/medical integration; co-occurring BH and medical disorders, co-occurring MH and SUD disorders; integrated CM principles. | R | R | R |
| Medical Necessity Criteria and service authorization requirements for covered benefits including any Value-Added Services or In-Lieu of Services. | R | R |  |
| Network access standards. | R | R | R |
| New information systems, data collection tools (if applicable). | R |  | R |
| Reporting and monitoring requirements (e.g., critical incident reporting). | R |  |  |
| Grievance, appeals including the appropriate identification and handling of quality of care/service concerns | R | R | R |
| After hours and crisis triage protocols. | R | R | R |
| Linkage requirements (i.e., with CMS, foster care agencies and other non-Medicaid and CHIP child serving agencies). | R | R | R |
| Network participation requirements (e.g., provider qualification validation). |  |  | R |
| Provider training and site visits. |  |  | R |
| Provider profiling and performance management. |  |  | R |
| Primary Care and BH Integration, including but not limited to appropriate screening and early identification tools for use in medical settings. | R |  | R |
| Transitions of Care between service settings, including transitions from hospital to nursing facility rehabilitation and from hospital or nursing facility rehabilitation to home, as well as from children’s to adult service systems | R | R | R |
| The Patient-Centered Medical Home Model & Practice — Roles and Responsibilities | R | R | R |
| Understanding the interaction of child serving systems, and navigating and coordinating systems of care. | R | R | R |
| Knowledge of working with children and their families using family-centered, youth-guided planning approaches and collaborating with child serving systems, including child welfare for children in foster care and coordination with local, State or federally-funded non-Medicaid service providers (e.g., education system). |  |  |  |
| Trauma Informed Practices. | R |  |  |
| Importance of Families and understanding how to assist families/caregivers to access services. | R | R | R |
| Family Psychoeducation. | R | R | R |
| Special Populations: Children with Developmental Disabilities; Children who are Medically Complex; Children receiving specialized services; Children in Foster Care; | R |  |  |
| Special Populations: Transitions Age Youth. | R |  |  |
| Special Populations: Children age 0–5. | R |  |  |

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