

Training
Respondent/ Topic Area/ DDS Response

Public Respondent	Feedback	DDS Response
Survey Monkey	I liked Separation of training requirements for Service Coordinators and Case Managers.	Thank you
Survey Monkey	<p>Page 6, #6 and throughout. Staff providing service on a temporary basis shall comply, etc. It is unreasonable to require a substitute staff, who may only work with an individual(s) 3-4 times a year, to complete all the training for that person, especially if they are not working alone with him or her. Example, Day Hab needs a substitute. Staff is called in who does not have all the trainings for each person. But, since they were called in once or twice, must no undergo all the BSC, OT, SLP, PT, Nurse, Nutrition, etc. trainings? Can we qualify or quantify this? For example, either modify by "before working alone with" or "if working with the Individual for more than seven days weeks in an ISP year." So after the 7th day, the requirement for training kicks in. We have a staff, who one time was an aide on the van driving Group participants home, and now (to our understanding) must be trained on everything for all of them. There is no plan to use her as an aide again, unless another emergency situation comes up and no other staff is available.</p>	<p>Any staff being used in an emergency situation to fill in or cover a shift must have at a minimum the DDS required core trainings. Language has been added that will allow staff filling in on an emergency basis, who are not trained in IST, as long as there is another staff working there who is trained on the individual IST.</p>
Survey Monkey	<p>I (D-1 and 2) Remove "before working alone" from the Pre-service and Foundation for Health & Wellness criteria and replace with "within 30 days". Delete requirements for Service Coordinators for Universal Precautions, CPR, First Aid, and hazardous materials or include "if working alone with an individual".</p>	<p>Universal precautions, CPR, First Aid and hazardous materials will remain as requirements. Additionally this requirement now includes within 30 days and prior to working alone with an individual.</p>

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AADCP	<p>General Comment: The DDS has used matrixes in multiple chapters of the standards to provide concise information about what is required. We would suggest that the same be done for training requirements. This would allow for a side by side check of all training requirements to be completed for all service positions. The matrix should include any and all training that is required by either NMAC, the standards or any other edict from DDS on training. We would then suggest that the matrix be linked and matched to the Training Data Base that is currently in use.</p>	<p>DDS will consider this suggestion for future matrices. At this time there will not be a training matrix inserted. An updated training schedule will be posted on the DOH/DDS website.</p>
AADCP	<p>Pages 2/3: Training Requirements for DSP...: Number 3.d: While ADDCP understands the importance of having DSPs and others trained in CPR and First Aid, we also are aware of the aging population of some of our family providers. Their age and physical condition may not allow them to complete all the required steps to pass these courses. What, if any, exceptions can provider agencies utilize to allow these individuals to continue as care providers?</p>	<p>As stated in the approved waiver, NMAC and the Standards, CPR and First Aid is a requirement for all DSP.</p>
AADCP	<p>Pages 2/3: Training Requirements for DSP...: Number 3.f: The purpose of crisis prevention training and interventions are not solely to react to a crisis for an individual with a Crisis Intervention Plan. Why isn't this a requirement for all staff as training to assist in preventing crisis for those who do not have a CIP?</p>	<p>Provider agencies can conduct their own professional development training for DSPs. There is a minimum requirement for crisis response staff detailed in the standards.</p>
AADCP	<p>Number 4: Although items a and b are applicable to all services and service sites, the remainder of these items should be covered in the Individual Specific Training for each individual. Adding training requirements because they might be needed by someone at some time does not improve quality of service or life. We suggest that items c. through g. be deleted.</p>	<p>The language will remain as written.</p>

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AADCP	Number 6: We question the ability of agencies to ensure that emergency replacement staff would have all the training of the staff that they are replacing. This would include individual specific training which may not be available when the emergency occurs. We would suggest that a core level of training be required of emergency staffing.	Any staff being used in an emergency situation to fill in or cover a shift must have at a minimum the DDSD required core trainings. Language has been added that will allow staff filling in on an emergency basis, who are not trained in IST, as long as there is another staff working there who is trained on the individual IST.
AADCP	Number 7: Although we understand that well trained staff can provide the best quality of service to individuals, we would question the veracity of any system that implies that all staff are 100% competent. No other training/education system uses 100% competency to determine that someone can do a job. We believe it is an over-reach here. We also question whether this is a NMAC requirement.	DDSD did not make any changes related to this requirement. The trainers work hard to makes sure trainees are able to meet this requirement.
AADCP	Number 10: We would suggest that a link be made available here to the referenced documents (i.e. Training Code of Ethics, Trainer Guides, etc.).	DDSD will review available documents on the DOH/DDSD website and consider adding any recommended documents.
AADCP	Page 4: Additional Requirements for Crisis Response Staff: Number 2: Allow we do not have an issue with the requirement of Sexuality for Persons with DD, what we are concerned about is that DDSD is requiring training that many providers say is never offered in their region. To require agencies to support travel of staff for training is not acceptable. If a training is required, it should be readily and easily attended and should be offered more than once a year.	DDSD will work with the Training Unit to ensure accessibility by region occurs with required trainings.
AADCP	Page 5/6: Training Requirements for Service Coordinators:	N/A
AADCP	Number 5.i: Although we are aware that additional trainings may be required over time, we believe reference to that is not necessary. We suggest that this item be deleted.	Language will remain as written. It is important to outline expectations for providers.

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AADCP	<p>Page 5/6: Training Requirements for Service Coordinators: Number 6: We would reiterate our concern that temporary or interim staff be held to the same requirements as the staff they are replacing. We would suggest that a core level of training be identified that allows for staff to temporarily work with individuals in an emergency situation.</p>	<p>Any staff being used in an emergency situation to fill in or cover a shift must have at a minimum the DDS required core trainings. Language has been added that will allow staff filling in on an emergency basis, who are not trained in IST, as long as there is another staff working there who is trained on the individual IST.</p>
AADCP	<p>Page 5/6: Training Requirements for Service Coordinators: Number 7: Again, we question the 100% competency rating and suggest that a more reasonable percentage be listed.</p>	<p>DDS did not make any changes related to this requirement. The trainers work hard to makes sure trainees are able to meet this requirement.</p>
AADCP	<p>Page 5/6: Training Requirements for Service Coordinators: Numbers 8/9/10: These items appear to reference requirements for the trainers and should be deleted from this section.</p>	<p>This was removed.</p>
AADCP	<p>Page 6: Training Requirements for Case Managers: General comment: Case Managers are many times alone with individuals, why are they not held to the same level of training as required of DSPs, DSSs and SCs? We would also note that Case Managers are not required to attend the Teaching and Support Strategy training but they are evaluating those items when provided by agencies.</p>	<p>Case Managers don't provide direct services to people like other providers do. It is unclear what is meant by "evaluating those items". More clarification is needed to address this comment.</p>
AADCP	<p>Page 7: Training Requirements for Sub Care and Respite: Sub Care and Respite workers work closely and often alone with the individuals. Why are their training requirements so minimal when compared with that of a DSP? We would also suggest that the Individual Specific Training is more relevant to their positions than other trainings (including agency specific training) so why is limited to such a small percentage of their overall training.</p>	<p>There was no change that occurred as a result of this recommendation.</p>

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AADCP	<p>Page 8: Training Requirements for Nurses: Number 3: We would suggest that the requirement for Nurses to take a person-centered planning course be eliminated. Nursing education revolves around person centered planning. They are already trained on this ideal.</p>	This was removed.
AADCP	<p>Page 9: Training Requirements for Therapists: We would suggest that it is as important for Therapists to receive the complete complement of training as any other service provider. They often work alone with the individual in community settings and may be the only staff available to the individual. Page 11: Training Reporting: Number 11: The inclusion of this line does not make sense here. What was the intent?</p>	Additional clarification is needed to address this comment.
10/18 Forum	P8 & 9 #3 – SPECIFY PCPlanning 1 day for nurses etc.	This was removed.
10/18 Forum	Clarify which classes are available online	Additional clarification is needed to address this comment.
10/18 Forum	Resource documents?	Additional clarification is needed to address this comment.
10/18 Forum	DSP Supervisors have same training recs as DSPS – shouldn't supervisors be required to have additional supervisory training?	There was no change that occurred as a result of this recommendation. It is the responsibility of the provider to provide supervisory training.
10/18 Forum	P4 add: Crisis Reponses staff would already have completed DDSD 1 yr. trng	Additional clarification is needed to address this comment.
10/18 Forum	Where is complete list of all DDSD required training	DDSD will consider this suggestion for future matrices. At this time there will not be a training matrix inserted. An updated training schedule will be posted on the DOH/DDSD website.

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10/18 Forum	Should Case Mgrs receive training re: ARM, CARMP development? Now it is included in training but CMs who trained years ago did not receive this training and it is causing major problems. Lack of understanding and also resistance!	Noted.
10/18 Forum	It is expensive to send staff to trainings that weren't part of original bundle	Noted.
10/18 Forum	Grid is useful – please put on actnewmexico website	DDS will consider this suggestion for future matrices. At this time there will not be a training matrix inserted. An updated training schedule will be posted on the DOH/DDS website.