

F949

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§483.95 Training Requirements.

Training topics must include but are not limited to—

§483.95(i) Behavioral health.

A facility must provide behavioral health training consistent with the requirements at §483.40 and as determined by the facility assessment at §483.71.

GUIDANCE §483.95(i)

All facilities must develop, implement, and maintain an effective training program for all staff, which includes, at a minimum, training on behavioral health care and services (consistent with §483.40) that is appropriate and effective, as determined by staff need and the facility assessment (as specified at §483.71). For the purposes of this training requirement, staff includes all facility staff, (direct and indirect care functions), contracted staff, and volunteers (training topics as appropriate to role).

Changes to the facility's resident population, staff turnover, the facility's physical environment, and modifications to the facility assessment may require ongoing revisions to the facility's training program.

There are a variety of available methods to provide training, including in-person instruction, webinars, and/or supervised practical training.

Supervised practical training means training in a setting in which instruction and oversight are provided by a person who has relevant education and/or experience specific to the subject of the training being provided.

All training should support current scope and standards of practice through curricula which detail learning objectives, performance standards, and evaluation criteria. There should be a process in place to track staff participation in the required trainings.

A behavioral health training course as determined by the facility assessment should include, at a minimum, the competencies and skills necessary to provide the following:

- Person-centered care and services that reflect the resident's goals for care;
- Interpersonal communication that promotes mental and psychosocial well-being;
- Meaningful activities which promote engagement and positive meaningful relationships;
- An environment and atmosphere that is conducive to mental and psychosocial well-being;
- Individualized, non-pharmacological approaches to care;
- Care specific to the individual needs of residents that are diagnosed with a mental, psychosocial, or substance use disorder, a history of trauma and/or post-traumatic stress disorder, or other behavioral health condition; and
- Care specific to the individual needs of residents that are diagnosed with dementia (CMS Hand in Hand: A Training Series for Nursing Homes is an example of training that addresses this area).

PROBES §483.95(i)

If there is a concern that the behavioral health needs of residents are not being met, utilize observations, interviews and review of training records to determine the following:

- Does staff demonstrate the skills needed to promote the highest practicable level of functioning for residents with identified behavioral health care needs?
- Can staff explain concepts learned in training?
- How does the facility assure that all staff interacting with residents are trained as required? This may include nursing, therapy, activity, housekeeping, dietary staff, and others, as needed.
- How does the facility assure that all facility staff, contractors, and volunteers are trained to interact with those residents with specific behavioral health care needs?
- Is the training program designed to address the residents' specific behavioral health care needs?
- How does the facility keep track of staff participation in required training?
- How does the facility monitor the effectiveness of the training program?
- How are changes implemented to the training program if desired outcomes are not achieved?
- Is the training curriculum based on the results of the facility assessment required at 483.71