



**MICHIGAN INSTITUTE FOR CARE MANAGEMENT AND TRANSFORMATION
MEMORANDUM OF UNDERSTANDING
TRAINING AGREEMENT FOR INDIVIDUAL TRAINER**

TRAINING NAME:

1) PURPOSE

- a. The purpose of this Memorandum of Understanding/Training Agreement is to establish the requirements of MICMT for supporting approved trainers and the individual trainer's responsibilities for partnering with MICMT as an approved trainer.

2) IDENTIFIED PARTIES

- a. This Training Agreement is entered into on (), by and between the Michigan Institute of Care Management and Transformation (MICMT), with an address of 2929 Plymouth Road, Ann Arbor, MI 48105 and (), with an address of ().

3) IDENTIFIED TRAININGS

- a. Training opportunities, resources, and materials include but are not limited to: Introduction to Team Based Care, Patient Engagement, Specialty Team Based Care, Medication Assisted Treatment (MAT) Orientation, and Introduction to Palliative Care.

4) RESPONSIBILITIES OF ()

I, ():

- a. Agree to send dates and times for all 'open' trainings to MICMT for marketing and registration **at least five (5) weeks in advance**. The actual registration process may also exist on the trainer's internal webpage. Learners will be redirected from the MICMT webpage when applicable.
- b. Agree to upload course attendance logs to the MICMT web page within **at least (1) business day after my course is completed**. This will ensure learners can complete the post-test and evaluation, receive their Certificate of Completion/CE's (if applicable) and have a historical record of their course completion on their MICMT dashboard.
- c. Agree to provide/send copies of the sign-in sheets for all in-person trainings.
- d. May decide to utilize my own CE applications for Nursing and Social Work. If this is the case, I am responsible for distribution of the Continuing Education contact hour certificates and Certificates of Completion for my course(s).
- e. May have the opportunity to include my course(s) under the MICMT CE application for Social Work and Nursing. I understand details will be forthcoming. If I proceed with CE for my course(s) under the MICMT application for Social Work and Nursing, I will maintain CE related processes and provide MICMT with all record keeping and documentation as requested in order to adhere to the Accredited Approver Organization's requirements.
- f. Agree to participate in the annual audit process, which will involve having an MICMT representative view a course offering (view Appendix B for additional details).
- g. Agree to adhere to the standardized curriculum as appropriate.



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4) RESPONSIBILITIES OF ([redacted]) (continued)

I, ([redacted]):

- h.** Agree to participate in training meetings/skills development courses as able.
- i.** Agree to respond to requests related to curriculum development coordinated by MICMT.
- j.** Agree to conduct at least **2 trainings per year** of each of the courses for which I am an approved trainer.
- k.** Tentatively plan to conduct training on the following dates:
 - i.** _____
 - ii.** _____

5) RESPONSIBILITIES OF MICMT

MICMT agrees to:

- a.** Coordinate, standardize, and provide the approved training material.
- b.** Provide and facilitate Train the Trainer opportunities.
- c.** Provide and facilitate mentorship of trainers.
- d.** Complete and oversee the CE application and on-going CE process (if requested).
- e.** Manage all course related inquiries through the MICMT mailbox.
- f.** Provide training to use the internal MICMT website to upload course attendance and provide on-going technical support as needed.
- g.** Market all 'open' courses through the MICMT website and actively direct learners to available courses provided by approved state-wide entities.
- h.** Acknowledge all trainers on the MICMT website and work with the trainer to provide appropriate contact information for learners inquiring about courses.

6) SIGNATURES

Printed Name of Trainer

Signature of Trainer

Date

Printed Name of MICMT Representative/Trainer

Signature of MICMT Representative/Trainer

Date



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Appendix A

Course	Required Prerequisites				
	Introduction to Team Based Care	Patient Engagement	Medication Assisted Treatment (MAT) Orientation	Introduction to Specialty Team Based Care	Introduction to Palliative Care
Introduction to Team Based Care	X				
Patient Engagement	X	X			
Introduction to Specialty Team Based Care	X			X	
Introduction to Palliative Care	X	X			X



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Appendix B

Audit Process:

- 1) Individual trainers agree to participate in the annual audit process, which will involve having an MICMT representative view a course offering.
 - a. **Frequency:**
 - i. For newly approved trainers, an MICMT representative will participate in the first or second course offering (for each course that is being trained).
 - ii. For established trainers, an MICMT representative will participate in a course offering on a yearly basis (for each course that is being trained).
 - b. **Participation:**
 - i. An MICMT representative may either attend the physical course or view a recording of the course after it has been conducted.
 1. If attending physically, the MICMT representative will attend as a participant and be expected to be treated as such and will pay for their course registration.
 2. If recording, the entirety of the course must be recorded, including learner participation, in order to have adequate insight into the classroom. Recording on virtual platforms is accepted.
 3. If the recording does not meet the needs, an MICMT representative will attend the physical course as follow-up.
 - c. **Follow-Up:**
 - i. Following the participation/viewing of the course, MICMT will provide feedback for mentorship purposes. It is not the intent to change any approval status of an individual trainer.
 - ii. Only if the trainer fails to comply with the approved course curriculum or fails to demonstrate a sufficient knowledge of the topics will approval status be considered.