

Organization Name:

1) PURPOSE

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

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 2500 Green Rd, Suite 100, 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, and Foundational Care Management Codes & Billing Opportunities.
- b. We, (_____) will be training the following courses: (select appropriate course(s))
 - i. ___ Introduction to Team-Based Care,
 - ii. ___ Patient Engagement,
 - iii. ___ Foundational Care Management Codes & Billing Opportunities

4) RESPONSIBILITIES OF (_____)

- a. I, (_____), agree to serve as the primary contact for my organization's approved trainers. I will remain the contact until notifying MICMT of any changes.
We, (_____):
- b. Agree to send dates and times for all trainings to MICMT for marketing and registration **at least five (5) weeks in advance for external training and at least one (1) week in advance for internal training**. The actual registration process may also exist on the trainer's internal webpage. Learners will be redirected from the MICMT webpage when applicable.
- c. Agree to upload course attendance logs to the MICMT web page within **(1) business day after a course is completed**. This will ensure learners can complete the post-test and evaluation, receive their Certificate of Completion/CEs (if applicable) and have a historical record of their course completion on their MICMT dashboard.
- d. Agree to provide/send copies of the sign-in sheets for all in-person trainings.
- e. May have the opportunity to include our course(s) under the MICMT CE application for Social Work and Nursing. We understand details will be forthcoming. If we proceed with CE for our course(s) under the MICMT application for Social Work and Nursing, we 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).

4) RESPONSIBILITIES OF (_____) (continued)

We, (_____):

- g.** Agree to adhere to the standardized curriculum as appropriate.
- h.** Agree to participate in training meetings/skills development courses as possible. One representative may be sent on the organization’s behalf.
- i.** Agree to respond to requests related to curriculum development coordinated by MICMT.
- j.** Agree to assure that **all individual trainers** complete the required prerequisite courses & any other specific course training requirements for which they will provide training before they begin training (view Appendix A for additional details).
- k.** Agree to provide an up-to-date list of approved trainers upon request from MICMT.
- l.** Agree to offer at least **2 trainings a year per course, per trainer** for each of the courses with which the **individual trainer** participates in teaching.

5) RESPONSIBILITIES OF MICMT

MICMT:

- a.** Agrees to coordinate, standardize, and provide the approved training material.
- b.** Agrees to provide and facilitate all Train the Trainer opportunities.
- c.** Agrees to provide and facilitate mentorship of trainers.
- d.** Agrees to complete and oversee the CE application and on-going CE process.
- e.** Agrees to manage all course related inquiries through the MICMT mailbox.
- f.** Agrees to provide training to use the internal MICMT website to upload course attendance and provide on-going technical support as needed.
- g.** Reserves the right to request a list of approved trainers under the organization’s supervision to audit the commitment to complete required prerequisite courses.
- h.** Agrees to market all ‘open’ courses through the MICMT website and actively direct learners to available courses provided by approved state-wide entities.
- i.** Agrees to 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 Organization Contact

Signature of Organization Contact

Date

Printed Name of MICMT Representative/Trainer

Signature of MICMT Representative

Appendix A

Course	Required Prerequisites		
	Introduction to Team Based Care	Patient Engagement	Foundational Care Management Codes & Billing Opportunities
Introduction to Team-Based Care	X		
Patient Engagement	X	X	
Foundational Care Management Codes & Billing Opportunities			X

Additional Course-specific training requirements:

- For all courses, new individual trainers are expected to be observed by the organizational lead trainer (already approved for that course) the first time they teach the course to ensure that the new trainer is successfully training the course. Additional observations and coaching from the organizational lead trainer may be warranted based on the performance of the new trainer.
- For Foundational Care Management Codes & Billing Opportunities, all new individual trainers must complete a dry run session with MICMT before teaching the course & being observed by the organizational lead trainer.

Appendix B

Audit Process:

- 1) Training organizations 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 training organizations, an MICMT representative will participate in the first or second course offering (for each course that is being trained).
 - ii. For established training organizations, an MICMT representative will participate in a course offering on a yearly basis (for each course that is being trained).
 - iii. MICMT will not be auditing all individual trainers approved under a Training Organization. One trainer for each approved course will suffice.
 - 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 a training organization.
 - ii. Only if the training organization fails to comply with the approved course curriculum or fails to demonstrate a sufficient knowledge of the topics will approval status be considered.