

ODA Direct Service Worker Training Approval Application

November 2011
Revised April 2014

ODA DIRECT SERVICE WORKER TRAINING PROGRAM

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APPROVAL PROCESS

The Ohio Department of Aging (ODA) requires the completion of an ODA approved direct service worker training program for all direct service workers (DSW) who wish to provide personal care services and supports within the following PASSPORT services: Enhanced Community Living or consumer-directed personal care.

This document provides the process for Home Health training programs to become approved by ODA to educate and provide a certificate of completion to direct service workers who are applying to become ODA certified consumer directed personal care providers, Enhanced Community Living service providers or ODA certified individual providers.

At a regularly scheduled ODA meeting, ODA shall review the completed application for approval to determine whether a program fully complies, at a minimum, with the standards as established in the Code of Federal Regulations, Title 42, Volume 3, PART 484- Subpart C--Sec. 484.36(a). If ODA finds that the program meets all the requirements in the Code of Federal Regulations, Title 42, Volume 3, PART 484- Subpart C--Sec. 484.36(a), ODA will provide, not later than 120 days from the receipt of the completed application, written notice to approve or deny approval for the training program to the administrator of the program. The program approval is valid for three years provided the program continues to meet the program standards as approved.

ODA or its designee may conduct a site visit of a direct service worker training program prior to ODA approval or at any time during the three year period for which a program is approved.

APPLICATION
ODA DIRECT SERVICE WORKER TRAINING PROGRAM

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INSTRUCTIONS

APPLICATION FOR APPROVAL

ODA DIRECT SERVICE WORKER TRAINING PROGRAM INSTRUCTIONS

This application includes Form A: General Information, and Form B: Documentation of Compliance with Standards. Please follow the instructions carefully.

All documents submitted with Form B: Documentation of Compliance with Standards, must be submitted electronically with the following sections clearly identified:

- Content and Duration of Training
- Qualifications for Instructors
- Documentation of Training
- Content and Frequency of Evaluation
- Conduct of Evaluation and Training
- Competency Determination
- Documentation of Competency Evaluation

The completed application and documents are to be submitted to ODAMail@age.ohio.gov.

Form A: General Information

1. Complete all questions. Please type or print in ink and scan as PDF file.
2. Separate documents may be attached, if necessary, for documentation of sites used for practical experiences.
3. Form A must include a signature.

Form B: Documentation of Compliance with Training and Competency Evaluation Standards

1. Form B provides the standards for the organization, administration and curriculum for an approved HHA training program pursuant to the Code of Federal Regulations, Title 42, Volume 3, PART 484- Subpart C-- Sec. 484.36(a). Please submit the information that is requested in the second column of the form.
2. All documents submitted for Form B must be submitted with each section clearly identified as described above.

Form A: ODA Direct Service Worker Training Program Approval Application
General Information

Training Program Contact Information:

Company/Organization _____
Administrator/Owner _____
Official Name of Training Program _____
Address _____
City _____ State _____ Zip Code _____
Telephone Number (____) _____ Fax Number (____) _____
Web Site _____ Email _____
Do you contract with any training providers? Yes / No

Training Program Administrator Contact Information:

Program Administrator _____
Telephone Number (____) _____ Fax Number (____) _____
Email Address _____

List all Sites for Supervised Practical Training (*Attach a separate piece of paper for additional listings*):

Name of Clinical Site _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Telephone Number (____) _____ Fax Number (____) _____
Email Address _____

List all Sites for Written and Skills Testing (*Attach a separate piece of paper for additional listings*):

Name of Site _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Telephone Number (____) _____ Fax Number (____) _____
Email Address _____

Signature and Title of Individual Preparing this Proposal:

Name _____ Title _____
Signature (required) _____
Date _____

Please submit the application and documents to the Ohio Department of Aging via email at ODAmail@age.ohio.gov. Incomplete submissions will NOT be processed.

Form B: ODA Direct Service Worker Training Program Approval Application
Documentation of Compliance with Standards

To receive approval by the Ohio Department of Aging, a Direct Service Worker Training Program shall maintain the following standards and requirements:

ODA Standard	Information to be Included with Program Approval Application	Approval Guidance	ODA Use Only	
			Met	Not Met
<p><u>(1) Content and duration of training.</u></p> <p>The aide training program must address each of the following subject areas through classroom and supervised practical training totaling at least 75 hours, with a minimum of 16 hours devoted to supervised practical training.* The individual being trained must complete at least 16 hours of classroom training before beginning the supervised practical training.</p> <ul style="list-style-type: none"> i. Communications skills. ii. Observation, reporting and documentation of patient status and the care or service furnished. iii. Reading and recording temperature, pulse, and respiration. iv. Basic infection control procedures. v. Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor. vi. Maintenance of a clean, safe, and healthy environment. vii. Recognizing emergencies and knowledge of emergency procedures. viii. The physical, emotional, and developmental needs of and ways to work with the populations served by the HHA, including the need for respect for the patient, his or her privacy and his or her property. ix. Appropriate and safe techniques in personal hygiene and grooming that include-- <ul style="list-style-type: none"> (A) Bed bath. (B) Sponge, tub, or shower bath. (C) Shampoo, sink, tub, or bed. (D) Nail and skin care. (E) Oral hygiene. (F) Toileting and elimination. x. Safe transfer techniques and ambulation. 	<p>DSW training program curriculum including sequence and duration of classroom and supervised practical training for each topic area listed in the ODA Standard (1) Content and duration of training.</p> <p>Curriculum must include the following for each topic area:</p> <ul style="list-style-type: none"> <input type="checkbox"/> number of class hours <input type="checkbox"/> number of practical hours <input type="checkbox"/> course content <input type="checkbox"/> instructor qualification(s) <input type="checkbox"/> teaching methodologies <input type="checkbox"/> evaluation methods <input type="checkbox"/> requirements for successful completion of program <p>Note: Hours of training do not include time dedicated to assessment and evaluation activities</p>			

ODA Standard	Information to be Included with Program Approval Application	Approval Guidance	ODA Use Only	
			Met	Not Met
xi. Normal range of motion and positioning. xii. Adequate nutrition and fluid intake. xiii. Any other task that the HHA may choose to have the direct service worker perform.				
<p><u>(2) Qualifications for instructors.</u></p> <p>The training of direct service workers and the supervision of direct service workers during the supervised practical portion of the training must be performed by or under the general supervision of a registered nurse who possesses a minimum of 2 years of nursing experience, at least 1 year of which must be in the provision of home health care. Other individuals may be used to provide instruction under the supervision of a qualified registered nurse.</p>	<p>Identify the staff teaching specific direct service tasks or activities and provide that each individual's experience, license(s) held, and education.</p> <p>Job description for faculty and instructional personnel employed by or under contract with the training program must include verification of qualifications listed in column one.</p>			
<p><u>(3) Documentation of training.</u></p> <p>The training program must maintain sufficient documentation to demonstrate that the requirements of this standard are met.</p>	<p>Plan for maintaining documentation verifying students who have successfully completed the training program.</p>			
<p><u>(4) Conduct of evaluation --</u></p> <p>(i) Evaluators and instructors. The competency evaluation must be performed by a registered nurse.</p> <p>Observation Subject areas. The following subject areas must be evaluated after observation of the aide's performance of the tasks with a patient:</p> <ul style="list-style-type: none"> • Appropriate and safe techniques in personal hygiene and grooming that include-- <ul style="list-style-type: none"> (A) Bed bath. (B) Sponge, tub, or shower bath. (C) Shampoo, sink, tub, or bed. 	<p>Description of the training program's process for conducting evaluations.</p>			

ODA Standard	Information to be Included with Program Approval Application	Approval Guidance	ODA Use Only	
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<p>(D) Nail and skin care. (E) Oral hygiene. (F) Toileting and elimination.</p> <ul style="list-style-type: none"> • Safe transfer techniques and ambulation. • Normal range of motion and positioning. <p>(ii) The following subject areas in paragraph may be evaluated through written examination, oral examination, or after observation of a direct service worker with a patient.</p> <ul style="list-style-type: none"> • Communications skills. • Observation, reporting and documentation of patient status and the care or service furnished. • Reading and recording temperature, pulse, and respiration. • Basic infection control procedures. • Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor. • Maintenance of a clean, safe, and healthy environment. • Recognizing emergencies and knowledge of emergency procedures. • The physical, emotional, and developmental needs of and ways to work with the populations served by the HHA, including the need for respect for the patient, his or her privacy and his or her property. • Adequate nutrition and fluid intake. • Any other task that the HHA may choose to have 				

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the direct service worker perform.				
<p><u>(5) Competency determination.</u></p> <p>(i) A direct service worker is not considered competent in any task for which he or she is evaluated as “unsatisfactory”. The aide must not perform that task without direct supervision by a licensed nurse until after he or she receives training in the task for which he or she was evaluated as “unsatisfactory” and passes a subsequent evaluation with “satisfactory”.</p> <p>(ii) A direct service worker is not considered to have successfully passed a competency evaluation if the aide has an “unsatisfactory” rating in more than one of the required areas.</p>	<p>Description of the training program’s evaluation methods and requirements for receiving a satisfactory rating; including a copy of the test/examination tool.</p> <p>Plan for ensuring supervision by a licensed nurse for direct service workers who are evaluated unsatisfactory</p>			
<p><u>(6) Documentation of competency evaluation.</u></p> <p>The training program must maintain documentation which demonstrates that the requirements of this standard are met.</p>	<p>Plan for providing and maintaining documentation that demonstrates each direct service worker has successfully completed the training program. Include a sample of certificate with the credentials of the person signing.</p> <p><u>The HHA must receive a certificate of completion that includes the dates of training and testing, the name of the graduate, the name of the approved training program, training program address and telephone number, the name of the trainer, number of training hours, signature of the trainer, and the date the certificate(s) was issued.</u></p>			