Dear Administrator:

The purpose of this letter is to advise home care agencies and hospices of revisions to the Guide to Operation of a Home Health Aide Training Program that will become effective for all Home Health Aide Training Programs (HHATPs) July 1, 2012. These requirements supersede previous guidelines issued by the Department. The Guide can be accessed on the Department of Health’s website and the Health Commerce System.

Background

The New York State Department of Health established requirements for the approval and re-approval of HHATPs on August 19, 1992. These requirements are based on federal regulations found in the CMS Conditions of Participation (CoPs) for Home Health Agencies (42 CFR 484.36) and the CoPs for Hospices (42 CFR 418.76).

In 2009, the Home Care Registry (HCR) was created to defer fraud in training programs and certification and to provide the public a registry on which they could look up individuals to determine if they were, in fact, trained and if they are employable. The development and implementation of the HCR provided an accessible database that includes all home health and personal care aides who were employed on September 25, 2009 and after. Additionally, it provides information on all training programs, their dates of operation and all classes and trainees enrolled since September 25, 2009.

In December 2010, a workgroup consisting of representatives from HHATPs, home care and hospice providers, provider association representatives and Department staff, was convened to clarify requirements, address potential inconsistencies and provide a framework for adequate monitoring of HHATPs. The workgroup’s efforts have resulted in the revision of the Guide to Operation of a Home Health Aide Training Program. The members of this workgroup are identified on the acknowledgment page of the Guide, and the Department is appreciative of their contributions.

Major Revisions to the Requirements for Operating a Home Health Aide Training Program

A summary of all revisions to the Guide for Operation of Home Health Aide Training Programs are highlighted below:

Application Guidelines

- The applications for initial approval and re-approval have been revised and streamlined.
Sites

- HHATPs approved by the NYSDOH must be operated by a home care agency approved under Article 36 of the Public Health Law or a hospice approved under Article 40 of the Public Health Law. Each training program must be operated by a designated licensed or certified entity. Training programs will no longer be associated with a specific site, but rather with a designated sponsoring home care agency or hospice. An approved training program can operate multiple sites where training is conducted continually or episodically.

- Home care agencies that are currently operating multiple training programs (sites) may choose to operate a single approved HHATP that offers training at various sites under the direction of a coordinating nurse instructor. Agencies choosing to implement this option must identify which currently approved HHATP(s) will close and the effective closure date for each. The identified program will be closed on the HCR. The closure date should be the date of the last training conducted by the program at that site. The home care agency must utilize the HHATP Address Verification Form, Attachment A to this letter, to communicate this information to hhatp@health.state.ny.us.

- The training program must designate at least one approved nurse instructor to be responsible for the coordination of training activities and oversight to ensure that training and supervision of practical training is consistent across sites. This designated nurse instructor(s) must be listed on the HHATP application as the Coordinating Nurse Instructor(s).

- All training sites must meet minimum location, equipment and space requirements as specified in the Guide.

Trainee Rights

- Trainees must receive written documentation of their rights as a trainee that meets minimum criteria specified in the Guide.

Nurse Instructor

- A Nurse Instructor application must be submitted to the Department with the instructor’s signature. Additional supportive documentation is required if the instructor proposes to train in a language other than English.

- All training must take place under the direction of an approved nurse instructor(s).

- All supervisors of practical training must be approved nurse instructors listed in the HCR.

Training and Testing Materials

- The training program must be conducted utilizing lesson plans based on content of the Department’s Home Care Curriculum (HCC) and Health Related Tasks Curriculum (HRTC) available on the DOH website and Health Commerce System.

- All training programs are required to use a published text consistent with the content of the Department’s HCC and HRTC curriculum. The training program is responsible to evaluate and ensure each trainee is competent in the training material by utilizing written tests obtained from publishers who publish text books for the purpose of training home health aides. Test questions must be obtained from a “bank” of test questions. Trainee evaluation forms must be used to document competency of required skills.
- All training programs are required to provide the trainee with a copy of their completed Home Health Aide Trainee Evaluation Forms found in Appendix 5 and 5A of the Guide.

- The Trainer and Trainee Manuals developed in 1992 by the State University College of Buffalo under contract with the State Department of Social Services should not be used and will no longer be made available.

**Foreign Language**

- A training program will only be approved to conduct training in a foreign language if the approved nurse instructor meets the specified proficiency requirements in the foreign language. Additionally, the use of published textbook(s) and associated written tests in that language are required, meeting the specifications as described above.

**Quality Assurance/Quality Improvement**

- The training program must actively participate in the sponsoring home care agency or hospice’s quality management program. This participation will include quality assessment and improvement activities conducted on a quarterly basis as well as a written annual evaluation of the training program. Programs may choose to utilize tools developed by the Department and provider workgroup which are found in Attachments 3A, 3B and 3C of the Guide. The use of these tools is optional.

**Implementation**

Effective February 1, 2012, all applicants seeking initial approval as a Home Health Aide Training Program must meet the requirements in the revised Guide. Effective July 1, 2012, all existing HHATPs seeking re-approval must comply with the requirements described in the revised Guide. Consideration will be given to HHATPs seeking re-approval that have existing leases (in effect prior to February 1, 2012) for meeting the space requirements.

For questions or clarification on this directive, contact the New York State Department of Health, Division of Home and Community Based Services at hhatp@health.state.ny.us.

Sincerely,

[Signature]

Rebecca Fuller Gray
Director
Division of Home and Community Based Services
HHATP Address Verification

The approval of a home health aide training program is associated with the sponsoring LHCSA, CHHA, LTHHCP, or hospice.
Complete and email form to: hhatp@health.state.ny.us.

Section 1
Please complete which licensed or certified entity will be the sponsoring agency for the training program.

Section 2
Please list all current approved training program sites and indicate the last day of the last training program class (month, day, year). Attach additional sheet(s) if necessary.

Section 1

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EXISTING HOSPICE: NO
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GUIDE TO OPERATION OF A
HOME HEALTH AIDE TRAINING PROGRAM

New York State Department of Health
Division of Home and Community Based Services

February 1, 2012
ACKNOWLEDGEMENTS

We wish to express our gratitude and appreciation to all the people who participated in the work group conference calls and helped in the revisions of the Guide to Operation of a Home Health Aide Training Program.

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- Marjorie Brier-Lynch, RN, BSN
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Representatives from Home Care Agencies and Provider Associations:
- Mark Andaya, VNSNY
- Rosalie Fistola RN, Caring Hearts Home Care
- Marki Flannery, Partners in Care
- Natasha Gooden Williams, SelfHelp
- Margaret Gorman, HCP
- Barbara Gray, Unity Health Systems
- Melissa Hanno, RN BSN, VNA of Utica & Oneida County
- Ann Hill, NYASA
- Kenneth Kilroy, Progressive Home Health Services
- Andrew Koski, Home Care Association
- Becky Leahy, North Country Home Services
- Russell Lusak, Self Help Community Services
- Geri McCulley, Robynwood
- Christina Miller-Foster, HCP
- Lisa Newcomb, ESALL
- Peggy Powell, PHI
- Ilyne Rabinowitz, Bestcare
- Cathy Regan, RN St. Francis Home Care Services
- Carol Rodat, PHI
- Helen Schaub, 1199 SEIU Health Care Workers East Community
- Mary Scofield, Robynwood ALP
- Brian Schiel, Best Care Inc.
- Jordan Shames, Neighbors Home Care, Inc
- Cindy Siwek, North Country Home Services
- Barbara Smith, RN St. Peter’s Licensed Agency
- Trish Sowa, RN Robynwood ALP
- Vivian Torres, Self Help
- Susan Trochia, RN, People Care
- Paula Whitehouse, RN Home Aides for Oswego County
- Faith Wiggins, 1199 SEIU
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**ATTACHMENTS**
- Attachment 1- DOH Home Care Program Manager List
- Attachment 2- Suggested Equipment List
- Attachment 3- Monitoring Tools
- Attachment 4- Trainee Rights
- Attachment 5- Schedule of Classes

**APPENDIXES**
- Appendix 1- Nurse Instructor Application
- Appendix 2- HHATP Application
- Appendix 3- Re-Approval Application
- Appendix 4- Daily Training Program Schedule
- Appendix 5- Home Health Aide Evaluation Forms
INTRODUCTION

The purpose of this Guide is to clarify for certified home health agencies (CHHAs), long term home health care programs (LTHHCPs), licensed home care services agencies (LHCSAs), and hospices, hereafter referred to as home care agencies, the New York State Home Health Aide Training Program (HHATP) requirements, and the process and procedures for Department of Health (NYSDOH) initial approval and re-approval of HHATPs. Effective February 1, 2012, all applicants seeking initial approval as a HHATP must meet the requirements set forth in this Guide. Effective July 1, 2012, all existing HHATPs seeking re-approval must comply with the requirements set forth in this Guide. Consideration will be given for existing leases (in effect prior to February 1, 2012) on re-approval applications. These requirements supersede the requirements set forth in the New York State Department of Health's Guide to Home Health Aide Training and Competency Evaluation (1992) and (2006).

The training and evaluation requirements and approval process set forth in this guide are consistent with Part 484 of Title 42 of the Code of Federal Regulations (42 CFR) and Section 700.2 of Title 10 of the New York Code, Rules and Regulations (10 NYCRR).

In order to provide home health aide services in New York State, a person must successfully complete a training and competency evaluation program or competency evaluation program only conducted by an approved HHATP and be issued a certificate of completion.

Any questions regarding home health aide training and program approval requirements should be directed to the appropriate NYSDOH regional office Home Care Program Manager. (Attachment 1)

TRAINING REQUIREMENTS

A HHATP must include classroom and supervised practical training. The aide trainee must receive a minimum of 75 hours of training including a minimum of 59 hours classroom and 16 hours of supervised practical training. Required testing and competency evaluation are not included in the 75 hours. Supervised practical training means training in a skills laboratory, patient’s home or other health care setting in which the trainee demonstrates knowledge while performing tasks on an individual under the direct supervision of an approved Nurse Instructor. (Please refer to requirements for Nurse Instructor) At a minimum, fifty percent (50%) of each aide's supervised practical training must be provided in a patient care setting. The setting(s) used for practical training and the number of training hours provided must be based on each trainee’s learning needs. Supervised practical training may take place in any setting where patient care can occur except in nursing homes (skilled nursing facilities). Services provided by a trainee during supervised practical training are not reimbursable by Medicaid.

The maximum number of trainees to the approved Nurse Instructor ratio is 20:1 in the classroom setting and 10:1 for supervised practical training in the skills laboratory and patient care setting. The number of trainees must be consistent with the available space in the classroom and appropriate to the supervised practical training location. (See space requirements found on page 11)
STANDARDIZED CURRICULAR CONTENT

Each HHATP must identify and clearly state its goals and objectives and must include measurable performance criteria specific to both the curricular subject material and clinical content required by the Department. We recommend that the curriculum be taught at a sixth grade reading level.

In order to assure that all HHATPs are teaching comparable content, HHATPs are required to base their training, including lesson plans, on the content of the Home Care Curriculum (HCC) and Health Related Tasks Curriculum (HRTC) available on the DOH website and Health Commerce System (HCS).

The training program's teaching staff may exercise discretion in determining the amount of time required to adequately teach each of the subject areas, however, the minimum training time required must be met for each subject area and the training hours must total a minimum of 75 hours.

Other resources may be used at the discretion of the approved Nurse Instructor supervising the approved HHATP.

EVALUATION OF THE TRAINEE

The HHATP is also responsible for ensuring that each home health aide trainee is competent in each skill and procedure taught in the training program. Competency evaluation may be integrated throughout the training program or may be conducted subsequent to classroom and supervised practical training. Competency must be evaluated by an approved Nurse Instructor.

The following methods must be utilized in the evaluation of competency:

• written and/or oral examinations that demonstrate the trainee’s knowledge of the information presented in the classroom training; and

• observation and demonstration by the trainee of his/her competency in performing the required skills in the laboratory or patient care setting.

All training programs are required to use a published text consistent with the content of the Department’s HCC and HRTC curriculum. To evaluate each home health aide trainee's competence in performing the minimally required number of home health skills, each HHATP must utilize the procedure checklists found in the appendices of HCC and HRTC curriculum and written tests obtained from publishers who publish text books for the purpose of training home health aides. Test questions must be obtained from a “bank” of test questions. Questions must comprehensively test the student in all areas of the curriculum and questions must be rotated. If a student is retaking a test after an unsuccessful attempt, this test must be a different version from the previous test taken. A minimum score of 80% is required to ensure mastery of subject material.
Documentation of Competency:

For each home health aide who has completed classroom and supervised practical training, all competencies must be documented on a Trainee Evaluation Form(s) (Appendix 5, 5a). The trainee evaluation form must include documentation of the competencies which were demonstrated proficiently, name, license number and initials of the approved Nurse Instructor who has evaluated the trainee’s performance of each task and the date completed.

Classroom and supervised practical training and competency evaluation must be completed within 60 calendar days of each trainee’s entry into the training program.

COMPETENCY EVALUATION PROGRAM

In lieu of the standardized training and competency evaluation, the HHATP must make available to eligible individuals a competency evaluation program. The competency evaluation program must be derived from a comprehensive written test and procedure demonstration checklists derived from the program’s full training program. The written and procedure demonstration portions of the competency evaluation program must contain sufficient content to assure that the aide is competent in the information and required skills set forth in the HCC and HRTC curricula.

Individuals eligible to complete the competency evaluation program only, in lieu of the standardized training, include:

- A nursing assistant with one year of full time experience in a general hospital within the past five years;
- An individual with documented home health aide or nurse aide training and competency evaluation from an out-of-state training program;
- A home health aide with documented home health aide training and competency evaluation who has not been employed as a home health aide for 24 consecutive months;
- A nursing student who has documented evidence of successful completion of course work requiring mastery of home health aide tasks within the past 24 months. Documentation would include a transcript with passing grade(s) and course description(s) or skills checklist signed by the nursing school instructor; and
- Veterans who were trained in the United States Military as medical technicians or medics.

If a prospective home health aide demonstrates competency in some, but not all of the content and skills evaluated, the HHATP must provide additional training, as appropriate, and reevaluate the aide's competency only in those areas requiring remediation.
The trainee will be issued a Certificate of Completion upon successful completion of the competency evaluation program. This certificate will identify the training methodology as competency evaluation.

NOTE: A registered professional nurse or a licensed practical nurse currently licensed and registered in the State of New York may be employed as a home health aide and will be considered exempt from training and competency evaluation requirements. The possession of a current valid registration as a nurse from the New York State Department of Education (NYSED), Office of the Professions precludes the need for a home health aide certificate.

**PERSONAL CARE AIDE UPGRADING**

Personal care aides (Level II) are permitted to perform fewer health-related tasks than home health aides. Personal care aides, who have been trained in approved personal care activities, are issued a certificate from a NYSDOH or NYSED approved training program, which must offer a minimum of 40 hours of training.

To upgrade a personal care aide to a home health aide, HHATPs must provide the 35 hours of training outlined in the HRTC. This includes 19 hours of classroom and 16 hours of supervised practical training as previously described under Training Requirements.

The HRTC appendix indicates the 18 required performance standards, which must be successfully demonstrated to and assessed by an approved Nurse Instructor. A personal care aide with a valid personal care aide certificate is not required to repeat training in the content and skills learned in the basic personal care aide training program. However, the HHATP must assure that the personal care aide is competent in such skills prior to providing additional training and issuing a home health aide certificate. Documentation of the successful completion of the 35 hours of training and proof of competency in the content and skills required by the personal care aide training program must be kept in the individual’s file.

**CERTIFIED NURSE AIDE TRANSITIONING**

Certified nurse aides (CNAs) employed in residential health care facilities (RHCF, commonly known as nursing homes) provide personal care and health-related services, which are comparable to the activities and tasks performed by home health aides. A CNA who is employed in a RHCF is required to be certified in accordance with the provisions of Section 415.26 of Title 10 of NYCRR. In order to obtain nurse aide certification and be listed in the New York State RHCF Nurse Aide Registry, an individual must successfully complete a State-approved RHCF nurse aide training program, which is a minimum of 100 hours in duration, and pass the State-authorized competency examination.

HHATPs must have the capability to augment a nurse aide's training with classroom and supervised practical training in those skills not included in the nurse aide training program. Such skills include but are not limited to: assistance with medications; handling the patient’s money; maintaining a clean, safe home environment; safety, accident prevention and responses to emergencies in the home; taking of blood pressure; and observing, recording and reporting in the home care setting. A CNA who is registered in the New York State Nurse Aide Registry is not required to repeat training in the content and skills learned in a previous training program.
However, the HHATP must assure that the CNA is competent in such skills prior to providing additional training and issuing a home health aide certificate.

**DOCUMENTATION OF SUCCESSFUL COMPLETION OF THE TRAINING PROGRAM**

Home health aide training program certificates are issued by the training program through the Home Care Registry (HCR). HHATPs must follow the directives and advisories promulgated by the HCR in regards to documentation of completion of training and the issuance of certificates. The original certificate must be issued to the individual who has successfully completed the program within the timeframes required by the HCR.

The home health aide must also be provided with a copy of the completed Home Health Aide Trainee Evaluation Forms (Appendix 5 and 5a). The training program must maintain copies of each aide’s training certificate and trainee evaluation forms for at least six years.

An individual who successfully completed an approved HHATP will not be considered qualified to provide home health aide services if that individual has not been employed as a home health aide in an Article 36 or 40 approved agency within any consecutive 24 month period. The home health aide who wishes to be re-employed after a two-year lapse in employment as a home health aide will be eligible to take the competency evaluation program in lieu of the standardized training program. After successful completion of the competency evaluation program, a new certificate will be issued to the home health aide by the training program conducting the competency evaluation program.

**HOME HEALTH AIDE TRAINING PROGRAM APPROVAL REQUIREMENTS**

Home Health Aide Training Programs can be approved by either NYSDOH or NYSED. Training programs cannot be dually approved by the NYSDOH and NYSED. A HHATP sponsored by an educational facility which is regulated by the NYSED must meet the training and competency evaluation requirements established by the NYSED. Such requirements are consistent with the standards set forth in this Guide; however, program length may differ.

An educational facility wishing to conduct home health aide training may access information at [http://www.highered.nysed.gov/bpss/steps.htm](http://www.highered.nysed.gov/bpss/steps.htm) and must submit its proposed home health aide training program plan for approval to NYSED as follows:

**For programs originating in for-profit schools that do not award academic credit:**

Bureau of Proprietary School Supervision  
Room 1613 OCP  
One Commerce Plaza, 16th Floor  
99 Washington Avenue  
Albany, NY 12234  
Phone: 518-474-3969  
[http://www.access.nysed.gov/bpss/schools/steps.htm](http://www.access.nysed.gov/bpss/schools/steps.htm)
For programs in BOCES and high schools:
Career and Technical Education
Education Building, Room 315
89 Washington Avenue
Albany, NY 12234
Phone: 518-486-1547

For programs in colleges, universities and Educational Opportunity Centers:
Office of the Professions
Professional Education Program Review
Education Building, 2nd Floor West Wing
89 Washington Avenue
Albany, NY 12234
Phone: 518-486-2967

Only a home care agency or hospice licensed under Article 36 or 40 of the Public Health Law may be approved to establish a home health aide training program through the NYSDOH and must meet the training and competency evaluation requirements as stipulated in this Guide. Applicants must submit its proposed program plan to the appropriate NYSDOH Home Care Program Manager (Attachment 1) for approval.

HHATPs approved by the NYSDOH are allowed to charge a trainee fee, up to a maximum of $100.00 (one hundred dollars) to recoup the cost of those items trainees are required to have (e.g. books, supplies, equipment) and which the individual trainee retains upon completion or separation from the program. The program must be able to verify an associated cost if a trainee fee is charged. Any program intending to charge over $100.00 in fees or tuition must apply to the NYSED for approval to operate and should not seek NYSDOH approval.

HOME HEALTH AIDE TRAINING PROGRAM REQUIREMENTS:

Faculty and Credentials:
These requirements are derived from federal regulations found at 42 CFR 484.36(a)(2)(ii).

Nurse Instructor:
The HHATP must be provided by or under the direction of a registered professional nurse who:

- has two years of nursing experience; and
- at least one year of which must be in the provision of home health care services in an Article 36 or Article 40 approved agency or its out of state equivalent; and
- cannot be on the Office of Medicaid Inspector General’s (OMIG) list of Restricted, Terminated or Excluded Individuals or Entities or the U.S. Department of Health and Human Services Office of Inspector General’s list of Excluded Individuals/Entities.
All Nurse Instructors must be approved by the Department prior to inclusion in the HCR instructor database. The Nurse Instructor Application form(s) (Appendix 1) must be submitted to the NYSDOH regional office responsible for review and approval at least 30 days prior to the instructor teaching any classes. Nurse Instructor application(s) will be approved and entered into the HCR within 15 days of receipt of application. The regional office home care program manager will communicate in writing any Nurse Instructor application(s) that are disapproved.

The training program must notify the regional office of any change in the status of approved Nurse Instructors such as resignations or extended leave within 10 business days of change. Failure to notify the regional office of a change in status of an approved Nurse Instructor or the addition of new Nurse Instructors may result in immediate disapproval of the program. It is not necessary to notify the regional office of substitutions for the instructor as long as the substitute is an approved Nurse Instructor for that program in the registry.

Approved Nurse Instructor(s) responsibilities include:

1. Coordinating the didactic portion of the program
2. Conducting the supervised practical training
3. Performing all competency evaluations

**Coordinating Nurse Instructor:**
If there are multiple approved Nurse Instructors, the program must designate at least one approved Nurse Instructor to be responsible for the coordination of training activities and oversight to ensure that training and supervision of practical training is consistent. This designated Nurse Instructor would be listed on the program application as the Coordinating Nurse Instructor.

**Adjunct Faculty:**
The use of other individuals such as a therapist or a dietician is encouraged as long as such individuals provide instruction under the supervision of the approved Coordinating Nurse Instructor.

A LPN can be an adjunct faculty and provide some of the instruction under the direct supervision of an approved Nurse Instructor. The approved Nurse Instructor must be physically present during the entire time of the instruction provided by an LPN.

**Confidentiality of Tests and Examinations:**
The program is required to have procedures for maintaining the confidentiality of all HHATP tests and examinations. All testing materials must be kept strictly confidential.

**Screening Training Applicants:**
Training programs are expected to develop procedures for screening for the appropriateness of training applicants. Applicants should be selected on the basis of such factors as sympathetic attitude toward the care of the sick; ability to read, write, and carry out directions; maturity and ability to deal effectively with the demands of the job. A minimum age of 18 is recommended but not required. A list of resources regarding ability to read is available at: [http://www.acces.nysed.gov/bpss/schools/pg60201.htm](http://www.acces.nysed.gov/bpss/schools/pg60201.htm)
**Location, Equipment, and Space to be utilized for the Training:**
At a minimum, the training site should include a classroom area for didactic presentation of curricular content and a laboratory area with equipment and supplies that enable trainers and trainees to adequately demonstrate clinical tasks. The training site must have the following: tables/desks and chairs, running water, kitchen facilities or a mock kitchen, audiovisual equipment, storage space, electrical outlets and lighting. The space should be adequate to suit both the number of trainees and the equipment. (Attachment 2 – Suggested Equipment List)

Each trainee should have approximately 12-20 square feet of space in the classroom setting and 30 square feet of space in the clinical laboratory setting. Training space can be flexible in nature, meaning used for formal classroom instruction and rearranged for clinical laboratory instruction.

A lease, Certificate of Occupancy or written agreement must be obtained prior to any training classes conducted on the premises.

**Program Monitoring:**
All programs are required to have policies and procedures describing their quality management program and the annual evaluation of the training program. Quality management processes should focus on the overall operation of the training program and should address at a minimum the following:

- Monitoring for compliance with the requirements in this Guide
- Monitoring of contracts
- Analysis and evaluation of program’s educational outcomes that address the effectiveness of the:
  - Instructor(s)
  - Lesson plans
  - Equipment and other materials utilized to achieve learning objectives, e.g. videos, textbooks, etc.
  - Evaluation of the supervised practical training site(s)
  - Student evaluation of the program, including effectiveness of communication between instructor and students
  - Analysis and evaluation of testing results, admission standards and program completion rates
- Development and implementation of strategies for improvement of the HHATP
- Submission of an annual evaluation report to the sponsoring agency’s governing authority and to the NYSDOH with the re-approval application.

All programs are required to conduct monitoring on at least a quarterly basis and documentation of such must be included in the quality assurance minutes of the sponsoring agency. Programs may choose to utilize tools developed by the Department and provider workgroup which are found in Attachment 3a, 3b, and 3c.

**Maintaining Training Records:**
The HHATP must have a procedure to retain, for a period of at least six years, a training record for each person who has successfully completed home health aide training and/or competency evaluation, including:
• Documentation of the trainee’s receipt of the program’s Trainee Rights (Attachment 4). The Trainee Rights must be given to the student at or prior to the first class in a format (i.e., language, reading level) that the trainee can comprehend. These rights must address at a minimum, the items in Attachment 4 and any other rights the program chooses.

• Attendance sign-in sheet for classroom and supervised practical training; trainees must document their arrival and departure as well as the start and completion of their lunch break by signing their full name at the commencement of each day. They may use their initials for signing in/out for lunch and at the end of the day.

• Each trainee’s completed written tests and trainee evaluation forms.

• Copy of the training certificate of completion.

Electronic record keeping is acceptable. Providers must ensure that electronic records are able to be produced upon request by DOH or any other regulatory agency. Providers must also ensure that appropriate electronic backup of these records exists.

Home Care Registry Requirements:
The training program must have policies and procedures demonstrating compliance with all requirements for the Home Care Registry (HCR) found on the Health Commerce System (HCS).

Contracts for Supervised Practical Training (if applicable):
The program is required to have copies of signed contracts or letters of intent, if applicable, specifying those home care agencies, or other health care settings which will provide trainees with supervised practical training. When the contracting entity is providing the nursing supervision of the trainees, the contract must include an agreement that the supervision will be conducted by an approved Nurse Instructor who is listed on the HCR as such.

Training in a Foreign Language:
If a program proposes to teach in a foreign language, the Nurse Instructor must be bi-lingual and fluent in both English and the language in which instruction is given in order to adequately teach and evaluate the student. The program that proposes to conduct training in a foreign language must submit the Nurse Instructor application with documentation of the Nurse Instructor’s fluency in the foreign language. Documentation of fluency must include two written references; one of which may be from the sponsoring organization; and one of which may be proof of graduation (such as diploma) where the targeted foreign language is spoken.

Classes can only be conducted in one language at a time and not through an interpreter.

Textbooks must be available in the language that is being taught. The Department maintains the authority to review and approve a textbook to be used for this purpose to ensure that the curriculum meets the minimum standards.

Testing may be conducted in the language that the curriculum was taught and must follow the guidelines as described under “Evaluation of the Trainee” on page 5 of this guide.
INITIAL Approval of HOME Health AIDE Training Program

Initial approval of a program requires the submission of a completed Home Health Aide Training Program Application (Appendix 2), and HHATP Nurse Instructor Application(s) (Appendix 1). The approval of a HHATP will be associated with the sponsoring LHCSA, CHHA, LTHHCP, or hospice. One application is required for each licensed or certified agency which can conduct training at multiple sites. The application must specify the associated license number that will sponsor the HHATP.

Note: The sponsoring agency must be in operation for at least one year prior to application as a HHATP.

HHATP initial approval is based on submission and review of the following:

- Completed Home Health Aide Training Program Application (Appendix 2)
- Completed HHATP Nurse Instructor Application (s) (Appendix 1)
- A review of the sponsoring agency’s current compliance status

After reviewing the completed application package, a representative of the Department may, prior to approval, make a site visit to examine the physical layout of the training site or sites. Subsequent visits may also be made once approval is granted to observe classroom instruction and/or in conjunction with survey visits. Initial HHATP approval is granted for a period of up to three years.

NOTE: If the training program makes any significant changes within the three year approval period, including changes in faculty or sites for training and/or supervised practical training, or a change in the status of the sponsoring agency such as a change of address, the program MUST notify the appropriate regional office of such changes in writing prior to the change.

MAINTENANCE of APPROVAL

HHATPs must provide the Department with a schedule of anticipated classes biannually. Approved programs are expected to submit an anticipated schedule of training every six months each October 1\textsuperscript{st} and April 1\textsuperscript{st}. This schedule must include the dates, times and location of each class, and the name of the approved Nurse Instructor for each class. (Attachment 5) This information must be sent to the appropriate NYSDOH regional home care program manager or designee in the region where the program is located. Subsequent changes to the submitted schedule should be reported as soon as they occur.

The training program must approve and issue at least one original certificate a year in order to remain an active approved program. This would include a certificate issued for Competency Evaluation Program, Personal Care Aide Upgrading or CNA Transitioning.
One full 75 hour training program class must be conducted within a three-year period to maintain an on-going training program approval. Competency evaluations, PCA upgrades and nurse aide transitioning are not full training (75 hour) program classes. Failure to conduct the full training program will require reapplication for approval.

**RE-APPROVAL OF THE HOME HEALTH AIDE TRAINING PROGRAM**

Re-approval of programs will be based on evidence in the Home Care Registry that a full 75 hour course has been conducted at least once during the 36 month period and submission of the HHATP Re-approval Application (Appendix 3) to the appropriate regional office. Applications for re-approval must be submitted ninety days prior to expiration of the current three year approval. Failure to conduct a full 75 hour program in the 36 month period will result in the program having to reapply with a full “initial” application (at the discretion of the regional office). Notification of approval and/or request for additional information will be communicated in writing to the applicant.

**RESCINDING APPROVAL OF THE HOME HEALTH AIDE TRAINING PROGRAM**

The Department may rescind approval of a HHATP if a training program is found to be out of compliance with the Federal and State training requirements. Egregious, systemic, cumulative, or repetitive deficient findings or failure to submit an acceptable plan of correction (after two attempts) may constitute grounds for rescinding approval. The entire training program approval will be revoked for a period of at least two years. The Operator will be required to re-apply after the two year period in order to resume training.
## HHATP NURSE INSTRUCTOR APPLICATION

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
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### NEW YORK STATE RN LICENSE NUMBER

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<th>LICENSE NUMBER/OP CERT NUMBERS</th>
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### LANGUAGE*

* If applying as a Bi-Lingual Instructor, please attach documentation that you are proficient in the foreign language being taught.

### EXPERIENCE

Start with your MOST RECENT employment. Please photocopy and attach additional sheets if necessary.

#### Note:
Minimum Qualifications - 2 Years experience as a Registered Professional Nurse, of which 1 year is in the provision of Home Health Care Services in an Article 36 or 40 approved agency or its equivalent for out of state.

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<thead>
<tr>
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#### Note:
Please be advised that we may confirm dates of employment provided.

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### FOR OFFICIAL DOH USE ONLY

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<tr>
<th>Approved</th>
<th>Date</th>
<th>By: Name/Region</th>
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Appendix 1

**Directions for Completing HHATP Nurse Instructor Application**

Please complete each box that corresponds with the requested information. This includes your full name, New York State RN License Number, training program name, and the license number or operating certificate name associated with the approved training program for which you are applying.

If you are applying as a Bi-Lingual Instructor, please attach documentation that you are bi-lingual and fluent in the language in which instruction is given in order to adequately teach the student. Documentation is as follows:

Documentation of fluency must include 2 written references; one of which may be from the sponsoring organization; and one of which may be proof of graduation (such as diploma) where the targeted foreign language is spoken.

When listing your experience start with your most recent employment. **NOTE**: Minimum Qualifications include 2 years experience as a Registered Professional Nurse, of which 1 year is in the provision of Home Care Services in an Article 36 or 40 approved agency or its equivalent for out of state. Please photocopy and attach additional sheets if necessary.

Please be advised of the following when completing the application:

- Your RN license must be in good standing.
- You are attesting that the minimum qualifications listed on the application have been met.
- Your name and RN license information will appear on the Home Care Registry (HCR) Database.
- Your name will be associated with the HHATP that you are approved to provide instruction under and will appear as such on the HCR Database.
- You are held responsible to ensure compliance is met with the policies and procedures set forth in the Guide to Operation of a Home Health Aide Training Program posted on the Health Commerce System (HCS) and NYS Department of Health website.
- All Nurse Instructors must be approved by the Department prior to inclusion in the HCR instructor database. The Nurse Instructor application form(s) must be submitted to the Department’s regional office responsible for review and approval at least 30 days prior to teaching any classes.
- The training program must notify the area regional office if you leave employment under the HHATP for which you were approved so that your name can be removed from the HCR Database. If you have concerns that your name remains on the registry, you should contact the Department of Health at 877-877-1827 or by e-mail to hcereg@health.state.ny.us.
GENERAL INSTRUCTIONS

1. Complete all questions in Part I and II.

2. All supporting documentation submitted should be labeled with a corresponding attachment number that indicates the application item number addressed.

3. Sign the Certification Statement contained in Part II.

4. Submit a completed and signed HHATP Nurse Instructor Application for each Nurse Instructor applicant. (Appendix 1)

5. A prospective training program that proposes to conduct training in a foreign language must submit the HHATP Nurse Instructor application with associated attachments.

   NOTE: A class can only be conducted in one language at a time and not through an interpreter.

6. Submit the application and all supporting documentation to the appropriate NYS DOH Regional Office Home Care Program Manager (Attachment 1). Any questions regarding the application should be referred to that office.
# HOME HEALTH AIDE TRAINING PROGRAM APPLICATION

## PART I

### SPONSORING AGENCY NAME

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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</table>

**EXISTING CHHA:**
- YES
- NO
- OPERATING CERTIFICATE NO.

**EXISTING LHCSA:**
- YES
- NO
- LICENSE NO.

**EXISTING LTHHCP:**
- YES
- NO
- OPERATING CERTIFICATE NO.

**EXISTING HOSPICE:**
- YES
- NO
- OPERATING CERTIFICATE NO.

### NAME OF CONTACT PERSON

- **Ms.**
- **Mrs.**
- **Mr.**
- **Dr.**

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<thead>
<tr>
<th>STREET ADDRESS</th>
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<th>STATE</th>
<th>ZIP CODE</th>
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<th>TELEPHONE NO.</th>
<th>FAX NO.</th>
<th>E-MAIL ADDRESS</th>
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1. List the names of the nurse instructors assigned to coordinate and teach the home health aide training program. Please fill out the HHATP Nurse Instructor Application for each instructor named. (Appendix 1)

   a. Coordinating Nurse Instructor (s):

   b. Nurse Instructor(s):

2. List the name of the person(s) whose signature appears on all HHATP certificates (Official Agency Designee) and person authorized to execute a legally binding instrument on behalf of the operator (Senior Official).

   a. Official Agency Designee(s):

   b. Senior Official
HOME HEALTH AIDE TRAINING PROGRAM APPLICATION

3. Indicate the total length (in days) of the program from the first to the last day of training: 

4. Attach copies of your Agency's policy and procedures that specifically address the points below. Attachment # 

   a. The goals and objectives of the training program including measurable performance criteria and the language in which it will be taught.

   b. Biannual (every six months) submission to the Department the proposed training class schedule; and additional timely notification to the Department of changes to the training program including but not limited to curriculum, scheduling of classes and approved Nurse Instructors.

   c. Identification of the curriculum from which lesson plans are derived, the textbook and test bank that will be utilized, the source of the performance checklists and a copy of the program’s trainee evaluation form.

   d. The training program’s admission criteria including screening of applicants; attendance policies; and trainee rights.

   e. The curricula to be followed for the competency evaluation program, personal care aide upgrading and certified nurse aide (CNA) transitioning.

   f. Identification of the location where the clinical portion and/or supervised practical training (SPT) will occur. Please provide copies of signed contracts or letters of intent with health care providers as appropriate. Note: Nursing homes may not be used as SPT locations.

   g. Maintenance and confidentiality of all home health aide training records, written test materials and trainee evaluation forms. Retention of records for all persons trained including:
      - Documentation of the trainee’s receipt of Trainee Rights
      - Attendance sign-in sheet
      - Completed written tests and trainee evaluation forms
      - Copy of the training certificate of completion

   h. Compliance with Home Care Registry (HCR) requirements.

   i. The quality management program for the training program.
5. Please include documentation that the area and space provided for conducting training are adequate for the maximum number of trainees to be accepted in the program. Attachment #

Each trainee should have approximately 12-20 square feet of space in the classroom setting and 30 square feet of space in the clinical laboratory setting. Training space can be flexible in nature meaning used for formal classroom instruction and rearranged for clinical laboratory instruction.

At a minimum, the training site should include a classroom area for didactic presentation of curricular content and a laboratory area with equipment and supplies that enable trainers and trainees to adequately demonstrate clinical tasks. The space should be adequate to accommodate both the number of trainees and the equipment.

Identify location(s) of the proposed classroom and clinical training space. Address(es):

6. Please prepare a home health aide training program schedule, by training program day, indicating the training program schedule for each training day, including the training topic and time, testing time, break time and meal time. The training program schedule may be completed on the format provided in Appendix 4 or using your own format provided that the required information is present. Attachment #
NEW YORK STATE DEPARTMENT OF HEALTH
Division of Home and Community Based Services

HOME HEALTH AIDE TRAINING PROGRAM APPLICATION

PART II

OPERATOR’S CERTIFICATION

AGENCY NAME: _____________________________________________________________

AGENCY ADDRESS: _______________________________________________________

OPERATING CERTIFICATE / LICENSE #: ___________________________

DIRECTIONS: The agency’s Operator or Director/Administrator must read and sign the
following certification statement.

CERTIFICATION STATEMENT

Misrepresentation or falsification of any information contained in this application may be
punishable by fine and/or imprisonment under New York State law and Federal law.

The training program must be completed within 60 calendar days from the first day of class.
Home Health Aide Training Program certificates are issued by the training program through the
Home Care Registry (HCR). Home Health Aide Training Programs must follow the directives
and advisories promulgated by the HCR in regards to documentation of completion of training
and the issuance of certificates.

No tuition of any form will be charged to or collected from any individual participating in home
health aide training or receiving a home health aide certificate of completion from this agency.
Home Health Aide Training Programs operated by licensed agencies, certified agencies and
hospices approved by the NYSDOH will be allowed to collect a trainee fee, up to a maximum of
$100.00 (one hundred dollars) to recoup the cost of those items trainees are required to have
(e.g. books, supplies, equipment) and which the trainee retains upon completion or separation
from the program.

I hereby certify that I have read the above statements and that the information furnished in this
Home Health Aide Training Program Application is true and correct to the best of my
knowledge.

__________________________________________  _______________________
AGENCY ADMINISTRATOR SIGNATURE     DATE

Print or Type Name: _______________________________________________________
Print or Type Title: _______________________________________________________
NEW YORK STATE DEPARTMENT OF HEALTH
Division of Home and Community Based Services

HOME HEALTH AIDE TRAINING PROGRAM APPLICATION

BELOW FOR DEPARTMENT USE ONLY:

DATE OF RECEIPT OF APPLICATION: ___/___/____
DATE OF DOH RESPONSE: ___/___/____
Approval 
Request for additional information/clarification ______ Date additional information received ___/___/____
DATE OF TRAINING PROGRAM APPROVAL: ___/___/____
REVIEWED BY: ____________________________________________________________
HOME HEALTH AIDE TRAINING PROGRAM RE-APPROVAL APPLICATION

INSTRUCTIONS:
1. Complete all questions/areas in the application. Label attachments with the question number that it addresses.
2. Submit application, supporting documentation including any proposed changes that have NOT been approved by the Department to the Regional Office Home Care Program Manager.

OPERATOR'S CERTIFICATION

AGENCY/PROGRAM NAME: ________________________________

AGENCY ADDRESS: ______________________________________

OPERATING CERTIFICATE/LICENSE #: ______________________

CERTIFICATION STATEMENT

Misrepresentation or falsification of any information contained in this application may be punishable by fine and/or imprisonment under New York State law and Federal law and may result in immediate program disapproval.

The training program must abide by all Home Health Aide Training Program and Home Care Registry policies and guidelines set forth by the Department.

I hereby certify that I have read the above statements and that the information furnished in this Home Health Aide Training Program Re-approval Application is true and correct to the best of my knowledge.

__________________________ __________________________
SIGNATURE DATE

Print Name and Title: ______________________________________

Person to be contacted related to information contained in the application:

Name: __________________________________ PHONE NUMBER: (___) ________________

E-mail: _________________________________________________

1. Has the curriculum changed since last approval? Yes □ No □
   Attach changes or indicate DOH curriculum Approval Date: __________________

2. How does the student/aide receive his/her certificate?
   Aide/student picks up □ Certificate is mailed □ Other □ (specify) _______________________

3. List current contracts for Supervised Practical Training (SPT). Attach additional sheets if needed.
   Note: Nursing homes may not be used as SPT locations.

HOME HEALTH AIDE TRAINING PROGRAM RE-APPROVAL APPLICATION

FOR DEPARTMENT USE ONLY:

DATE OF RECEIPT OF APPLICATION:   __________/_________/__________

REQUEST FOR ADDITIONAL INFORMATION/CLARIFICATION: □

DATE OF REQUEST:   __________/_________/__________

DATE ADDITIONAL INFORMATION RECEIVED:   __________/_________/__________

APPROVAL: □

DATE OF TRAINING PROGRAM APPROVAL:   __________/_________/__________

REVIEWED BY:   __________________________________________________________

DATE OF DOH RESPONSE:   __________/_________/__________
NAME OF AGENCY: 

Please complete the Daily Training Program Schedule for your proposed Home Health Aide Training Program. Reference the content of the home health training program modules/units and administration of written and (required and optional) skills performance evaluation. Additional topics may be included in the training, but must be in addition to the minimum 75-hour requirement and may not be substituted for required topics. Identify on the schedule the time allocated for each training topic, breaks and meals, quizzes or tests, supervised practical training (SPT), and skills performance evaluations. Also indicate the day the certificates of completion are distributed to the trainees. **DIRECTIONS:** Under “Time of Day” indicate the beginning and ending time of the training topic. Under “Topic” identify the training topic. Examples would be 10:00am - 11:00am, Module II - Understanding Basic Human Needs; 12:00pm - 12:30pm, Lunch; 3:00pm-3:30pm, Quizzes-Module X-ABCD. You may utilize this format or your own format as long as the required information is present. Use additional sheets as needed.

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# Home Health Aide Trainee Evaluation Form

## Home Care Core Curriculum

### Trainee Contact Information
Name: ___________________________________________ Phone: ___________________
Street
Address: _________________________________________________________________________
City __________________________ State ___________ Zip _______

### Procedure Demonstrated Proficiently

<table>
<thead>
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<tr>
<td>*required procedures</td>
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<td></td>
</tr>
<tr>
<td>*Proper Hand Washing</td>
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<td></td>
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<tr>
<td>Proper Body Mechanics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tub or Shower Bath</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turning the Client in Bed</td>
<td></td>
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<tr>
<td>*Bed Bath</td>
<td></td>
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<tr>
<td>Shampoo in Bed</td>
<td></td>
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</tr>
<tr>
<td>Back Rub</td>
<td></td>
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</tr>
<tr>
<td>Nail Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shaving the Client</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Mouth Hygiene and Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisting with Eating</td>
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</tr>
<tr>
<td>Assisting with Dressing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisting with the Use of Elastic Support Stockings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Helping the Client to Walk</td>
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<td></td>
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<tr>
<td>Making an Unoccupied Bed</td>
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<tr>
<td>*Making an Occupied Bed</td>
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<tr>
<td>*Use of a Bedpan</td>
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<tr>
<td>Use of a Urinal</td>
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<tr>
<td>Assisting with the Use of a Condom Catheter</td>
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<tr>
<td>Assisting with Cleaning the Skin and Catheter Tubing</td>
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<tr>
<td>Assisting with the Emptying of the Urinary Drainage Bag</td>
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<td></td>
</tr>
<tr>
<td>Positioning the Client in Bed</td>
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<td></td>
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<tr>
<td>Transfer to the Sitting Position</td>
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<tr>
<td>Helping the Client to Sit at the Side of the Bed</td>
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<tr>
<td>Helping the Client to Stand</td>
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<tr>
<td>*Transfer to Wheelchair, Chair or Commode</td>
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<td>Positioning Client in Chair or Wheelchair</td>
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<td></td>
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<tr>
<td>Transfer from Wheelchair to Toilet</td>
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<td></td>
</tr>
<tr>
<td>Transfer from Wheelchair to Shower and Assisting with Shower</td>
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<tr>
<td>Transfer from Wheelchair to Stool or Chair in Tub</td>
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<tr>
<td>Weighing a Client</td>
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<tr>
<td>Measuring Intake</td>
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<tr>
<td>Measuring Urinary Output</td>
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### Home Health Aide Trainee Evaluation Form

#### Home Care Core Curriculum

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<th>Date Completed</th>
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<tr>
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<tr>
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<td>Infant Bath</td>
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<tr>
<td>Assisting with the Use of the Hydraulic Lift</td>
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</tr>
<tr>
<td>Slide Board Transfer</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Checking the Right Person</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Checking the Right Medication</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Checking the Right Dose</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Checking the Right Time</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Checking the Right Route</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Home Health Aide Training Program:** ______________________________________________

**Address:** ______________________________________________________________________

**Nurse Instructor Name:** (print)__________________________________________________

**Nursing License Number:**________________________________________________________

**Signature:**_____________________________________________**Date:**____________________

---

**Nurse Instructor Name:** (print)__________________________________________________

**Nursing License Number:**________________________________________________________

**Signature:**_____________________________________________**Date:**____________________

---

**Nurse Instructor Name:** (print)__________________________________________________

**Nursing License Number:**________________________________________________________

**Signature:**_____________________________________________**Date:**____________________
# Home Health Aide Trainee Evaluation Form

## Health Related Tasks Curriculum

### Trainee Contact Information

Name: _____________________________________ Phone: ________________________
Street Address: ___________________________________________________________________________________________________
City______________________________________________State________________Zip____________

<table>
<thead>
<tr>
<th>Procedure Demonstrated Proficiently</th>
<th>Nurse Instructor Initials</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>*required procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Proper Hand Washing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Cleaning a Glass Thermometer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Measuring an oral temperature with a glass thermometer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measuring an oral temperature with an electronic thermometer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measuring an axillary temperature with a glass thermometer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measuring an axillary temperature with an electronic thermometer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measuring a rectal temperature with a glass thermometer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measuring a rectal temperature with an electronic thermometer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Measuring the pulse and respirations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Measuring blood pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collecting a specimen (routine urine, stool and sputum)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Transfer to a sitting position</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Helping a client to sit at the side of the bed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Helping a client to stand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Assisting with passive range of motion exercise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Assisting with postural drainage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisting with the use of an ace bandage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisting with the use of condom catheters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisting with cleaning the skin and catheter tubing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisting with the emptying of the urinary drainage bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisting with the use of a commercially prepared enema</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisting with the use of a soap solution enema</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisting with the use of a douche</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisting with the use of a commercially prepared douche</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Assisting with the use of the oxygen concentrator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Assisting with the use of the oxygen tank and liquid oxygen reservoir</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Assisting with the use of the medication nebulizer and air compressor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisting with the use of the CPAP machine</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Home Health Aide Trainee Evaluation Form

## Health Related Tasks Curriculum

<table>
<thead>
<tr>
<th>Procedure Demonstrated Proficiently</th>
<th>Nurse Instructor Initials</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>*required procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Positioning on the back</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Positioning on the side</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Assisting with changing a clean dressing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Assisting with changing an ileostomy or colostomy pouch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisting with emptying an open-end ileostomy or colostomy pouch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisting with cleaning a reusable pouch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisting with a colostomy irrigation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Assisting with routine tracheostomy care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Home Health Aide Training Program

Home Health Aide Training Program: ________________________________________________________________
Address: __________________________________________________________________________________

Nurse Instructor Name: (print)__________________________________________________________
Nursing License Number:______________________________________________________________
Signature:_____________________________________________Date:____________________

Nurse Instructor Name: (print)__________________________________________________________
Nursing License Number:______________________________________________________________
Signature:_____________________________________________Date:____________________

Nurse Instructor Name: (print)__________________________________________________________
Nursing License Number:______________________________________________________________
Signature:_____________________________________________Date:____________________
Attachment 1

New York State Department of Health

Regional Office Home Care Program Managers

Bronx, Kings, New York, Richmond and Queens Counties; Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester Counties and Nassau and Suffolk Counties:

Home Care Program Manager
New York State Department of Health
Metropolitan Area Regional Office
Home Health Aide Training Program
90 Church Street, 13th Floor
New York, NY 10007
(212) 417-4921

Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington Counties:

Home Care Program Manager
New York State Department of Health
Capital District Regional Office
Home Health Aide Training Program
Frear Building
One Fulton Street
Troy, NY 12180
(518) 408-5287

Broome, Cayuga, Cortland, Chenango, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga and Tompkins Counties:

Home Care Program Manager
New York State Department of Health
Central New York Regional Office
Home Health Aide Training Program
217 South Salina Street
Syracuse, NY 13202
(315) 477-8472

Alleghany, Cattaraugus, Chemung, Chautauqua, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Steuben, Seneca, Wayne, Wyoming and Yates Counties:

Home Care Program Manager
New York State Department of Health
Western Regional Office
Home Health Aide Training Program
584 Delaware Avenue
Buffalo, NY 14202
(716) 847-4320
Attachment 2

Suggested Equipment List for HHATP
Core Curriculum and Health Related Tasks Curriculum

Alcohol Wipes
Bed
Bed Pan and Fracture Pan
Bedside Commode
Blood Pressure Cuff and Teaching Stethoscope
Cane
Clothing for Dressing Demonstration
Condom Catheter
Dentures and Denture Cup
Doll for Baby Care and bottle
Dressing Supplies- gauze, tape
Elastic Stockings
Electric Razor
Emesis Basin
Empty Medication Bottle with Label
Eye glasses
Gait Belt
Thermometer
Gloves
Hand Cleanser
Hydraulic Lift
Incontinence Pads
Linens- sheets, towels, washcloths
Lotion
Measuring Pitcher/Container
Orange Stick/Nail File
Ostomy Supplies - skin barrier, sealant, pouch with fastener, adhesive, disc/wafer, and deodorizer
Oxygen Supplies- Nasal Cannula, Mask, Concentrator, Portable Tank, Nebulizer with tubing, reservoir and mouth piece
Paper towels
Pillows
Razor and shaving cream
Scale for Weights – balance, digital
Slide Board
Soap
Toothbrush and Toothpaste
Tracheostomy Care - cannula, inner cannula, trach straps, trach cleaning kit/supplies
Urinal
Urinary Catheters
Urinary Drainage Bag
Walker
Wash Basin
Waste Bag
Wheelchair
Please provide the surveyor with the following materials:

1. Name of Nurse Instructor responsible for “coordinating” Home Health Aide Training Program and person responsible for the maintenance of the personnel records pertaining to such.

2. List of all HHATP faculty, including title and credentials.

3. Number and date of HHATP training sessions conducted in the past 12 month period. If a session has not occurred in the past 12 months, date of last training session held.

4. Names and contact information of all individuals who have attended HHATP during the past 12 month period. If no trainings conducted in the past 12 months, names and contact information for individuals who attended the last two consecutive HHATP training sessions.

5. Names and contact information of all individuals who attended training during the past 12 months who did not successfully complete the HHATP. Provide supporting documentation of why course was not completed.

6. How many of the following competencies have been completed during the last 12 month period? Provide individual rosters for each:
   - 75-Hour Training Program
   - Competency Evaluation Program
   - Personal Care Aide Upgrade
   - Nurse Aide Transitioning

7. List of upcoming training programs scheduled for the next six months.

8. Copy of all training contracts.

9. Copy of Trainee Rights.
HOME HEALTH AIDE TRAINING PROGRAM SURVEILLANCE CHECKLIST

<table>
<thead>
<tr>
<th>Agency Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Survey</td>
<td>Approval Period:</td>
</tr>
<tr>
<td>Surveyor(s)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pre-Survey Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of Application:</td>
</tr>
<tr>
<td>☐ Trainer/Faculty list/Supervisor Resumes</td>
</tr>
<tr>
<td>☐ Review upcoming training dates and schedule on-site visit.</td>
</tr>
<tr>
<td>☐ Identify where classroom training is conducted</td>
</tr>
<tr>
<td>☐ Identify where Supervised Practical Training is conducted.</td>
</tr>
<tr>
<td>☐ Review recent complaints, past DOH on-site surveys, HHATP surveys &amp; findings.</td>
</tr>
</tbody>
</table>
HOME HEALTH AIDE TRAINING PROGRAM SURVEILLANCE CHECKLIST

<table>
<thead>
<tr>
<th>Onsite</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Entrance Conference (with administrator or responsible person):</td>
<td></td>
</tr>
<tr>
<td>□ Introduce surveyors(s) to staff</td>
<td></td>
</tr>
<tr>
<td>□ Provide “List of Required Documents” to Supervisor</td>
<td></td>
</tr>
</tbody>
</table>

Obtain information about the following:

- Describe training process, admission and selection criteria, attendance policies and remediation process.
- Record retention policy for students who have successfully completed program (should be at least six years).
- Where are records stored (open and closed)?
- What are training program fees and what do they cover (request to see invoice)?
# HOME HEALTH AIDE TRAINING PROGRAM SURVEILLANCE CHECKLIST

<table>
<thead>
<tr>
<th>Onsite</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>● When does training occur?</td>
<td></td>
</tr>
<tr>
<td>♦ Time</td>
<td></td>
</tr>
<tr>
<td>♦ Place</td>
<td></td>
</tr>
<tr>
<td>♦ Day of week</td>
<td></td>
</tr>
<tr>
<td>● Student to faculty ratio:</td>
<td></td>
</tr>
<tr>
<td>● Policy for issuing certificates and method of delivery (hand-delivered, postal service, etc.).</td>
<td></td>
</tr>
<tr>
<td>● Time it takes to issue certificate to aides.</td>
<td></td>
</tr>
</tbody>
</table>

### Tour/Classroom Observation:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>● How is confidentiality maintained (e.g. locked file)?</td>
<td></td>
</tr>
<tr>
<td>● Locate training room and compare with floor plan; Identify differences.</td>
<td></td>
</tr>
<tr>
<td>● Training room has accessible sink with running water?</td>
<td></td>
</tr>
</tbody>
</table>
## HOME HEALTH AIDE TRAINING PROGRAM SURVEILLANCE CHECKLIST

<table>
<thead>
<tr>
<th>Onsite</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Documentation of attendance by each student (attendance sign-in sheet hours of training must match agency’s DOH approved curriculum for # hours and # days):</td>
<td></td>
</tr>
<tr>
<td>♦ Time-in and time-out for each class day</td>
<td></td>
</tr>
<tr>
<td>♦ Date for each class day</td>
<td></td>
</tr>
<tr>
<td>♦ Student’s initial signature</td>
<td></td>
</tr>
<tr>
<td>♦ Initials for time-in and time-out (including lunch times).</td>
<td></td>
</tr>
<tr>
<td>• Examine equipment and compare to suggested equipment list (video, VCR/DVD, medical, beds, crutches).</td>
<td></td>
</tr>
<tr>
<td>• Are all required training materials available?</td>
<td></td>
</tr>
<tr>
<td>☐ Home Care Curriculum (Modules I – XII)</td>
<td></td>
</tr>
<tr>
<td>☐ Health Related Tasks Curriculum (units A – H)</td>
<td></td>
</tr>
<tr>
<td>☐ Teaching Aids</td>
<td></td>
</tr>
<tr>
<td>☐ Books</td>
<td></td>
</tr>
</tbody>
</table>
## HOME HEALTH AIDE TRAINING PROGRAM SURVEILLANCE CHECKLIST

<table>
<thead>
<tr>
<th>Onsite</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Observe one lecture or training module:</strong></td>
<td></td>
</tr>
<tr>
<td>• Dates of training class:</td>
<td></td>
</tr>
<tr>
<td>• # trainees who attended class:</td>
<td></td>
</tr>
<tr>
<td>• # trainees who completed class:</td>
<td></td>
</tr>
<tr>
<td>• Observe process of:</td>
<td></td>
</tr>
<tr>
<td>♦ Classroom</td>
<td></td>
</tr>
<tr>
<td>♦ Supervised Practical Training Lab (8 hrs.)</td>
<td></td>
</tr>
<tr>
<td>♦ SPT Direct Patient Care (8 hrs.)</td>
<td></td>
</tr>
<tr>
<td>• Is curriculum being followed?</td>
<td></td>
</tr>
<tr>
<td>♦ Time</td>
<td></td>
</tr>
</tbody>
</table>
|     ♦ Content: Modules I – XII  
       Units A – H |  |
Review of Training Records (entire class):

<table>
<thead>
<tr>
<th>Student (# or initials)</th>
<th>Attendance Sign-in Sheet completed</th>
<th>Admission Screen completed</th>
<th>Modules I – XII tested on and scores documented</th>
<th>Units A-H tested on and scores documented</th>
<th>8 hours classroom SPT completed</th>
<th>8 hours SPT completed w/patients</th>
<th>Trainee Evaluation Form signed by RN &amp; License #</th>
<th>Copy of certificate in file</th>
</tr>
</thead>
</table>

75 hour training program: Students must be tested on all Home Care Curriculum Modules I – XII, plus Health Related Task Curriculum, Units A – H required procedures (A-1; B-1, 2, 8, 9; D-1, 2, 3, 4, 5). Surveyor should attempt to review one record of a student who has filed a complaint against the HHATP.
HOME HEALTH AIDE TRAINING PROGRAM SURVEILLANCE CHECKLIST

Review of Training Records:

<table>
<thead>
<tr>
<th>Tasks:</th>
<th>Student #1</th>
<th>Student #2</th>
<th>Student #3</th>
<th>Student #4</th>
<th>Student #5</th>
</tr>
</thead>
</table>

**Personal Hygiene & Grooming:**
- Bed, sponge, tub or shower bath
- Skin, tub, or bed shampoo
- Nail or skin care
- Oral hygiene
- Toileting & elimination

**Rehabilitation:**
- Safe transfer techniques & ambulation
- Normal range of motion & positioning
- Assistance with use of crutches, walkers, & Hoyer lifts
- Prescribed exercise programs

**Demonstrated Skills In Taking:**
- Temperature
- Pulse
- Respiration
- Blood pressure

Competency Evaluation Program: Program should be derived from written unit tests and skills demonstration checklists included in the HCC & HRTC curricula. The subject areas listed below must be evaluated after observation of the aide’s performance of task in lab or patient-care setting.
**HOME HEALTH AIDE TRAINING PROGRAM SURVEILLANCE CHECKLIST**

**Review of Training Records:**

| Personal Care Aide Upgrade: PCA must complete 35 hours of additional training as outlined in the Health Related Tasks Curriculum to include required tasks listed below. |
|---|---|---|---|---|
| 19 hours classroom training completed: | Student #1 | Student #2 | Student #3 | Student #4 | Student #5 |
| 8 hours classroom SPT completed: | | | | | |
| 8 hours SPT completed with patient(s): | | | | | |

**Health Related Tasks Completed (Required):**

- Proper hand washing (A-1)
- Performing simple measurements & tests (B-1, 2, 8, 9)
- Assisting with a prescribed exercise program (D-1, 2, 3, 4, 5)
- Assisting with the use of prescribed medical equipment, supplies and devices (E-9, 10, 11)
- Assisting with special skin care (F-1, 2)
- Assisting with a dressing change (G-1)
- Assisting with Ostomy Care (H-1, 5)
HOME HEALTH AIDE TRAINING PROGRAM SURVEILLANCE CHECKLIST

**Review of Training Records:**

**Demonstrated Skills:**

- Assistance with medications
- Handling the patient’s money
- Maintaining a clean, safe home environment
- Safety, accident prevention & responses to emergencies in the home
- Taking of blood pressure
- Observing, recording, & reporting

| Nurse Aide Transitioning: HHATP should have the capability to augment a nurse aide’s training with classroom and supervised practical training in those skills not included in the Nurse Aide Training Program. The minimum requirement covers the following areas: |
|---|---|---|---|---|---|
| **Student #1** | **Student #2** | **Student #3** | **Student #4** | **Student #5** |
| Competency signed by R.N. License # |
| Copy of documentation in file |
# HOME HEALTH AIDE TRAINING PROGRAM SURVEILLANCE CHECKLIST

<table>
<thead>
<tr>
<th>Interview of students</th>
<th>Student #1</th>
<th>Student #2</th>
<th>Student #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>If possible, contact 3 students who have completed the HHATP (by telephone or face to face)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• What type of training did they receive?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Assess quality of training/satisfaction?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Names of instructor(s) who taught them?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• How many hours of training received?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• How many days of training received?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Location of supervised practical training?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Was student observed in the SPT by a RN?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Does student have a Certificate?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Did student have a competency evaluation and given Trainee Evaluation Form?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**HOME HEALTH AIDE TRAINING PROGRAM SURVEILLANCE CHECKLIST**

<table>
<thead>
<tr>
<th>Interview of students</th>
<th>Student #1</th>
<th>Student #2</th>
<th>Student #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Did it cost you anything to take this training program?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- What did you get to keep from the training?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Exit Interview: (Discuss survey findings with administrator)**

| Positive Findings: |            |            |            |

| Items of Non-Compliance: |            |            |            |
### Attendance sheets present for all class days that reflect start of class, breaks, lunch, and end of class times.

- Yes
- No
- N/A

### Skills/Topics being taught match training class schedule.

- Yes
- No
- N/A

### Home Care Curriculum (Modules I - XII) present for Instructor/student use.

- Yes
- No
- N/A

### Modules I-XII Exams and Answer Keys present and kept in locked cabinet.

- Yes
- No
- N/A

### Health Related Tasks Curriculum (Units A - H) present for Instructor/student use.

- Yes
- No
- N/A

### Units A-H Exams and Answer Keys present and kept in locked cabinet.

- Yes
- No
- N/A

### Testing Conducted with monitoring of student activity.

- Yes
- No
- N/A

### Videos/DVD's/Training Materials are present as per inventory list.

- Yes
- No
- N/A

### Training Equipment present as per inventory list.

- Yes
- No
- N/A

### Training Equipment in working order.

- Yes
- No
- N/A

### Accessible Sink with running water is present.

- Yes
- No
- N/A

### Instructor maintains control of class behaviors and remediates poor behavior effectively and in a timely manner.

- Yes
- No
- N/A

### Instructor promotes class participation in learning.

- Yes
- No
- N/A

### Instructor knowledgable of subject matter and skills presented.

- Yes
- No
- N/A

### Instructor keeps records of student skills demonstrated.

- Yes
- No
- N/A

### Instructor keeps records of test scores for each student.

- Yes
- No
- N/A

### Instructor submits completed training files to supervisor by the day of the final.

- Yes
- No
- N/A

### SPT Instructor submits completed evaluations for each student after 8 hours of training.

- Yes
- No
- N/A

### Training program supplies students with Certificate/s within 20 business days of program completion.

- Yes
- No
- N/A

---

**Plan of Correction (if needed):**

---

**Signature**

---

**Title**
New York State Department of Health (NYSDOH), Home Health Aide Training Program Trainee’s Rights. The training program shall establish written policies regarding the rights of trainees and shall ensure the development of procedures implementing such policies. These rights, policies and procedures shall afford each trainee the right to:

- Know that the program is approved by the NYSDOH and where to access that information on the DOH website;
- Be treated with respect as a trainee in the program;
- Be trained in a safe environment that meets the minimum standards of the NYSDOH;
- Know the location of training, including classroom and patient care settings;
- Know the attendance policy of the program;
- Know the specific requirements for the successful completion of the program (e.g. basic home health aide, personal care aide upgrade, certified nurse aide transitioning, or competency evaluation) for which the trainee is enrolled;
- Know that completion of training must be within 60 days from the first day of the program;
- Be informed of the cost of class materials that the trainee receives and retains (not to exceed $100.00);
- Know that the completion of the training program is not a guarantee of employment;
- Know that a satisfactory Criminal History Record Check will be one condition of employment for graduates;
- Know that there are requirements for a health status assessment conducted by a medical practitioner, immunizations and tuberculosis test in order to complete the clinical portion of the supervised practical training;
- Know that trainee’s name will be entered in the Home Care Registry upon enrollment in the training and updated upon completion and that training records will be retained by the training program for six years;
- Know the process of how to verify and change the information contained on the Home Care Registry if needed;
- Receive the original Certificate of Completion from the training program within 20 business days of successful program completion which includes supervised practical training;
- Be informed of the procedures for submitting program complaints if the trainee has such complaints including the provision of the NYSDOH Home Health Hotline Number 1-800-628-5972.
HOME HEALTH AIDE TRAINING PROGRAM (HHATP)
SCHEDULE OF CLASSES WITH LOCATION OF CLASS

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Directions for Completing HHATP Schedule of Classes Form

Home health aide-training programs must provide the Department with a schedule of anticipated classes biannually using this form. Approved programs are expected to submit an anticipated schedule of training every six months each October 1\textsuperscript{st} and April 1\textsuperscript{st}.

Please complete each box that corresponds with the requested information. This includes the training program name, and the license number or operating certificate for each agency sponsoring the training program.

The schedule must include the dates, times and location of each class, phone number and the name of the Nurse Instructor of the program. This information should be sent to the Department's home care program manager or designee in the region where the program is located (Attachment 1). Subsequent changes to the submitted schedule should be reported as soon as they occur.