**Section 1 – Auditor Information**

Auditor Organization:  AHCCCS BUFC DES/DDD MCP UHC

Auditor Name: Click here to enter text.

Auditor Contact Number: Click here to enter text.

Audit Date: Click here to enter a date.

**Section 2- Audit Criteria**

Desk Audit

Other

**Section 3- Approved Program Demographic Data**

Approved Program Name: Click here to enter text.

AHCCCS ID: Click here to enter text.

AHCCCS Initial Approval Date: Click here to enter text..

Onsite Audit Location Address: Click here to enter text.

Contact Name: Click here to enter text.

Contact Phone Number: Click or tap here to enter text.

Contact Mailing Address: Click here to enter text.

Approved Program Type:  AHCCCS Registered Direct Care Services Agency

Private Vocational Training Program

**Section 4 – ALTCS Contractor Identification**

BUFC

DES/Division of Developmental Disabilities

Mercy Care Plan

UnitedHealthCare Community Plan

Other (describe): Click or tap here to enter text.

**Section 5- Contracts (LIST ALL)**

NOTE: Skip this section if an Approved Program, designated as an AHCCCS registered direct care services agency, is only training and testing their own direct care workers.

List **EACH** AHCCCS registered direct care services agency that has a contract or agreement with the Approved Program to provide direct care worker training and testing.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Agency Name** |  | **AHCCCS ID #:** | **Counties** |
| **1)** |  | |  |  |
| **2)** |  | |  |  |
| **3)** |  | |  |  |
| **4)** |  | |  |  |
| **5)** |  | |  |  |
| **6)** |  | |  |  |
| **7)** |  | |  |  |
| **8)** |  | |  |  |
| **9)** |  | |  |  |
| **10)** |  | |  |  |

**Sections 6-7 Policy and Procedures and Resource Standards/ Trainer Qualification Standards**

Select **Compliant** from the drop-down menu (or write in “Complaint”) if the Approved Program meets the requirement(s) for the standard.

Select **Compliant with Recommendations** from the drop-down menu (or write in “Compliant with Recommendations”) if the Approved Program meets the requirement(s) for the standard, but there are areas noted that need improvement. Provide a comment for each standard when a recommendation is noted. Briefly explain the reason for the recommendation and/or provide a suggestion for making improvements.

Select **Not Complaint** from the drop-down menu (or write in “Not Compliant”) if the Approved Program does not meet the requirement(s) for the standard. Provide a comment for each standard when a corrective action is required. Briefly explain the deficiencies that resulted in the Approved Program’s non-compliance with the required standard. The notice of audit findings shall provide a summary of the deficiencies noted to support the Approved Program in developing and implementing a corrective action plan.

Select **Not Applicable** from the drop down menu (or write in “Not Applicable”) if the requirement is not applicable to the Approved Program. Some requirements are specific to Approved Programs that are direct care service agencies and not applicable for Approved Programs that are private vocational training programs.

| **Standards** | **Select Compliancy** | | **If Corrective Action or Recommendation is needed, please explain** | |
| --- | --- | --- | --- | --- |
| **6a. Policies and Procedures and Resources Standards** | | | | |
| **Curriculum Standards** - ACOM, Chapter 429, III.A.1 | |  | |  | |
| The use of the *Principles of Caregiving* curriculum or a curriculum that meets the competencies of the *Principles of Caregiving* Curriculum | | Choose an item. | |  | |
| Curriculum developed by the Approved Program adheres to the *Principles of Caregiving Curriculum Use Guidelines* found at [www.azahcccs.gov/dcw](http://www.azahcccs.gov/dcw) | | Choose an item. | |  | |
| Processes for ensuring the curriculum is maintained and updated | | Choose an item. | |  | |
| **Implementation Models or Strategies for Knowledge and Skills-Based Training** - ACOM, Chapter 429, III.A.3 | | | | | |
| Outline the protocol for the utilization of classroom training | | Choose an item. | |  | |
| Outline the protocol for the utilization of online training | | Choose an item. | |  | |
| **Trainer Qualifications and Protocols** - ACOM, Chapter 429, III.A.2 | | | | | |
| Processes for training trainers | | Choose an item. | |  | |
| Processes for testing trainers | | Choose an item. | |  | |
| Processes for to ensure trainers have and documentation of hands-on experience in direct care | | Choose an item. | |  | |
| Processes to ensure trainers have and documentation of experience in teaching groups of adults | | Choose an item. | |  | |
| Processes to ensure trainers have and documentation of the minimum number of training classes per year | | Choose an item. | |  | |
| Outline the protocol for the utilization of experts and assistants | | Choose an item. | |  | |
| **Record Maintenance -** ACOM, Chapter 429, III.A.5 | | | | | |
| Documentation must be retained for at least ten years | | Choose an item. | |  | |
| Processes for ensuring documentation of training and testing sessions:  Class schedules  Class rosters for both knowledge and skills-based training and testing  Trainers, experts and assistants | | Choose an item. | |  | |
| Processes for ensuring documentation of individual records:  Date of hire and date the training period concluded  Form used to obtain permission from the employee to access testing records in the online database  Demographic data that is required in order to enter employees and testing records into the online database   * First Name * Last Name * Month and Day of Birth * Last four digits of the Social Security Number * Sex (Male or Female)   Training and Testing Modules  Accommodations (e.g. oral or alternate language tests)  Test type and eligibility for tests (e.g. regular, challenge or re-test)  Educational and work experience documentation for challenge tests  Results | | Choose an item. | |  | |
| **Scope of the Program** | | | | | |
| Agreements or contracts with direct care service agencies to train and test their direct care workers  *(This is only a requirement for the policies and procedures of Approved Programs that are training and testing direct care workers under an agreement/contract with a direct care services agency)* | | Choose an item. | |  | |
| **6b. Policies and Procedures for Test Administration and Verification and Online Database** | | | | | |
| **Test Administration** - ACOM, Chapter 429, III.A.3 | | | | | |
| Utilization of standardized tests provided by AHCCCS | | Choose an item. | |  | |
| Measures utilized to ensure test security | | Choose an item. | |  | |
| Availability of accommodations (e.g. oral or alternate language tests) | | Choose an item. | |  | |
| Outline the protocol for testing (e.g. incremental or “final” tests) | | Choose an item. | |  | |
| Outline the protocol for knowledge and skills-based testing | | Choose an item. | |  | |
| Processes for offering challenge tests | | Choose an item. | |  | |
| Processes for offering re-tests | | Choose an item. | |  | |
| **Test Verification** - ACOM, Chapter 429, III.A.2 , Chapter 429, III.A.3, and Chapter 429, III.A.5 | | | | | |
| Protocol for ensuring and documenting trainers (92%) and direct care workers (80%) pass rate for written and 100% pass rate for skills tests | | Choose an item. | |  | |
| Protocols for sharing current/former employee testing results upon request from another organization using *Verification of Direct Care Worker Testing* forms.  Protocols for soliciting prospective/current employee testing results upon request from another organization using *Verification of Direct Care Worker Testing* forms. Verification may also include an official transcript from an Approved Program (on letterhead) of the test type(s), date(s), module(s) and score(s).  *In the event testing records are not yet available in the online database, a hard copy form can be used for testing record verification* | | Choose an item. | |  | |
| **Online Database -** ACOM, Chapter 429, III.A.5 | | | | | |
| Protocols for integrating the online database into day-to-day business practices:  Maintaining a list of organizational users and notifying AHCCCS when a user account must be terminated or suspended  Protocol for adding employees into the employee listing who will be or have been sent by the employer for training/testing including updating status changes of employees (hired, terminated, resigned) within 30 days of the status change  Form used to obtain permission from current/prospective employees to access testing records in the online database  Protocol for reporting testing results in the online database within 30 days of a testing event | | Choose an item. | |  | |
| **6c. Resources – Access to necessary space to conduct training and testing** -ACOM, Chapter 429, III.A.3.a | | | | | |
| An Approved Program must have access to the necessary space to conduct training and testing. | | Choose an item. | |  | |
| **6d. Resources – Access to necessary equipment and supplies** - ACOM, Chapter 429, III.A.3.b | | | | | |
| An Approved Program must have access to the basic necessary supplies and training equipment (e.g., wheelchair, bed) to facilitate skills-based training and testing. Instruction can be provided using a variety of modalities such as: in-person, video and e-learning presentations. Regardless of the instructional modality used there must be supplies and equipment available to support hands on training, skill demonstrations and realistic practice exercises.  Reference the *Supplies for Skills Testing Checklist* on last page. | | Choose an item. | |  | |
| **7a. Trainer Qualifications – Evidence of 92% minimum passing grade for knowledge test(s)** - ACOM, Chapter 429, III.A.2.a | | | | | |
| An Approved Program must ensure and document that a trainer has achieved a score of 92% for the knowledge test(s) for any curriculum modules they teach.  *Documentation shall include a training transcript or letter from the Approved Program attesting that the new trainer has passed the knowledge and skills tests at the level required of a trainer.* | | Choose an item. | |  | |
| **7b. Trainer Qualifications – Evidence of 100% passing grade for skills testing** - ACOM, Chapter 429, III.A.2.a | | | | | |
| An Approved Program must ensure and document that a trainer has achieved a score of 100% for the skills test(s) for any curriculum modules they teach.  *Documentation shall include a training transcript or letter from the Approved Program attesting that the new trainer has passed the knowledge and skills tests at the level required of a trainer.* | | Choose an item. | |  | |
| **7c. Trainer Qualifications – Evidence trainers meet the direct care experience requirement** - ACOM, Chapter 429, III.A.2.b | | | | | |
| An Approved Program must ensure and document that a trainer has substantive hands-on experience as a caregiver of at least one year.  *Documentation may include personnel records or a resume.* | | Choose an item. | |  | |
| **7d. Trainer Qualifications – Evidence trainers meet the adult teaching experience requirement** - ACOM, Chapter 429, III.A.2.c | | | | | |
| An Approved Program must ensure and document that a trainer has at least one year experience in teaching groups of adults (any field).  *Documentation may include personnel records or a resume.* | | Choose an item. | |  | |
| **7e. Trainer Qualifications – Evidence of “expert” or assistant qualifications** -ACOM, Chapter 429, III.A.2.e | | | | | |
| Evidence of "expert" or assistant qualifications.  Individuals designated as “experts” are only training in areas related to their expertise in the absence of a qualified trainer.  The Approved Program has a process for ensuring that “experts” are competent in the content they teach and are;  Capable of training adults in their area of expertise.  *Documentation may include training schedules, class rosters, applicable licenses or certifications.* | | Choose an item. | |  | |
| Evidence of Training Assistant qualifications.  Trainers are present for all training if the assistant trainer is not qualified as defined in 7a,b,c,d, e    *Documentation may include training schedules and class rosters.* | | Choose an item. | |  | |
| **7f. Trainer Qualifications – Evidence trainers have conducted at least two training classes per year** -ACOM, Chapter 429, III.A.2.d | | | | | |
| Evidence trainers have conducted at least two training classes per year. Note: Trainers unable to meet this requirement as a result of low demand for DCW training and testing--document activities to stay current such as: on-the-job coaching of a DCW, co-training with a qualified trainer, attending classes conducted by another qualified trainer, or reviewing instructional materials  *Documentation shall include class rosters.* | | Choose an item. | |  | |

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| **CONTINUING PROGRAM APPROVAL STATUS** | | | |
| **8** | **Approved Program Status – Put “X” in box corresponding to program approval status** | | |
| **8a** | **Compliant**  The Approved Program has met the minimum standards required to be an Approved Program. The audit noted the Approved Program was either “compliant” or the standard was “not applicable” for each of the audit sections. | |  |
| **8b** | **Compliant with Recommendations**  The Approved Program has met the minimum standards, but there are areas noted that need improvement. The Auditor explained the reason for the recommendation and/or provided a suggestion for making improvements. | |  |
| **8c** | **Provisional Approval Pending Corrective Action**  The Approved Program has not met the minimum standards. The Auditor provided a comment for each standard when the Approved Program was not compliant with a standard. Note: The notice of audit findings shall provide a summary of the deficiencies noted to support the Approved Program in developing and implementing a corrective action plan. | |  |
| **8d** | **Denied**  The Approved Program’s Corrective Action Plan was not approved after two attempts. | |  |
| **9** | **Notifications** | **Auditor's Initials** | **Date notified** |
| **9a** | **Audit findings were sent to the Approved Program and to AHCCCS**  NOTE: *If the continuing program approval status was either “approval” or “approval with recommendations,” the Auditor does not need to complete the remainder of this section.* |  |  |
| **9b** | **Corrective Action Plan approved**  NOTE: *The Approved Program has two opportunities to submit a Corrective Action Plan in order to correct deficiencies outlined in the audit.* ACOM, III.C.3.e |  |  |
| **9c** | **Final status notification sent to the Approved Program and to AHCCCS** |  |  |

Below is a brief outline of the procedures for the continuing program approval. Reference the AHCCCS Contractor’s Operations Manual (ACOM), Chapter 429, Section C, for the full scale policy pertaining to the continuing program approval.

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| **Audit Procedure** | **Description** | **Policy Reference** |
| Notice | Auditor shall provide 30-day advance notice to the Approved Program of the scheduled audit | ACOM, III.C.1e |
| Finding:  Compliant  Compliant with Recommendations | Auditor shall send a completed report no later than 30 days from the scheduled audit.    The Approved Program listing is updated monthly on the AHCCCS website with audit findings | ACOM, III.C.2.a      ACOM, III.C.2.b |
| Finding:  Provisional Approval Pending Corrective Action | The Approved Program submits a Corrective Action Plan (CAP) to the Auditor within 15 days of receipt of the audit findings and report. | ACOM, III.C.3.b |
| CAP Review | The Auditor sends a notice updating the continuing approval status to the Approved Program and to AHCCCS. | ACOM, III.C.3.d |

Supplies and Equipment for Skills Hand on Training - Clip Arts or pictures of supplies printed from the network or magazines are not acceptable. Supplies must be actual properties of Approved Program to be use for training facility.

Mark appropriate Modules of Approved Program Fundamentals Aging and Physical Disabilities Developmental Disabilities

|  |  |  |  |
| --- | --- | --- | --- |
| **Supplies** | **Fundamentals** | **Aging and Physical Disabilities** | **Developmental Disabilities** |
| 10 Pound Object | **required** |  |  |
| Bed (or massage table, or table made up as a bed) |  | **required** | **required** |
| Bedpan |  | **required** |  |
| Bowls or Cups |  | **required** | **required** |
| Catheter Bag and Collection Device |  | **required** |  |
| Chair |  | **required** | **required** |
| Gait Belt |  | **required** | **required** |
| Gloves | **required** | **required** | **required** |
| Manikin or Volunteers (can be students-manikin is recommended for bed bath) |  | **required** | **required** |
| Oversize Shirt or Blouse |  | **required** | **required** |
| Paper Towels | **required** | **required** | **required** |
| Sheets |  | **required** |  |
| Sink and Running Water | **required** |  |  |
| Soap (pump dispenser) | **required** |  |  |
| Spoons |  | **required** | **required** |
| Toilet Paper |  | **required** |  |
| Toothbrush |  |  | **required** |
| Toothpaste |  |  | **required** |
| Towels (4) (for bed bath, clothes protector and linen protector) |  | **required** |  |
| Walker |  | **required** | **required** |
| Washcloths (2) |  | **required** |  |
| Wastebasket | **required** | **required** |  |
| Wheelchair |  | **required** | **required** |