

# Direct Care Worker - Training and Testing Programs

Direct Care Worker (DCW) Training and Testing Program - Onsite Audit Tool											
<b>1 Auditor Information</b>											
1a	Auditor Organization:	<input type="checkbox"/>	AHCCCS	<input type="checkbox"/>	Brideway Health Solutions	<input type="checkbox"/>	DES/DDD	<input type="checkbox"/>	Mercy Care Plan	<input type="checkbox"/>	United
1b	Auditor Name:										
1c	Auditor Contact Number:										
1d	Audit Date:										
<b>2 Review Criteria</b>											
		<input type="checkbox"/>	Annual Onsite Audit	<input type="checkbox"/>	Other						
<b>3 Approved Program Demographic Data</b>											
3a	Approved Program Name:										
3b	AHCCCS ID:										
3c	AHCCCS Initial Approval Date:										
3d	Onsite Audit Location Address:										
3e	Contact Name:										
3f	Contact Phone Number:										
3g	Contact Mailing Address:										
3h	Approved Program Type:	<input type="checkbox"/>	AHCCCS Registered Direct Care Services Agency	<input type="checkbox"/>	Private Vocational Training Program						
<b>4 ALTCS Contractor Identification</b>											
	Check Appropriate Box(s) <input type="checkbox"/>	<b>5</b>		<b>Contracts - (LIST ALL)</b>							
				Agency Name	AHCCCS ID #:	Counties					
	Bridgeway Health Solutions 110088	<input type="checkbox"/>	1)								
	DES/Division of Developmental Disabilities 110007	<input type="checkbox"/>	2)								
	Mercy Care Plan 110306	<input type="checkbox"/>	3)								
	UnitedHealthCare Community Plan 110049	<input type="checkbox"/>	4)								
	Other (describe):	<input type="checkbox"/>	5)								
			6)								
			7)								
			8)								
			9)								
			10)								
<b>PROGRAM REQUIREMENTS REVIEW</b>											
<b>6 Policy and Procedures and Resources Standards</b>											
		Select One	Comment - If Corrective Action or Recommendation is needed, please explain								
6a	Policy and Procedure - Training Program Structure										
6b	Policy and Procedure - Test Administration/Verification and Online Database										
6c	Resources - Access to necessary space to conduct training and testing										
6d	Resources - Access to necessary equipment and supplies										

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<b>7 Trainer Qualification Standards</b>								
		Select One		Comment - If Corrective Action or Recommendation is needed, please explain				
7a	Evidence of 92% minimum passing grade for knowledge tests							
7b	Evidence of 100% passing grade for skills testing							
7c	Evidence trainers meet the direct care experience requirement							
7d	Evidence trainers meet the adult teaching experience requirement							
7e	Evidence of "expert" or assistant qualifications							
7f	Evidence trainers were qualified prior to training direct care workers							
7g	Evidence trainers have conducted at least two training classes per year							
<b>8 Training Implementation Documentation and Record Maintenance Standards</b>								
		Select One		Comment - If Corrective Action or Recommendation is needed, please explain				
8a	Curriculum Standards							
8b	Record Maintenance							
8c	Test Administration							
8d	Online Database							
<b>9 Student Testing Records</b>								
	9a Student Initials	9b Testing Modules	9c Test Type	9d Accommodations	9e Test Results	9f Test Verification & Online Database	9g Training Period	Comments:
1)								
2)								
3)								
4)								
5)								
6)								
7)								
8)								
9)								
10)								

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CONTINUING PROGRAM APPROVAL STATUS			
<a href="#"><u>10</u></a>	Approved Program Status		
11a	Compliant		
11b	Compliant with Recommendations		
11c	Provisional Approval Pending Corrective Action		
11d	Denied		
<a href="#"><u>11</u></a>	Notifications	Auditor's Initials	Date
11a	Audit findings were sent to the Approved Program and to AHCCCS		
11b	Corrective Action Plan approved		
11c	Final status notification sent to the Approved Program and to AHCCCS		