I. Contact Information

Name of Organization:

AHCCCS Provider ID:

Contracted with the following ALTCS Contractors: (Check all that apply)

☐ Banner ☐DDD ☐ United ☐Mercy Care ☐None

Individual responsible for the Training and Testing Program. *The individual will serve as the central contact for the program and does not need to be the lead trainer for the program*:

Name: Title:

E-mail: Phone:

Main address location (include ZIP Code):

County:

Does your program have multiple training sites?   ☐Yes   ☐No

If yes, please list each location by physical address including the county:

Is your program willing to train and test trainers employed by another agency?   ☐Yes☐ No

Is your program willing to train and test DCWs employed by another agency?   ☐Yes☐No

Check all that apply about your program:

☐DCW (Attendant Care, Personal Care and/or Homemaker) agency

☐College or High School

☐Private Vocational Training Program

Will the training program be charging a fee to students? ☐Yes ☐No

Will the program be less than 40 contact hours and under $1,000? ☐Yes ☐No

If no, please provide your Arizona State Board for Private Postsecondary Education (AZPPSE) license number.

II.   Information about the Training Program

A.   Principles of Caregiving

A program using the Principles of Caregiving must train to Level 1 Fundamentals plus at least one of the Level 2 modules. Check all that apply.

Level 1

☐Principles of Caregiving – Fundamentals

Level 2

☐Principles of Caregiving – Aging and Physical Disabilities

☐Principles of Caregiving – Developmental Disabilities

B. Other Curriculum

If your training program will not be using the Principles of Caregiving curriculum, the following information must be completed and submitted with the application:

Name/title of the teaching materials:

Attach to the application a description of the curriculum and a completed Alternate Curriculum Crosswalk form located on the AHCCCS DCW Webpage. Note: If you use the Principles of Caregiving (Level 1 Fundamentals plus one of the Level 2 modules) in their entirety and simply incorporate supplemental training material, you do not need to complete this section.

C. Online Training and Testing Program

Has your program developed, or is in the process of developing an online training/testing product using an alternative curriculum?   ☐Yes   ☐No

Note: Approved programs are permitted to adapt the Principles of Caregiving Curriculum into an online format without seeking additional approval

If your online training/testing product is still underdevelopment, please provide an estimated date it will be completed:

III. Resources:
AHCCCS DCW Webpage
www.azahcccs.gov/dcw

AHCCCS Contractor Operations Manual (ACOM) Policy 429
https://www.azahcccs.gov/shared/ACOM/

IV. Documentation standards

The purpose of this checklist is for programs to demonstrate they meet AHCCCS standards for operations as a DCW Training and Testing Program. Programs should provide documentation that establishes policy and procedures for the training Program and that demonstrates the Program has qualified trainers and the necessary space to conduct training and testing. Attach the following documentation to demonstrate your program meets the listed standards with your application:

1. Completed Policies and Procedures for training program structure, trainer qualifications, test administration and verification and the use of the Online database
2. Documentation of trainer qualifications, and
3. Pictures/documentation of training space, equipment, and supplies.

Policy and Procedure: Training Program Structure
☐The use of the *Principles of Caregiving* (POC) curriculum or a curriculum that meets the competencies of the *Principles of Caregiving* Curriculum. *POC Curriculum Use Guidelines* found at www.azahcccs.gov/dcw

☐ Outline the process for the utilization of classroom training

☐ Outline the process for the utilization of online training if applicable

☐ Access to the necessary space to conduct training and testing. Provide pictures of space to include classroom(s) where knowledge training/testing will take place and skills based training/testing

☐ Access to the basic necessary supplies and training equipment (e.g., wheelchair, bed) to facilitate skills-based training and testing (complete list on next page)

☐ Processes for training and testing trainers

☐ 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

☐ Process for integrating the online database into day-to-day business practices

☐ Process for reporting testing results in the online database within 30 days of a testing event

☐ Processes for ensuring documentation of individual records

☐ Form used to obtain permission from current/prospective employees 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)

Policy and Procedure: Test Administration

☐ Outline the process for knowledge and skills-based testing
- Outline the process for testing (e.g. incremental or "final" tests)
- Accommodations availability (e.g. oral or alternate language tests)
- Processes for offering challenge tests (educational/work experience documentation)
- Processes for offering re-tests

☐ Process for ensuring and documenting trainers (92%) and direct care workers (80%) pass rate for written and 100% pass rate for skills tests

Policy and Procedure: Trainer Qualifications and Protocol

☐ Process for determining Trainer qualifications
- An Approved Program must ensure and document that a trainer has achieved a score of 92% for the knowledge test(s) and a score of 100% for the skills test(s) for any curriculum modules they teach.
- Trainer has substantive hands-on experience as a caregiver of at least one year.
- Trainer has at least one year experience in teaching groups of adults (any field).

Qualified Trainer

Please provide documentation of trainer qualifications:
- Training transcript or letter from the Approved Program attesting that the new trainer has passed the knowledge and skills tests
- Documentation (e.g. personnel records or resume) trainer has substantive hands-on experience as a caregiver of at least one year

Facility, Supplies, and Equipment for Hands on Skills Training

Please provide pictorial proof/documentation of your training/testing facility that will be used for training and testing.

Additionally, please provide documentation/proof of the appropriate supplies/equipment for the applicable modules. Clip Art or pictures of supplies printed from the network or magazines are not acceptable. Supplies must be actual property of Program to be used by the trainer(s).

Mark appropriate Modules of the Program
☐Fundamentals Module ☐Aging and Physical Disabilities Module ☐Developmental Disabilities Module

Supplies	Fundamentals Module	Aging and Physical Disabilities Module	Developmental Disabilities Module
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

V. Attestation:

I have read the AHCCCS Contractor Operations Manual (ACOM) Policy 429 for the DCW training and testing program requirements. I understand that my training and testing program must adhere to all policies, including the requirement to share test results with other agencies to be an Approved Program. I have enclosed the following documentation to demonstrate our program's competency and preparedness to conduct training and testing of DCWs.

☐ Policy and procedures for the training program structure, trainer qualifications, test administration, and verification and the use of the Online Database
☐ Access to necessary space to conduct training and testing
☐ Access to necessary equipment and supplies, and
☐ Verification of qualified trainers.

VI. Signature of Owner/Chief Executive

Name: Title:

Signature / Date:

Submit via email: dcw@azahcccs.gov (a scanned and signed copy only) (email is preferred)

Or via mail to: AHCCCS C/O DCW Program Applications
801 E. Jefferson St., MD 6500, Phoenix, AZ 85034