

**Office of Health Systems Management
Division of Home & Community Based Services
HHATP SURVEILLANCE PROCESS
10-2-12**

OVERVIEW OF SURVEY PROCESS

Basic training and curriculum content including competency evaluation and training requirements for home health aide training are delineated in Part 484 of Title 42 of the Code of Federal Regulations. This regulation serves as the foundation for the Guide to Operation of a Home Health Aide Training Program that is used to approve and monitor home health aide training programs (HHATP) in New York. There are no specific New York State regulations pertaining to the operation of a HHATP.

HHATPs are approved by the Department of Health, Office of Health Systems Management. Programs are approved/reapproved for a three-year period and the program must submit a written request for re-approval to the appropriate Regional Office 90 days prior to the expiration of their current three-year approval period. The Division of Home and Community Based Care provides oversight to HHATPs. This includes policy guidance related to the Home Health Aide Scope of Tasks, and the maintenance of a statewide database of open and closed programs.

In order to provide home health aide services, a person must successfully complete training and competency evaluation or a competency evaluation program conducted only by an approved home health aide training program, possess written evidence of completion of the program, and be listed on the Home Care Registry. A HHATP must include classroom and supervised practical training (SPT). The student must receive a minimum of 75 hours of training, including a minimum of 59 hours classroom and 16 hours of supervised practical training. In lieu of the standardized training and competency evaluation, the HHATP must also make available to eligible individuals a competency evaluation program. The written and skills demonstration portion of the competency evaluation program must contain sufficient content to assure that the individual is competent in the information and skills set forth in the curriculum. Individuals eligible to complete the competency evaluation program only, in lieu of training, are outlined in the Guide to Operation of a Home Health Aide Training Program (page 6).

The Department of Health has developed a standardized HHATP monitoring process that is incorporated into the existing LHCSA, CHHA, or Hospice survey that may include on-site surveillance of approved HHATPs. The purpose of the HHATP surveillance process is to determine that the HHATP is conducting training according to established guidelines and conducting quality monitoring of their program. The scope of survey activities includes review of qualifications of staff conducting the training, determination that the trainees satisfactorily completed the requisite training and clinical requirements necessary to obtain certification, review of teaching and testing materials, personnel files, and the program's quality monitoring and annual evaluation, and interviews of staff and students if applicable. Surveys are **unannounced** and may include observation of actual training classes while they are being conducted.

INITIAL APPROVAL PROCESS FOR HHATP

Approval of a training program is obtained through the proposed program's sponsoring entity (LHCSA, CHHA, LTHHCP, and Hospice). Wherever the sponsoring entity is located geographically, that regional office is responsible for the review and initial approval of the HHATP. The Home Health Aide Training Program Application Checklist may be used. (Attachment #1)

- The program's sponsoring entity (LHCSA, CHHA, LTHHCP, and Hospice) submits the HHATP Application including Nurse Instructor Application(s) to the appropriate Regional Office in which the training program's sponsoring entity is located.
- An on- site visit(s) may occur prior to initial approval at the discretion of the Regional Office Program Manager.

MAINTENANCE OF APPROVAL/RE-APPROVAL PROCESS

HHATPs must provide the Department with a schedule of anticipated classes biannually on April and October 1st which includes the dates, times and location of each class, and the name of the approved Nurse Instructor for each class.

HHATPs are required to notify the regional office in writing (prior to the proposed change) with significant changes within the three year approval period. This may include changes in faculty, changes in sites for training/and or supervised practical training, and changes in status of the sponsoring entity including change of address.

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.

The training program must conduct at least one full 75 hour training program within each three year period. Competency evaluations, PCA upgrades and nurse aide transitioning are not full training (75 hour) program classes. Failure to conduct at least one full 75 hour training program within each three year period will result in the program having to reapply with a full "initial" application (at the discretion of the regional office).

Re-approvals of HHATPs are 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 to the appropriate regional office. Applications for re-approval must be submitted 90 days prior to the expiration of the current three-year approval period. Notification of approval and/or request for additional information will be communicated in writing to the applicant.

RESCINDING APPROVAL OF HHATP

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, including if the program fails to issue at least one original certificate a year, or fails to conduct at least one full 75 hour training program within each three year period. Egregious, systemic or repetitive deficient findings or failure to submit an acceptable plan of correction (after three attempts) may also 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.

TYPES OF HHATP MONITORING

Full Survey – A full survey is a full review of on-site training aspects provided by the Home Health Aide Training Program to determine if the HHATP is conducting training according to established guidelines and conducting quality monitoring of their program. The scope of survey activities includes review of the program’s quality monitoring and annual evaluation and may be expanded to include: review of qualifications of staff conducting the training, determination that the trainees satisfactorily completed the requisite training and clinical requirements necessary to obtain certification, review of teaching and testing materials, personnel files, and interview of staff and students if applicable.

Finding(s) of significant deficient practice including curriculum that is missing required elements and/or non-qualified Nurse Instructors requires immediate action including immediate suspension of training until the deficient practice is resolved.

Surveys are **unannounced** and may include observation of actual training classes while they are being conducted. Survey interval is three years.

Follow-Up Survey – A follow-up survey is conducted when a Home Health Aide Training Program is found to have significant deficiencies during the Full Survey that impact compliance with federal requirements. The focus of this review is to determine if the agency’s plan of correction has been implemented and whether the agency is now in compliance with all HHATP requirements. In some cases, an on-site visit may not be required and a mail or telephone contact with the agency will suffice, e.g. in the areas that don’t require actual observation. If the information reported by telephone or mail does not validate that the correction is adequate, an on-site visit to the HHATP is to be made. When an on-site follow-up visit is required to verify that the corrective actions were taken, the survey process is followed.

Agencies that have not implemented their plan of correction from the previous survey will be notified of this failure through the issuance of a SOD report and will be given **10** calendar days from the receipt of Plan of Correction Not Implemented Letter (ACO Template) to implement the Plan of Correction. Subsequent failure to implement the Plan of Correction may result in rescinding approval to operate the agency’s HHATP.

Complaint Investigation – All complaints are referred to the regional offices. Complaint investigations are integrated into normal survey schedules unless the complaint warrants an investigation sooner.

SURVEY ACTIVITIES

Pre-Survey Activities

The pre-survey activities must be conducted to identify any areas of concern that need to be addressed during the survey. The surveyors should contact Central Office prior to survey to obtain information regarding any potential issues with the program. The HHATP Surveillance Checklist (Attachment #2) should be completed by surveyor(s) to ensure that each step in the process of surveillance is documented and to simplify the process of writing the survey report.

Prior to survey, Regional Office survey staff must review the following:

- Application/current Re-Approval information
- Agency file for correspondence and any approved program changes
- List of Approved Nurse Instructors
- Name of Coordinating Nurse Instructor
- Schedule of anticipated classes
- Name of submitted published textbook
- ACTs for recent complaints
- Results of last survey
- Home Care Registry (HCR) - Obtain Training Entity Profile Report and review training sites, approved Nurse Instructors and Coordinating/Supervising Nurse, number and types of classes conducted. The surveyor can print off rosters from the HCR of the CORE (75 hour program), Competency Evaluation Program, Personal Care Aide Upgrade, and Certified Nurse Aide Transitioning for selecting students for review and lists of approved Nurse Instructors and Coordinating/Supervising Nurse to compare during HHATP onsite survey.

On-Site Survey Activities

Entrance Conference:

An entrance conference is conducted with the agency administrator or responsible person, to introduce surveyor(s) to agency staff, and inform supervisor that a survey has begun. Surveyor will provide a copy of the “List of Required Documents” (Attachment #3) and allow the agency a reasonable amount of time to submit materials to surveyor(s).

Surveyor(s) will interview the administrator or responsible person to verify information obtained during Pre-Survey activities and obtain information on the training process, testing process, admission and selection criteria, attendance policies, remediation process, agency policy for issuing certificates, fees for training and what they cover, and request to see a receipt of fees.

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.

Note: Electronic record keeping is acceptable. The program must ensure electronic records are available upon request. Also, records from multiple training sites should be made available upon request.

Review of Program's Quality Monitoring:

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 are required to submit an annual evaluation report to their sponsoring agency's governing authority and to the Department of Health when submitting their re-approval application.

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 program requirements
- 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

In order to assess compliance with the quality monitoring requirements and to assess the program's adequacy of quality monitoring the following must be reviewed and evaluated during the survey:

- Evidence of policy and procedure with quality monitoring description
- Evidence and review of quarterly reports
- Identification of person responsible for quality monitoring
- Evidence of adequate quality monitoring that address the effectiveness of instructors, lesson plans, teaching methods, supervised practical training sites

- Evidence of analysis and evaluation of testing results, admission standards and program completion rates
- Evidence that problems are identified
- Evidence of an action plan(s) for identified areas of concern
- Evidence of performance/quality improvement activities
- Evidence of an Annual Report and that the annual report reflects quarterly report findings

If the program's quality monitoring is **inadequate** or lacking in addressing the minimal requirements, then the survey must be expanded and include the following:

Tour/Classroom Observation:

Surveyor(s) may tour the site where training is held to observe the classroom setting, equipment and training materials to ensure compliance with training requirements, to identify where records are kept, and determine how confidentiality is maintained (e.g. charts in locked file).

Observation of Lecture/Training:

Surveyor(s) may observe lecture/training to:

- Identify who is conducting the training and document their credentials.
- Observe the attendance protocol and process in the classroom and/or SPT lab.
- Determine whether HHATP curriculum content is being followed and the correct amount of time is allotted for training.

Review of Trainee/Student Records:

Surveyor(s) should also attempt to review **one** record of a student who has filed a complaint against the HHATP and a sample of at least two student records from each of the following methods of certification:

- 75-Hour Training Program
- Competency Evaluation Program
- Personal Care Aide Upgrade
- Certified Nurse Aide Transitioning

Training records should be reviewed for compliance in the following areas:

- Files are maintained and stored to ensure confidentiality.
- Attendance sign-in sheets are completed accurately to ensure trainee completes minimum of 75 hours of training (59 hours of classroom and 16 hours of supervised practical training). Attendance records should delineate between classroom and SPT. Break and lunch times do not count toward required training/instruction time.
- Documentation of receipt of Trainee's Rights
- Verification of trainee's test(s) scores > 80% and evidence of remediation if applicable

- Documentation of trainee's completed Home Health Aide Trainee Evaluation Forms signed by RN
- Copy of trainee's certificate of completion

Interview of Students:

Surveyor(s) may conduct interviews with students who have completed the HHATP, either in person or by telephone. If possible, a random sample of at least three students may be selected, for the purpose of gaining information about the type of training they received, the quality of that training, satisfaction with training, number of hours/days they received training, names of their instructors, location of their Supervised Practical Training (SPT), whether they were observed in the SPT by a RN, and whether they received a certificate of completion and copies of completed Home Health Aide Trainee Evaluation Forms signed by RN.

Exit Conference:

At the conclusion of the survey, surveyor(s) will meet with the administrator or responsible person to discuss the findings of the survey. All findings of non-compliance are discussed. The date of the exit conference is the last date of the onsite activities and is the "date of the survey" for any future reference to the survey.

Post Survey Activities:

Preparing the Statement of Deficiency Report (SOD):

Following the survey of the HHATP, the surveyor is responsible for drafting a SOD report based on the findings of the survey. The purpose of the SOD report is to provide the agency with written notice of their non-compliance with program guidelines, federal/state rules, and other program directives.

Each deficiency is written using the Principles of Documentation to accurately and clearly identify the problem and:

- is specific and draws a clear picture of what was observed;
- is concise, objective, and quantifiable;
- answers the questions: who, what, where, when, and how, when applicable; and
- includes an outcome statement where applicable.

The SOD Report is available to the public under the Freedom of Information Law (FOIL) therefore; the following items are NOT to be included in the report:

- Personal names: Initials or numbers for students, and initials and position titles for staff members are to be used in lieu of names;
- The identity of an informant who has given adverse information or has complaints about the HHATP;
- Information that could be considered defamatory toward any identifiable person;

- Roster of students; and
- The address or contact information of anyone other than the administrator of the agency.

Entering HHATP Survey Findings Into ASPEN:

Upon completion of survey of the HHATP, surveyor(s) should enter findings into ASPEN within 10 working days, in the following manner:

1. Create the survey event under the Home Care Entity (LHCSA, CHHA, LTHHCP, Hospice)
2. Enter **Initial Comments** into ACO under HHATP regulation **TAG 0000** to describe the scope of the survey.
3. If **No Deficiencies**: enter into ACO under HHATP regulation **TAG 0001** (In substantial Compliance)
4. If **Out of Compliance**: enter into ACO under HHATP regulation **TAG 0002** (Deficiencies Cited), to summarize the findings. Enter the HHATP-related citations in the sponsoring organization's SOD under:
 - Governing Authority (regulation Tag 1002)
 - Home Care Registry (regulation Tag XXX)

Note: Documentation or narrative is not required for regulation Tags 0001 & 0002.

Deficiencies are documented on the left side of the SOD Report form. A copy of the SOD and the Statement of Deficiency Letter (ACO template) are sent to the agency administrator.

If no deficiencies are found and the agency is in compliance, the No Deficiencies Found Letter (ACO template) is used to transmit this information to the agency.

Plan of Correction (POC)

The plan of correction is the agency's plan of actions to correct and bring the agency into compliance for each deficiency cited. From the date the agency/owner operator is sent the SOD Report, the agency/owner operator has **10** calendar days to develop and submit its plan of correction for the cited deficiencies, unless otherwise specified by the Department. When the plan of correction is received in the regional office, the surveyor reviews it to determine its acceptability. An acceptable POC will include the following:

- Measures to be taken to correct the cited deficiency inclusive of all staff/students in the stated universe;
- Measures to determine any other staff or students that could be affected by the deficiency;

- Measures to be taken to ensure that the deficient practice does not recur;
- Monitoring plan to ensure corrective actions are effective;
- Anticipated completion date for achieving correction of each deficiency; and
- Person(s), identified by title, responsible for correction of each deficiency.

If the POC is deemed acceptable, the surveyor recommends acceptance of the plan. The Regional Program Manager approves the POC and sends the Acceptable Plan of Correction Letter (ACO Template) to the agency administrator/operator.

If the POC is deemed unacceptable, the Unacceptable Plan of Correction Letter (ACO Template) and POC report will be sent to the agency administrator outlining revisions to be made. An amended Plan of Correction must be returned to the regional office within **10** calendar days of receipt of the letter. This sequence continues until an acceptable Plan of Correction is obtained. It may be advisable to have contact with the agency administrator by phone or in person, to reduce the number of written requests and responses. After three unacceptable Plans have been submitted, the Regional Office Program Manager may determine that the deficiencies are serious enough to discontinue operation of the agency's HHATP.

Attachment 1- HHATP Application Checklist

Attachment 2- Surveillance Checklist (separate attachment)

Attachment 3- List of Required Documents

HOME HEALTH AIDE TRAINING PROGRAM Initial Application Checklist

Agency Name: _____ Application Date: _____

Date:	Instructions: Check off "Yes" if requirement met and include date met	
	<input type="checkbox"/> Yes	Sponsoring Agency information complete
	<input type="checkbox"/> Yes	Name of Contact Person information complete
	<input type="checkbox"/> Yes	List of names of Nurse Instructors
	<input type="checkbox"/> Yes	List of names of Coordinating Nurse Instructors
	<input type="checkbox"/> Yes	Nurse Instructor Application completed and signed for each nurse listed as Nurse Instructor/Coordinating Nurse
	<input type="checkbox"/> Yes	Name of Official Agency Designee(s)
	<input type="checkbox"/> Yes	Name of Senior Official
	<input type="checkbox"/> Yes	Total length in days from start to finish of program (Note: Maximum of 60 days)
	<input type="checkbox"/> Yes	Program- Goals, objectives, and measurable performance criteria
	<input type="checkbox"/> Yes	Language of Training Program
	<input type="checkbox"/> Yes	Submission of 6 month (biannual) proposed training class schedule
	<input type="checkbox"/> Yes	Identification of curriculum from which lesson plans derived, textbook and test bank proposed and source of performance checklists
	<input type="checkbox"/> Yes	Admission criteria including screening of applicants
	<input type="checkbox"/> Yes	Attendance Policy
	<input type="checkbox"/> Yes	Copy of Trainee Rights
	<input type="checkbox"/> Yes	Curricula to be followed for: <input type="checkbox"/> Competency Evaluation Program <input type="checkbox"/> Personal Care Aide upgrading <input type="checkbox"/> Certified Nurse Aide transitioning
	<input type="checkbox"/> Yes	Identification of location(s) where clinical portion and/or SPT will occur including copies of signed contracts or letters of intent as appropriate (Note: nursing homes may not be used)
	<input type="checkbox"/> Yes	Policy concerning confidentiality of home health aide training records, test materials, trainee evaluation forms
	<input type="checkbox"/> Yes	Policy concerning the maintenance and retention of records for all persons trained including documentation of Trainee Rights, attendance, completed tests, completed trainee evaluation forms, and trainee certificate of completion
	<input type="checkbox"/> Yes	Policy to comply with Home Care Registry requirements
	<input type="checkbox"/> Yes	Policy and Procedure describing Quality Management Program- Program should address monitoring for compliance with Program Guidelines, monitoring of contracts, analysis and evaluation of program's education outcomes that address effectiveness of instructors, lesson plans, equipment and teaching materials, SPT sites, testing results, admission standards and program completion rates, student evaluations.

HOME HEALTH AIDE TRAINING PROGRAM Initial Application Checklist

Agency Name: _____ Application Date: _____

Date:	Instructions: Check off "Yes" if requirement met include date met	
	<input type="checkbox"/> Yes	Documentation that area and space provided for conducting training are adequate for the maximum number of trainees accepted to the program. (classroom 12-20 sq.ft./trainee, clinical lab setting 30 sq.ft./trainee)
	<input type="checkbox"/> Yes	Identification of location(s) of proposed classroom and clinical training space
	<input type="checkbox"/> Yes	HHATP schedule- by training day, indicating the schedule for each day, including training topic and time, testing time, and break and meal times.
	<input type="checkbox"/> Yes	"Operator's Certification" page complete, signed and dated.

**Home Health Aide Training Program Surveillance
List of Required Documents**

Name of Program: _____

Date of Survey: _____

Please provide the surveyor with the following materials:

1. List of all training related contracts
2. Copy of Trainee Rights
3. Copy of the Policy and Procedure for Quality Monitoring of the Training Program.
4. Copy of the Sponsoring agency's Quality Assurance Minutes for the last 12 months
5. Copy of most recent Annual Evaluation Report(s) since the last submission to Department of Health