Direct Care Worker - Training and Testing Programs

Di	irect Care Worker (DCW) Training and 1	Testing Prog	gram Audit T	ool							
1	Auditor Information										
1a	Auditor Organization:		AHCCCS		Brideway Health Solutions		DES/DDD		Evercare Select		Mercy Care Plan
1b	Auditor Name:										
	Auditor Contact Number:										
	Audit Date:										
	Addit Date.										
2	Review Criteria				Year One Desk Audit		Annual Onsite Audit		Other		
<u>3</u>	Approved Program Demographic Data										
	Approved Program Name:										
	AHCCCS ID:										
	AHCCCS Initial Approval Date:										
	Onsite Audit Location Address:										
3e	Contact Name:										
	Contact Phone Number:			-							
	Contact Mailing Address:		AHCCCS		Drivete Vesetienel						
3n	Approved Program Type:		Registered Direct Care Services Agency		Private Vocational Training Program						
4	ALTCS Contractor Identification	Check	<u>5</u>	Contract	s - <u>(LIST ALL)</u>						
		Appropriate Box(s) □		Agency Na			AHCCCS ID #:			Countie	es
	Bridgeway Health Solutions 110088		1)								
	DES/Division of Developmental Disabilities 110007		2)								
	Evercare Select 110049		3)								
	Mercy Care Plan 110306		4)	1							
	Other (describe):		5)	1							
	Other (describe).		6)	1					1		
			7)	1					1		
			8)						.		
			9)								
			10)								
PF	ROGRAM REQUIREMENTS REVIEW										
<u>6</u>	Policy and Procedures and Resources Stand	ards									
		Select One		Comment -	- If Corrective Action	n or Reco	mmendation is I	needed, ple	ease explain		
6a	Policy and Procedure - Training Program Structure	Compliant							-		
6b	Policy and Procedure - Test Administration and Verification	Compliant with Recommendatio									
	Policy and Procedure - Testing Process and Maintaining Test Integrity	Not Compliant									
	Resources - Access to necessary space to conduct training and testing	Not Applicable									
6d	Resources - Access to necessary equipment and supplies										

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<u>7</u>	Trainer Qualification Standards								
		Select One		Comment - I	If Corrective Action or Recommendation is needed, please explain				
7a	Evidence of 92% minimum passing grade for knowledge tests	Compliant			· · · · ·				
7b	Evidence of 100% passing grade for skills testing	Compliant with Recommendations							
7c	Evidence trainers meet the direct care experience requirement	Not Compliant							
	Evidence trainers meet the adult teaching experience requirement	Not Applicable							
	Evidence of "expert" or assistant qualifications								
	Evidence trainers were qualified prior to training direct care workers								
	Evidence trainers have conducted at least two training classes per year								
<u>8</u>	Training Implementation Documentation and Record Maintenance Standards								
		Select One		Comment - I	If Corrective Action or Recommendation is needed, please explain				
8a	Curriculum Standards	Compliant							
8b	Record Maintenance	Not Compliant							
8c	Test Administration	Compliant with Recommendations							
8d	Test Verification	Not Applicable							
<u>9</u>	Student Testing Records								
	30 Student Hitals St. Lesting Modules St. Lest Type St. Accounts	ge Test Results	of rest ver	hicator 198 Arahing	Period Confundrité.				
1)									
2)									
3)									
4)									
5) 6)									
7)									
8)									
9)									
10)									

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CONTINUING PROGRAM APPROVAL STATUS							
<u>10</u>	Approved Program Status						
11a	Compliant						
11b	Compliant with Recommendations						
11c	Provisional Approval Pending Corrective Action						
11d	Denied						
<u>11</u>	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						