

I. Introduction

The purpose of the *Guide to Home Health Aide Services* is threefold:

- to assist schools to plan, organize and provide programs for home health aides;
- to facilitate the home health aide training program approval/reapproval process for all interested sponsors; and
- to differentiate the various interdepartmental approval/reapproval process for varied levels of home health assistant training.

Home health aide services are essential components of an array of health and social services provided to ill, handicapped, and disabled individuals in the home setting. The home health aide is a paraprofessional prepared to function in a supportive relationship to professional nursing and therapy disciplines with appropriate supervision and guidance. The home health aide undertakes tasks to provide assistance with personal care, housekeeping, and health related tasks to patients with health care needs in the home.

Home health aide training and scope of practice are regulated by the New York State Department of Health (NYSDOH).

Secondary and post secondary education agencies must submit their home health aide training programs to the State Education Department.

II. DEFINITIONS

1. HOME HEALTH AIDE SERVICES

"home health aide services shall mean health care tasks, personal hygiene services, housekeeping tasks and other related supportive services essential to the patient's health."

10 NYCRR700.2(c)(15)

Home Health Aide

"home health aide shall mean a person who carries out health care tasks under the supervision of a registered nurse or licensed therapist and who may also provide assistance with personal hygiene, housekeeping and other related supportive tasks to a patient with health care needs in his/her home. Home health aides shall have successfully completed a basic training program in home health aide services or an equivalent exam approved by the department and possess written evidence of such completion."

10 NYCRR 700.2(b)(9)

2. PERSONAL CARE SERVICES

"Personal care services shall mean assistance to the patient with personal hygiene, dressing, feeding and household tasks essential to his/her health."

10NYCRR 700.2(c)(17)

Personal Care Aide

"Personal care aide shall mean a person who, under professional supervision, provides patients assistance with nutritional and environmental support and personal hygiene, feeding and dressing and/or, as an extension of self-directed patients, select health related tasks."

A personal care aide shall have successfully completed:

- (i) a training program in home health aide services or equivalent exam as specified in paragraph (9) of this subdivision; or
- (ii) one full year of experience in providing personal care services through a home care services agency within three years preceding the effective date of an initial license issued pursuant to Article 36 of the Public Health Law; or
- (iii) a training program in personal care services as specified in Section 505.14 (a) and (e) of 18 (Social Services NYCRR); and
- (iv) in those instances where the personal care aide is to be providing assistance with health related tasks, such aide shall be trained as in subparagraph (iii) of this paragraph and training in health related tasks shall be completed in full prior to the personal care aide's assignment to any patient as evidenced by written documentation of such completion."

10 NYCRR 700.2(b)(14)

3. LICENSED HOME CARE SERVICES AGENCY

"Licensed home care services agency means a home care services agency issued a license pursuant to Article 36 of the Public Health Law."

10 NYCRR 700.2(a)(25)

4. CERTIFIED HOME HEALTH AGENCY

"Certified home health agency shall mean a home care services agency which possesses a valid certificate of approval issued pursuant to the provisions of Article 36 of the Public Health Law or a residential health care facility or hospital possessing a valid operating certificate issued under Article 28 of the Public Health Law which is authorized under Article 36 to provide a long term home health care program. Such an agency or program must participate as a home health agency under the provisions of Titles XVIII and XIX of the Federal Social Security Act."

10 NYCRR 700.2(a)(7)

5. HOME HEALTH AIDE TRAINING PROGRAM

The home health aide training program is an approved training program designed to prepare the mature trainee to provide assistance and carry out health care tasks for patients in their homes or substitute homes. Section III of this guide outlines the home health aide training program approval process.

6. EQUIVALENCY TESTING

The equivalency testing procedure is a process whereby qualified candidates may attain home health aide status by successfully completing a cognitive and performance test. Only agencies having an approved home health aide training program may utilize equivalency testing. Section V of this guide outlines the equivalency testing procedure.

III. Home Health Aide Training Program Approval Process

There are two different methods whereby home health aide training programs are approved. The first method entails exclusive NYSDOH approval of programs provided by licensed home care services agencies, certified home health agencies and other non-educational agencies choosing to sponsor a HHATP.

The second method of approving home health aide training is under the aegis of the State Education Department (SED) review process. Those home health aide training programs submitted for approval by secondary and post secondary education agencies are eligible for SED approval.

Recognizing that there is an inter-relationship between state agencies in the home health aide training program approval/reapproval process, information on all program approval/reapproval processes is cross-referenced to the appendices.

The following question and answer format outlines the home health aide training program approval and reapproval processes:

1. What type of agency or individual is eligible to provide home health aide training programs under the regulatory scope of DOH?

Any individual or corporation licensed or certified as a home health care services agency in New York State and/or any other program that is not a secondary or post secondary education agency seeking to sponsor a home health aide training program may submit a Home Health Aide Training Program approval request to the appropriate area office of the NYSDOH Office of Health Systems Management (see Appendix A).

2. Where would a secondary or post secondary education agency direct a home health aide training program approval request?

To the State Education Department.

3. Where would an agency seeking personal care aide training program approval direct their approval requests?

To the appropriate local social services district where the program will be reviewed for compliance with State Department of Social Services regulations (see Appendix C).

4. What information needs to be submitted by an individual or agency for review in order to receive home health aide training program approval?

- A. A home health aide training curriculum outline which clearly identifies basic program content, including the information and skills needed to carry out routine or basic home health aide responsibilities under registered nurse or therapist supervision. The curriculum is an introduction to home health aide services that will give the trainees:

An understanding of:

- the environment in which he/she will be working
- overall responsibilities and limitations
- relationship to other home health agency personnel
- supervision standards
- ethics and confidentiality in patient care;

A knowledge of:

- children
- the aged, chronically ill, disabled, and acutely ill
- disease prevention
- safety factors;

An ability to:

- meet the nutritional needs of the patients
- maintain a clean and healthy environment
- recognize the need for professional intervention
- utilize infection control measures when so directed;

A demonstrated competence in carrying out basic skills in personal care and patient care services to include:

- aseptic technique
- oral hygiene
- grooming (hair care to include shampoo, shave, ordinary care of nails)
- bathing assistance (bed, tub, or shower)
- toileting assistance (bed pan, toilet, or commode)
- transferring (assistance from bed to chair, from bed to wheelchair, etc.)
- ambulation
- eating assistance
- dressing assistance
- individual household tasks essential to the patients needs, including shopping if no other arrangement is possible;

A demonstrated comprehension of cognitive and practice issues related to personal care to include:

- following instructions of supervisory staff regarding the patient's daily regime and care
- taking of temperature, pulse, respirations when directed to do so
- maintaining simple client care records
- knowing the role of the home health aide relative to medications.

- B. A training schedule which includes at least ninety-five hours, the minimum number of home health aide training program hours acceptable to the New York State Department of Health. Sixty-five hours of the training program are to be didactic. Thirty hours of the program are to be supervised clinical experience as outlined in Section IV of this guide. Previously, the didactic requirement was 60 hours. The additional five hours encompasses a required child care module. The didactic training must incorporate lecture and return demonstration. The return demonstration of procedures should encompass approximately 20 hours. The "Training Program Approval Review Worksheet" and "Training Program Reapproval Worksheet" are review sheets utilized to evaluate training programs (see Appendix E). These home health aide review worksheets are followed by a form which delineates the number of curriculum hours as required. Licensed home care services agencies or certified home health care agencies seeking approval for home health aide training programs must utilize these worksheets to review their program materials. The training program coordinator must submit a copy of the appropriate, completed home health aide training program review worksheet with the approval/reapproval packet.
- C. A listing of faculty and their credentials: The home health aid training program coordinator must be an appropriate professional. An appropriate professional may be a registered nurse, physical therapist, occupational therapist, speech/language pathologist, social worker or dietician. In addition, faculty or visiting faculty must include a community health nurse with certified or licensed home health agency experience or a registered nurse with a BS and at least two years certified or licensed home health agency experience. Additional faculty may include a physical therapist and dietitian.
- D. Enrollment Statistics: A classroom student instructor ratio may be no greater than 20:1. Factors to be considered include age, experience, and maturity of trainees. The student instructor ratio for the supervised clinical experience may be no greater than 10:1. The student instructor ratio for return demonstrations may be no greater than 10:1.

- E. Qualifications of Students: Candidates for the training program should meet or exceed the minimum criteria specified in the State's policies and standards for individuals rendering the home health aide and/or personal care services. The applicants should:
- Be mature, emotionally and mentally stable. A minimum age of 18 is recommended.
 - Be able to read and write, understand and carry out directions and instructions, record messages and keep simple records.
 - A minimum of an eighth grade reading level is recommended.
 - The candidates must be in good physical health as verified by health assessment. All students and clinical faculty must meet the requirements specified in Title 10 of the New York State Codes, Rules and Regulations. The health status of each student must be assessed prior to beginning the in-home supervised clinical experience. The assessment shall be of sufficient scope to ensure that no person shall be accepted into the program unless he/she is free from a health impairment which is of potential risk to the patient or which might interfere with the performance of his/her duties, including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other substances that may alter his/her behavior.
- F. Composition of Advisory Committee: (see Appendix F.)
- G. The location and a floor plan of the proposed training site and a list of equipment to be used during training. At a minimum, the physical facility for the HHATP must include an instructional classroom area for didactic presentation and a laboratory demonstration area for clinical practice and return demonstration sessions. The facility must have running water and a cooking area.

5. *Are there any other procedures involved in the initial DOH approval process for licensed home care services agencies, certified home health agencies, or other service programs?*

Prior to an initial program approval being granted, a nursing representative from the area office of the NYSDOH may make a site visit. At the site visit the nursing representative may examine the physical layout of the training site. Additionally, the representative may choose to sit in on a class after program approval has been granted. Subsequent site visits may be made in conjunction with survey visits. Individuals or agencies seeking State Education Department (SED) or State Department of Social Services (DSS) approval/reapproval should reference the appropriate appendix for specific procedural data. (see Appendices B and C).

6. *How long is initial DOH program approval granted?*

A period of up to three years.

7. *After the initial HHATP is approved, how is on-going approval maintained?*

An agency or individual providing an approved training program must submit a written request six weeks prior to the expiration of the initial approval. The written request should detail:

- A. Program statistics
 - Number of classes held
 - Number of students enrolled
 - Number of graduates
 - Number of graduates employed;
- B. Listing and credentials of current faculty (see page 6, section C);
- C. An updated training schedule with any revision(s) in curriculum;
- D. Minutes of Advisory Committee meetings held since last approval date;

8. *How long is reapproval granted?*

The program may be reapproved up to a maximum of three years. Discretionary factors, which may determine length of approval, will include but are not limited to changes in the program, number of complaints, and/or longevity of the program.

9. *Is there anything else required for a reapproval?*

At the discretion of the area office staff, a site visit may be part of the reapproval process. Subsequent site visits for reapproval may be made in conjunction with an agency survey.

10. *How does the agency know if a program has been approved/reapproved?*

After reviewing the training program's written proposal, the approval office will determine if an approval/reapproval is appropriate. It should be noted that submission of incomplete data may result in the extension of the review period. A letter of program approval will be generated after all data is complete and acceptable.

IV. Supervised Clinical Experience

1. *When an individual completes the basic curriculum is he/she considered a home health aide?*

No. An individual must complete the supervised clinical experience (SCE) prior to achieving home health aide status.

2. *What is the purpose of the supervised clinical experience component?*

The purpose of supervised clinical experience component is to:

- (1) integrate the theoretical components of the training program into skills applicable in the work situation;
- (2) determine the competency of the trainee in performing basic procedures in the home setting;
- (3) determine the ability of the trainee to work on a 1:1 basis with patients and families in the home setting;
- (4) recommend/determine that the trainee has met all the requirements to be eligible for the completion of the licensed or certified home health services agency training program.

3. *What is the supervised clinical experience (SCE)?*

The SCE is a period, following successful completion of the didactic portion of the HHATP, during which the home health aide trainee is assigned to home care cases requiring specific HHA level skills. During this period of employment, a sufficient number of one-hour RN supervisory visits are made to validate the HHA trainee's performance of basic patient care skills. The SCE must be completed within a reasonable period following the trainee's successful completion of the didactic session.

To successfully complete the SCE, the HHA must have had a minimum of ten in-home contact hours of RN supervision. Ten contact hours equal ten one-hour, in-home nursing supervisory visits. An additional 20 hours must be done either in a home care setting or in an acute care facility.

4. *Can the SCE be provided in a licensed home care services agency or certified home health care agency?*

Yes. The supervised clinical experience may be provided in a licensed home care services agency or in a certified home health agency.

5. *How is the Supervised Clinical Experience verified?*

A skill checklist should be developed by each school conducting the training program to verify the SCE. The skill checklist must include each procedure basic to the training program. Documentation that the trainee has successfully demonstrated the procedure to the nurse instructor or nurse supervisor should be verified by signature of the nurse and date performed.

Upon completion of the skill checklist, the nurse instructor or supervisor should make a statement certifying that the trainee has successfully completed the SCE and the trainee should be awarded a certificate with an effective date. The original certificate and the completed SCE checklist should be maintained by the agency sponsoring the didactic portion of the HHATP. A copy of the certificate and the completed SCE checklist must be given to the home health aide.

The agency responsible for sponsoring the didactic portion of the HHATP retains the ultimate responsibility for the overall training program, including responsibility for ensuring provision of the SCE. Schools that offer a HHATP must have an executed contract Licensed Home Care Services Agency or a Certified Home Health Agency to ensure provision of the SCE to receive HHATP approval.

6. *When does the home health aide receive their certificate?*

Immediately upon completion of the SCE the HHATP sponsor must release the certificate to the home health aide.

V. Equivalency Testing Procedure.

- 1. Is there any way, other than by completing the basic 65 hour home health aide training course, that an individual can become a home health aide?***

Yes, through successfully completing an Equivalency Test.

- 2. Who may utilize an Equivalency Testing Procedure?***

An agency which has an approved home health aide training program may utilize an equivalency testing procedure.

- 3. What is the Equivalency Testing Procedure?***

It is a method used to qualify specific individuals as home health aides.

- 4. What type of individual is eligible to be qualified as a home health aide via the equivalency test?***

This type of test may be used to exempt only the following individuals from the basic classroom training:

- Applicants previously trained as nursing assistants in other health care settings with six months of documented home health aide/personal care aide experience.
- Applicants with one year or more of documented nursing assistant or home health aide experience.
- Applicants with documented home health aide training from other than New York State approved training programs.
- Applicants who are personal care aides with certificates from programs approved by the State Department of Social Services who have worked a minimum of six months of employment is required.
- Applicants who are nursing students and have completed the fundamentals of nursing.
- Applicants who are LPNs or RNs.

Written documentation of past training and experience is a prerequisite to equivalency testing. It is the responsibility of the individual program sponsor to validate this information about each applicant.

5. *What is the approval process for an Equivalency Test?*

Agencies with an approved HHATP are authorized to construct an equivalency testing procedure. A copy of the testing procedure must be submitted to the appropriate office for approval, prior to implementing the procedure. Equivalency tests will be approved or disapproved within six weeks of receipt at the area office.

6. *What are the components of the Equivalency Test?*

There are three components of the equivalency test. The first component is a didactic presentation of at least four hours. The intent of this presentation is to orient the candidates to the role and functions of a home health aide. Minimum content of the didactic presentation must include:

- Introduction to home care agencies
- Role of home health aide: duties, limitations, relationships to patient, family and other health care personnel
- Confidentiality and ethics
- Orientation to agency policy/procedures for home health aides
- Emergency procedures that the home health aide would be expected to follow
- Basic orientation policies relative to time, transportation, lunch hours, calling in, scheduling, etc.
- Reporting and recording of care provided.

An outline and time schedule for completing the didactic presentation must be submitted with the equivalency test approval packet. This aspect of the program must be completed by a nurse with home care experience. A resume of the faculty designated to complete this section must be submitted with the equivalency testing packet. The equivalency test sponsor will be directly notified by letter of the decision to approve, reapprove, or disapprove the equivalency test no later than six weeks after receipt of the proposal. Submission of incomplete data may result in an extension of the review period.

The other two components of the equivalency test are a cognitive, written test using objective items and a performance test, each of which require a minimum of four hours to complete.

The cognitive written test must cover all required topics included in the HHATP as follows:

- Home health aide duties and limitations
- Nursing care plans
- Reporting observations
- Confidentiality
- Ethics
- Interpersonal relationships
- Preventing the spread of disease
- Asepsis
- Care of the patient's environment
- Incidental household tasks
- Safety - personal and home
- Home management
- Normal aging process
- Care of chronically ill
- Death and dying
- Nutritional needs
- Meal preparation
- Personal Care
- Assisting with self-administered medications
- Child care

Minimum acceptable test score is 75%.

This performance test must include at least the following tasks:

- Handwashing
- Bed bath
- Transfer
- Turning/positioning
- Bedmaking
- Temperature - oral, rectal, axillary
- Pulse
- Respiration
- Procedure in a patient emergency situation.

Each performance test must be rated (e.g., rating of eight or more out of 10 on each performance test for each procedure). A narrative must also accompany each test describing the procedure for implementation.

7. *How long is equivalency testing procedure approval granted?*

Upon receipt of an equivalency test approval, the equivalency test sponsor may assume that the approval is granted for an indefinite period unless there is a significant revision in the home health aide training program content. If a significant revision of content occurs, it is the equivalency test sponsor's responsibility to notify the appropriate office of these revisions. Revisions may necessitate a new equivalency test approval.

VI. Inservice and Health Requirements, Retention of Aide Status

1. *Are there any continuing education requirements for home health aides (HHAs) and personal care aides (PCAs)?*

Yes.

An agency must provide a minimum of 12 hours of inservice annually to home health aides. An agency must provide a minimum of six hour of inservice annually to personal care aides. Documented evidence of aide attendance at educational seminars offered in the community may be credited toward completing the inservice requirements if the seminar content is directly related to aide job functions.

2. *What are the guidelines for health status requirements of trainees and clinical faculty?*

All trainees and faculty are required to complete, prior to patient contact, a health status assessment and the following tests:

- rubella immunization or appropriate screens;
- ppd (hantoux) skin test.

Health status requirements are summarized in sections 766.3 and 763.4 of 10 NYCRR.

3. *How does an individual retain his/her home health aide status?*

An individual who has successfully completed the theoretical and clinical components of an approved training program for home health aides will retain such status if the aide continues to be employed and demonstrates evidence of required inservice education. If the aide has not been employed as a home health aide for a period of two years, he/she must meet the criteria for equivalency testing.

**OFFICE OF HEALTH SYSTEMS MANAGEMENT
BUREAU OF HOME HEALTH CARE SERVICES
NEW YORK STATE DEPARTMENT OF HEALTH**

Area Office Home Health Care Services Program Directors

- | | |
|--|---|
| 1. Albany Area Office
Ms. Harriet Welburn
Area HHCS Program Director
Albany Area Office
4th Floor
State Office Campus
Building #7A
Albany, NY 12226
(518) 271-2608 | Counties Served
Albany, Clinton, Columbia, Delaware, Essex, Franklin,
Fulton, Greene, Hamilton, Montgomery, Otsego,
Rensselaer, Saratoga, Schenectady, Schoharie, Warren,
Washington |
| 2. Buffalo Area Office
Mr. Philip Rooss
Area HHCS Program Director
584 Delaware Avenue
Buffalo, NY 14202
(716) 847-4307 | Allegany, Cattaraugus, Chautauqua, Erie, Genesee,
Niagara, Wyoming, Orleans |
| 3. New Rochelle Area Office
Ms. Julieta Annunziata
Area HHCS Program Director
New Rochelle Area Office
145 Huguenot Street, 6th Floor
New Rochelle, NY 10801
(914) 632-8271 | Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk,
Sullivan, Ulster, Westchester |
| 4. New York City Area Office
Ms. Ella Smith
Area HHCS Program Director
New York City Area Office
116 West 32nd Street, 16th Floor
New York, NY 10001-3250
(212) 502-0761 | Bronx, New York, Kings, Queens, Richmond |
| 5. Rochester Area Office
Mr. William Hoogland
Area HHCS Program Director
Rochester Area Office
42 South Washington
Rochester, NY 14608
(716) 423-8097 | Chemung, Livingston, Monroe, Ontario, Schuyler,
Seneca, Steuben, Wayne, Yates |
| 6. Syracuse Area Office
Ms. Pauline Frazier
Area HHCS Program Director
677 South Salina Street
Syracuse, NY 13202
(315) 426-7698 | Broome, Cayuga, Chenango, Cortland, Herkimer,
Jefferson, Lewis, Madison, Oneida, Onondaga,
Oswego, St. Lawrence, Tioga, Tompkins |

DIRECTIONS: Transmittal of Program Design Proposals and Requests for Reapproval

Submit a Home Health Assisting Program Design proposal with a letter requesting approval or a letter to request reapproval to:

- **Original letter with complete packet to:**

Ms. Patricia Hodgins
Office of Workforce Preparation and Continuing Education
Program Support Team
Room 320 EB
Albany, NY 12234
(518) 474-5506

**HOME HEALTH ASSISTING
STATE AGENCY REVIEW PROCESS**

**PROGRAM DESIGN REVIEW FORM*
(FOR NEW PROGRAMS)**

<i>ACTION RECOMMENDED</i>	
<input type="checkbox"/>	APPROVAL
<input type="checkbox"/>	TIME-LIMITED APPROVAL Specify Due Date _____
<input type="checkbox"/>	DISAPPROVAL Specify Rationale Under Comments or by Separate Memo)

AGENCY NAME: _____

AGENCY ADDRESS: _____

CONTACT PERSON: _____

TELEPHONE NO.: _____ **APPROVAL PERIOD:** _____
(Dates)

PROGRAM TYPE:

- Generic
- Generic, with H/PCSP Exit Component
- H/PCSP Only
- Supplementary/Upgrading
- Other (Specify) _____

STATE AGENCY:

- NYSDH
- NYSDSS
- NYSED-HEE
- NYSED-HOE

DATE RECEIVED: _____

DATE REVIEWED: _____

REVIEWER: _____
(Signature)

TITLE: _____

* Note: This review form for use in assessing program design proposals is also an appropriate resource for local educational agencies in developing program design proposals. It specifies the expected components of a program design proposal.

PROGRAM DESIGN COMPONENT AND STANDARDS	RATING			COMMENTS/FURTHER INFORMATION REQUESTED
	S	U	NA	
<p>1. EVIDENCE OF NEED (Pages 1-8, 9)</p> <ul style="list-style-type: none"> ▪ Quantitative data presented substantiates employment needs for <i>Homemaker/Personal Care Services Providers</i> and/or <i>Home Health Aides</i> in the geographic area. (i.e. Letters from Employing Agencies, Employment/Labor Market Survey Statistics, Employment Service Reports, other) 				
<ul style="list-style-type: none"> ▪ Locally used job titles are stated. 				
<p>2. COOPERATIVE PLANNING/ADVISORY COMMITTEE (Pages 9-10)</p> <ul style="list-style-type: none"> ▪ Local planning for this program is described briefly (i.e., contact, where appropriate, with potential employers; local offices of State Departments of Health, Mental Health, Social Services; other) 				
<ul style="list-style-type: none"> ▪ The local district's HHA Advisory Committee includes representation from all recommended agencies/individual groups and an up-to-date list of members is provided specifying name, title, affiliation, and specialty field of each member. 				
<ul style="list-style-type: none"> ▪ Minutes of the HHA Advisory Committee meeting(s) are provided and show discussion and recommended action relative to the local district's HHA program design 				
<p>3. SCREENING PROCESS (Pages 9-10)</p> <ul style="list-style-type: none"> ▪ Eligibility criteria for admission to the program include specified State standards 				
<p>4. PRE-ASSESSMENT PROCESS (OPTIONAL) (Pages 9-10)</p> <ul style="list-style-type: none"> ▪ If the program provides for individualized training, the process is described and a copy of the pre-assessment instrument is submitted 				
<p>5. CURRICULUM/COURSE OF STUDY (Pages 10, 21, 23-43)</p> <ul style="list-style-type: none"> ▪ The total course of study is based upon a minimum of 95 hours, including a minimum of 65 hours of in-school instruction and laboratory practice and a minimum of 30 hours of supervised clinical experience. 				
<ul style="list-style-type: none"> ▪ The detailed curriculum is competency-based and includes all curricular elements specified in the State standard 				

PROGRAM DESIGN COMPONENT AND STANDARDS	RATING			COMMENTS/FURTHER INFORMATION REQUESTED
	S	U	NA	
<p>6. STAFFING PLAN FOR INSTRUCTION AND SUPERVISION (Pages 10, 22-23)</p> <ul style="list-style-type: none"> ▪ The prime instructor/coordinator of the program is a currently registered professional nurse qualified in public health, and eligible for health occupations education certification or a certified home economics teacher (Credentials submitted) 				
<ul style="list-style-type: none"> ▪ Qualified professionals are provided as instructor-consultants for each specialized curricular component (Credentials submitted). This should be reflected in the daily schedule below. 				
<ul style="list-style-type: none"> ▪ Instruction and supervision of laboratory practice in all nursing skills is provided by a currently registered professional nurse, qualified in public health (Credentials submitted). 				
<ul style="list-style-type: none"> ▪ Instruction and supervision of laboratory practice in all nursing skills is provided by a currently registered professional nurse, qualified in public health (Credentials submitted). 				
<ul style="list-style-type: none"> ▪ A daily schedule of instruction is provided, to designate topic, hours, appropriate instructional procedures, and instructor(s) responsible. 				
<p>7. FACILITIES FOR TRAINING (pages 10, 12-20)</p> <ul style="list-style-type: none"> ▪ Space and equipment meet State standards as evidenced by floor plan and equipment list submitted. 				
<ul style="list-style-type: none"> ▪ Instructional classroom space provides flexibility for use of varied instructional techniques, including instructor – demonstration and student practice of skills in all areas of the curriculum. 				
<ul style="list-style-type: none"> ▪ Facilities provide for appropriate storage and care of equipment and materials 				
<p>8. SUPERVISED CLINICAL EXPERIENCE (SCE) PLAN (Pages 10-11, 22)</p> <ul style="list-style-type: none"> ▪ A minimum of 30 hours of in-home SCE is included. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> ▪ A minimum of 30 hours of SCE is included, composed of a maximum of 20 hours in an institutional setting (i.e., nursing home, hospital, other), and a minimum of 10 hours in in-home settings. 				

PROGRAM DESIGN COMPONENT AND STANDARDS				COMMENTS/FURTHER INFORMATION REQUESTED
	S	U	NA	
<ul style="list-style-type: none"> Evidence is submitted of arrangements with each affiliating agency cooperating with the educational agency to provide the SCE (i.e., Contract, Affiliation Agreement, Letter of Commitment, to include specific arrangements for type of experience, schedule, extent and nature of supervision, responsibilities of each agency, other) 				
9. EVALUATION PLAN/CERTIFICATE OF COMPLETION (Page 11 ^{**})				
<ul style="list-style-type: none"> An acceptable plan is presented for continuous and final assessment of student progress/achievement. 				
<ul style="list-style-type: none"> Copies of assessment tools/instruments are submitted, including documentation of SCE. 				
<ul style="list-style-type: none"> A copy of the proposed certificate of completion is submitted, and in addition to the program title, student's name, completion date, and local district information, includes the following statement: <i>"This program design in Home Health Assisting has been granted approval by the New York State Department of Education. This program meets State standards and includes in-home Supervised Clinical Experience. The approval period is July 1, 19__ to June 30, 19__."</i> 				
<ul style="list-style-type: none"> A plan for continuous review and appropriate updating of the program design is described. 				
10. PROGRAM BUDGET (Page 11)				
<ul style="list-style-type: none"> A general budget for program operation is provided (Details not necessary) 				
Planned sources of support are identified				

** See also: *Measuring Student Achievement in Health Occupations Education*
Measuring Student Achievement in Home Economics Education
Measuring Student Achievement in Home Health Assisting

PROGRAM DESIGN COMPONENT AND STANDARDS	RATING			Comments/Further Information Requested
	S	U	NA	
11. PUBLIC RELATIONS PLAN (Page 11) <ul style="list-style-type: none"> ▪ The plan is described for advertising and interpreting the program to potential students, cooperating agencies and the general public 				
<ul style="list-style-type: none"> ▪ Copies of proposed advertisements and/or other promotional items are submitted 				
TOTAL				

**HOME HEALTH ASSISTING
STATE AGENCY REVIEW PROCESS**

PROGRAM DESIGN REVIEW FORM
(FOR REAPPROVAL REQUESTS)

<p><i>ACTION RECOMMENDED</i></p> <p><input type="checkbox"/> APPROVAL</p> <p><input type="checkbox"/> TIME-LIMITED APPROVAL Specify Due Date _____</p> <p><input type="checkbox"/> DISAPPROVAL Specify Rationale Under Comments or by Separate Memo)</p>
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AGENCY NAME: _____

AGENCY ADDRESS: _____

CONTACT PERSON: _____

TELEPHONE NO.: _____ **APPROVAL PERIOD:** _____
(Dates)

PROGRAM TYPE:

- Generic
- Generic, with H/PCSP Exit Component
- H/PCSP Only
- Supplementary/Upgrading
- Other (Specify) _____

STATE AGENCY:

- NYSDH
- NYSDSS
- NYSED-HEE
- NYSED-HOE

DATE RECEIVED: _____

DATE REVIEWED: _____

REVIEWER: _____
(Signature)

TITLE: _____

PROGRAM DESIGN COMPONENT AND STANDARDS	RATING			COMMENTS/FURTHER INFORMATION REQUESTED
	S	U	NA	
1. BIENNIAL REPORT				
<ul style="list-style-type: none"> ▪ Number enrolled is submitted (by section) for each year 				
<ul style="list-style-type: none"> ▪ Number completing program is submitted by sections for each year 				
<ul style="list-style-type: none"> ▪ Number placed is submitted by employing agency. 				
<ul style="list-style-type: none"> ▪ An updated list of HHA Advisory/Consultant Committee members is submitted, specifying name, type of representation, and field of specialty. 				
<ul style="list-style-type: none"> ▪ Copies of HHA Consultant/Advisory Committee meeting minutes are submitted for each year and evidence attention to HHA Programming concerns. 				
<ul style="list-style-type: none"> ▪ Evidence is submitted to show progress and/or change relative to each program design guideline, as related to local program (Letters indicating need, revised curriculum, new instructor resumes, other). 				
2. SUPPLEMENTARY INFORMATION				
<ul style="list-style-type: none"> ▪ All supplementary information has been submitted as requested and by requested due dates. 				
<ul style="list-style-type: none"> ▪ A current schedule of daily instruction (if changed from original approval format) is provided to designate topic, hours, appropriate instructional procedures, and instructor(s) responsible. 				
TOTAL				

**CURRICULUM DEVELOPMENT RESOURCES
HOMEMAKER/HOME HEALTH AIDE TRAINING**

1. "A Model Curriculum and Teaching Guide for the Instruction of the Homemaker - Home Health Aide", published by:

U.S. Dept. of Health and Human Services
Public Health Service
Health Service Administration
Bureau of Community Health Services
5600 Fishers Lane

Ask for Publication No. (HSA) 80-5508

2. "Family Health and Home Nursing" by American Red Cross 8th Edition, 1979 published by:

Doubleday and Co., Inc.
Garden City, NY

3. Handbook for Home Health Aides, 1979

Cardinal Ritter Institute
St. Louis, Missouri

4. "How to be a Nurse's Aide in a Nursing Home" by Dorothy Reese, published by:

The American Health Care Association
1200 15th Street N.W.
Washington, D.C. 20005

5. 1982-83 Publications and Audiovisuals Aids Listing of Manuals, Reports, Films - for rental or purchase:

National Home Caring Council
235 Park Avenue South
New York, NY
(212) 674-4990

6. Rehabilitation - Sister Kenny Institute - Abbott - Northwestern Hospital, Research and Education Department, Publications - Audiovisuals Office #295, Chicago Avenue at 27th Street, Minneapolis, MN 55407. Write for a free catalog.

7. Zucker, Elaine, Homemaker/Home Health Aide

Robert J. Brady, Co.
Bowie, Maryland 20714

A Prentice-Hall Publishing and Communications Company, 1982.

8. HCA Statement on Standards for Home Care

Home Care Association of New York State
840 James Street
Syracuse, NY 13203

9. Home Health Aide Curriculum

Publications Distribution
New York State Education Department
89 Washington Avenue,
Room 31
Albany, NY 12234

10. Interpretation of Standards

National Home Caring Council
67 Irving Place
New York, NY 10003

Film -- *The Home Health Aide* - 1967, 20-minute color sound

Film Library Supervisor
Office of Health Communications and Education
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, NY 12237

Available on nine days notice -- transportation charges.

TRAINING PROGRAM APPROVAL REVIEW WORKSHEET

AGENCY: _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Criteria used to select students. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. List of required competencies. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Guidelines for health status requirements of trainees. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. a) Sixty-five hours of theoretical instruction. | | |
| b) Thirty hours of supervised clinical experience. | | |
| 5. Tentative dates of training courses. | | |
| 6. List of faculty and their credentials. | | |
| 7. Student/instructor ratio. | | |
| 8. a) Training facilities, floor plan. | | |
| b) List of equipment to be used during training. | | |
| 9. a) List of advisory committee members specifying name, type of representatives, field of specialty and license number. | | |
| b) Copy of most recent advisory committee meeting minutes. | | |

TRAINING PROGRAM REAPPROVAL WORKSHEET

AGENCY: _____

1. Criteria used to select student.
2. List of required competencies.
3. Guidelines for health status requirements of trainees.
4.
 - a) Sixty-five hours of theoretical instruction.
 - b) Thirty hours of supervised clinical experience.
5. Tentative dates of training courses.
6. List of faculty and their credentials.
7. Student/instructor ratio.
8.
 - a) Training facilities, floor plan.
 - b) List of equipment to be used during training.
9.
 - a) List of advisory committee members specifying name, type of representative and field of specialty.
 - b) Minutes of advisory committee meeting held since last approved.
10. Program statistics
 - a) Number of classes held.
 - b) Number of students enrolled
 - c) Number of graduates
 - d) Number of graduated employed

HHATP CURRICULUM MINIMUM REQUIRED HOURS

Content	Min. Req. Hours	Ret. Demo.	Theory	Met	Not Met	Comments
Introduction to home health services discussion of: Overall duties and limitations Supervision <ul style="list-style-type: none"> •Patient care plan •Reporting observations Confidentiality Ethics Interpersonal relationships	5					
Preventing spread of disease Asepsis Care of patients' environment and incidental house-hold tasks	2					
Safety factors -- home and personal	2					
Home management	5					
Normal aging process and care of chronically ill Death and dying	5					
Nutritional needs (including meal preparation)	5					
Personal care services: (instruction and practice) Care of mouth and teeth Grooming - shampoo shaving routine nail care						

Content	Min. Req. Hours	Ret. Demo.	Theory	Met	Not Met	Comments
Body Mechanics						
Bed making Bathing <ul style="list-style-type: none"> • Bed • Tub • Shower Skin care Positioning to include: Normal ROM Elimination <ul style="list-style-type: none"> • Bedpan • Commode • Toilet Transfer activities Walking assisting Use of assistive devices ADL- assisting Feeding assisting Dressing assisting	29					
Patient care services: (instruction and practice) Medications - Assisting with those ordinarily Self-administered Temperature - Pulse Respiration	3					

Content	Min. Req. Hours	Ret. Demo.	Theory	Met	Not Met	Comments
	3					
Child care	5					
TOTAL HOURS	65					
Content			Comment			

Additional areas of instruction:

ADVISORY COMMITTEE

All licensed and certified home care services agencies having a NYSDOH approved HHATP or Equivalency Testing Procedure are required to have a HHATP/Equivalency Testing Procedure Advisory Committee. Committee responsibilities include:

- assisting in the planning and developing of training programs
- reviewing training programs conducted, resultant outcomes and making recommendations based on the review
- assisting in the development of opportunities for SCE
- assisting in the development of employment opportunities
- approving faculty, curriculum and site alterations