

Home Health Aide Trainee II – Documentation of Competency for Employment

42 CFR 484.36 "Home health aides are selected on the basis of such factors as a sympathetic attitude toward the care of the sick, ability to read, write, and carry out directions, and maturity and ability to deal effectively with the demands of the job. They are closely supervised to ensure their competence in providing care..."

If you are verifying the trainee II status of a CNA in order to employ him/her in the home setting, you must attest to all of the following:

1. Name of trainee:

Address:

Telephone number:

CNA certificate number:

KNAR confirmation has been received and trainee is eligible for employment, with no prohibitions due to criminal conviction(s), or findings of abuse, neglect, or exploitation. Date KNAR contacted:

Confirmation notice: is enclosed will be sent

upon its receipt

2. Trainee is enrolled in a KDHE – approved 20-hr. Home Health Aide training course: _____

course number

start date

end date

3. Trainee will complete training and testing on or before 90 days from the date this attestation has been signed: YES NO

4. Competency has been demonstrated on a person for these tasks, and I attest the trainee is competent in all areas: range of motion, bed bath, shower or tub or sponge bath.

YES

NO

5. I have discussed the following topics with the trainee and have determined through written, oral or observational assessment and examination that the trainee has adequate understanding and ability to perform duties and provide services on behalf of the home health agency in all the applicable areas which includes:

- Responding to home emergencies
 - Caring for the diverse home care populations (ages, genders, cultural and or religious beliefs, chronic illnesses and disabilities, rehabilitation needs, varied medical or health care needs, assisting and observing medications)
 - Reporting to supervisor (on topics such as changes in condition, inflammation, bleeding, new complaints, psychosocial needs)
 - Communicating with other persons who may be in the home (family, friends, neighbors)
 - Other topics deemed important for this individual's competence:
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6. I believe that _____ is competent to serve as a trainee and function _____ independently within an appropriate level of assigned tasks as determined through supervision, instruction, assessment by a licensed registered nurse.

I understand that as a licensed registered nurse, attesting to the competence of this individual I am accountable for the appropriateness of tasks and clinical performance of this individual until the individual has completed the certification test administered by the Kansas Department of Health and Environment. I understand that if, for any reason, these conditions change (course cancelled, not completed, performance deemed substandard, failed certification test), the individual may not continue to be employed as a home health aide trainee II at this home health agency.

Name: _____

Title: _____

RN license number: _____ Expiration date: _____

Address: _____

City, State, Zip: _____

Signature: _____

Home health agency name:

Address: _____

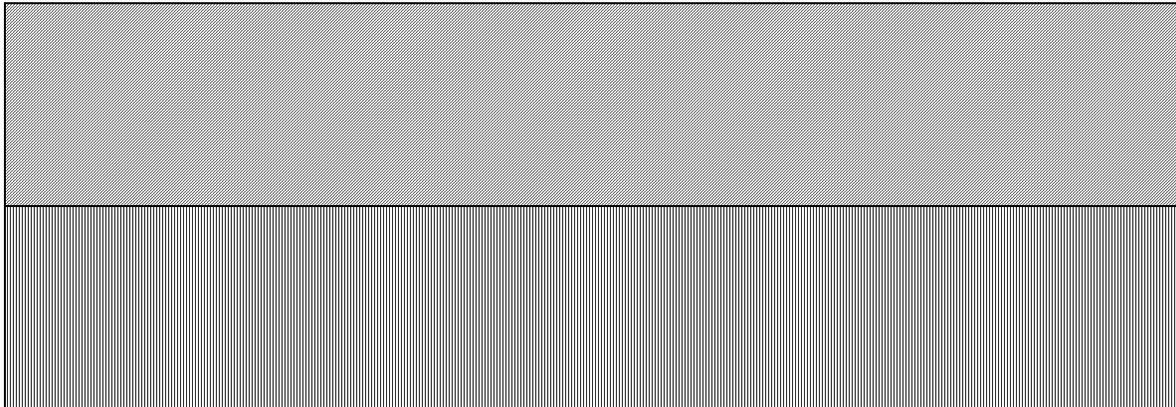
City, State, Zip: _____

Phone Number:

E-Mail: _____

State license or federal ID number:

Retain a copy for agency personnel file



Cumulation of Comments/Responses:

1. *CNA and HHA are not interchangeable. HHA courses help to prepare the employee to provide care on their own along with working on judgement and decision-making skills.*

HOC staff compared the content of the 90-hr CNA and the 90-hr HHA courses and found significant consistency. Further, the 20-hr HHA module focused on the subjects that have been identified under item 5. of the form. It appears that this meets the intent of the regulations, both federal and state, that the trainee II status is conferred upon someone who is minimally qualified. To be fully qualified, the trainee must complete the 20-hr module.

2. *Experienced nursing staff says that nurse aides utilize the skills of normal ROM, bed baths, and shower/tub/sponge baths on a daily basis.*

This varies by facility. Because of this fact and because of the significant safety concerns involved, the staff felt requiring a demonstration of these skills was imperative to meet the conditions of the federal regulations. Showering a resident in a wheelchair shower that is built specially for the facility is considerably different from assisting a homebound person in their own shower which may be quite different in terms of space, the configuration, etc.

3. *Is completing training and testing on or before 90 days from the date of the attestation really a feasible time frame?*

Actually this is already a requirement for training. That is, in the law it states that “. . . The secretary [KDHE] may require, as a condition of continued employment by a home health agency that home health aides, after 90 days of employment, successfully complete an approved course of instruction and take and satisfactorily pass an examination prescribed by the secretary . . .” Requiring that the 20-hr course and test be successfully completed with three months of being deemed a trainee II seems feasible.

4. *Assisting and observing medications is inappropriate use of HHA or CNA.*

This is not “administration” of medications. It simply refers to monitoring and assisting activities related to self-administered medications. This already is an approved function of the home health aide. Home health aides may not set up, dispense, or give a medication to a patient. They may give verbal cues, reminders and observe the patient as he/she takes medications.

5. *Some nurses express concern for signing this document—possibly because of lack of trust with the State Surveyors.*

Clearly one should not sign a document without feeling comfortable. It is considered a binding agreement. However, it is virtually the same as instructors signing off on the Part I Task Checklists for the nurse aide training. The risk is probably similar to any supervisory relationship or delegation of tasks by a professional to a paraprofessional or unlicensed assistant: you are ultimately responsible for assuring that a task is appropriately assigned by virtue of your

nursing judgment and the training and education you have assessed of the individual. State surveyors and supervisors are being provided guidance on this in April/May.

6. *It's a great idea – let us know when it goes into effect!*

It is anticipated that once the process has been explained to surveyors, it will be instituted. Agencies will be notified through a number of venues including the department's web site, official newsletters and advisory groups.

7. *Can the use of technology to offer HHA classes be encouraged? When courses (even the 20-hr HHA module) are offered more than 100 miles away, even a four-day course is burdensome. Couldn't satellite or computers be used?*

Certainly! HOC has approved a variety of distance-learning methods. The course provider needs to contact Dolores Staab, Health Occupations Credentialing, to review the course methodology and technology, and make appropriate application.

8. *I don't think it is unreasonable to give agencies 6-months to get a nurse aide certified as a home health aide.*

Please refer to comment/response under item #3, above. It is specified in the state law that the secretary may make this requirement. Six months is not acceptable at the time.

9. *Draft of the CNA "in training" to get HHA certification looks fine to me.*

10. *Smaller agencies may have a tough time getting in-house teachers. If they have to be certified, it would be too costly & time-consuming to get someone approved.*

The requirements for being an approved instructor are two years of professional nursing experience, one year of which is in the home health setting. For the 20-hr course, the instructor must make application to the department with the appropriate credentials and experience verification. The course may include instruction and supervision by those who are professional nurses working in the home health agency, but the overall supervision must be by an approved instructor.

11. *Overall, positive move for HH agencies. Concern for the availability of class within the specified time frame, or, chances of the course being cancelled. That leaves the agency AND the aide at a disadvantage (time/money invested, then abrupt change in status affecting their benefits such as insurance).*

Certainly it is a risk, and KDHE recognizes that fact. The agency and employee would have to jointly assess the risk to the benefit and act accordingly. Please remember, KDHE is not mandating this—it is an option for the agency and the employee.

12. *Concern that agencies will want to wait until they are assured the CNA is actually taking*

the course and the employee will want to make sure they can access a class in the required time frame prior to hiring—both are at risk!

Exactly. See response to item #11, above.

13. *Problems with no classes and cancellations. There are no skills or clinical involved in the 20-hr. curriculum, so even then we as nurses have to test their competency on those skills (ROM, bathing). These are skills in the CNA curriculum and they are checked through the 40-hr checklist.*

The skills are included in the curriculum of the nurse aide training, but skills demonstration is not required for all of these tasks. Some of these are checked, but the new task list allows for a choice in the bathing task. Therefore, a nurse aide may have been taught all the types of bathing, but may not have demonstrated, for skills assessment purposes, each type of bath. It is not required under federal regulations governing nurse aide training, for the trainee to demonstrate all methods of bathing. A bed bath demonstration is required under federal HHA competency standards, and “sponge, tub, or shower bath.” The competency assessment of these tasks was determined to be potentially absent therefore, having the nurse aide demonstrate them was essential to assuring that federal standards are being met.

14. *The aide should receive the HHA certification, but it's difficult. Can there be a waiver of some sort if the aide isn't able to complete it in the time frame? Are there enough home health nurses to meet the criteria to teach classes within agencies now?*

At this time the department cannot offer “waivers.” Just as with nurse aide trainee II status, there is a limited amount of time specified in statute and regulation that the individual may be employed without meeting the certification criteria. After that time, the individual may not be employed as a trainee II. The certification requirements must be completed in order for the person to be eligible for employment status.

15. *HH agencies must keep a copy of the trainee II form to document the aide's status for surveyor. Aide needs to be competent to provide all care and be trained to know how to respond if, say, the patient's plan of care says “shower” but the patient refuses and wants a sponge bath or bed bath. Surveyors probably should be checking all trainee documentation.*

In reviewing the process, it was determined that the attestation is similar to the nurse aide task checklist which is required to be kept as documentation that a nurse aide trainee II has been deemed competent to be employed. Therefore, this attestation will similarly be required to be maintained in the individual's personnel record which may be reviewed by surveyors. Because there is no provision for “home health trainee II” period on the current data base, it will not be required to be submitted to KDHE. If the form is completed correctly and accurately, the person's name should appear on a roster for a 20-hr home health aide course which is all the documentation needed.