



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

September 29, 2020

DAL: DHCBS 20-09

Subject: Personal Care Aide and Home Health Aide Training Program Hybrid Training Approval Process for Department of Health Approved Training Programs

Dear Administrator:

This guidance is intended for Personal Care Aide Training Programs (PCATPs) and Home Health Aide Training Programs (HHATPs) which have approval to provide training through the Department of Health (“the Department”) and whose training programs have received at least one re-approval after a period of three years.

In response to the COVID-19 crisis, many training entities canceled, suspended or postponed scheduled or in-progress training classes. This guidance serves to assist agencies in developing a hybrid model of online training for Personal Care Aides (PCAs) and Home Health Aides (HHAs).

The requirements set forth the information needed to approve a hybrid model of online training and do not replace any current criteria for training; all other criteria for in-person training remains in place. To receive approval to conduct a hybrid model of online training, agencies must submit the information outlined in this document. Failure to submit all information upon initial submission may result in a delay in processing your request or possible denial.

The following agency information is required with your request for approval.

Agency Demographics Form: One Agency Demographics Form is required for each license number (Attachment 1):

1. Agency Name;
2. Agency Address;
3. Agency License Number;
4. Training Program Approval Type;
5. Address where testing, skills, and Supervised Practical Training (SPT) will be completed;
6. Language(s) – Please note that prior Foreign Language approval is required;

7. Name of Nurse Instructors Responsible for Hybrid Training;

Attestations: The following are Operator/Administrator attestations required for Hybrid Training approval. Please note, if your agency is requesting Hybrid Training approval for both PCA training and HHA training, both attestations are required:

1. PCATP Attestation (PCATPs Only, Attachment 2);
2. HHATP Attestation (HHATPs Only, Attachment 3);

Hybrid Training Program Schedule (Attachment 4): This should include the content of the training program modules/units (didactic portion of training) and administration of written and (required and optional) skills performance evaluation. Please indicate if the session being held is online or in the skills laboratory.

Additional topics may be included in the training, but they must be in addition to the minimum hourly requirement and may not substitute for required topics. The time allocated for each training topic, breaks and meals, tests, supervised practical training (SPT), and skills performance evaluations must be identified on the schedule. The day the certificates of completion are distributed to the trainees must be included.

For HHATPs: A schedule is required for each training class type being offered through a hybrid approach: Full Training, Personal Care Aid Upgrading, and Certified Nurse Aide Transitioning.

Policies and Procedures

Policies and Procedures are required and must describe how the hybrid program will be implemented. These should include information specific to the Hybrid Training Program. The "Guidance for Developing Policies and Procedures for a Licensed Home Care Services Agency," may be helpful and is located on the DOH website at: http://www.health.ny.gov/facilities/home_care/guidance_docs_for lhcs_applicants.htm

Policies and Procedures should address the following:

1. Admission/Enrollment Criteria: how students will be selected for Hybrid Training, enrollment details, how required documentation will be obtained.
2. Attendance/Trainee Verification: how attendance will be taken, and the documentation maintained; how trainees' identity will be verified for attendance, and attendance requirements for Hybrid Training.
3. Curriculum and Learning Materials: how the curriculum will be presented in an online environment, how textbooks and other learning resources will be provided to the trainees, required topics, language in which the course will be taught, learning objectives and time allotted for each module. Hybrid training programs must use the home care curriculum and the approved textbooks.

4. Technological Platform: description of the platform for the online component, specific equipment needed to access the training and how the system will be tested prior to beginning training. A description of how trainees will access the online training and how the Nurse Instructor will be trained on the use of the technological platform.

Please Note: If your agency chooses to change technological platforms after your initial approval for Hybrid Training, updated Policies and Procedures must be submitted to the Department for approval prior to the change taking place.

5. IT Support: how IT support will be provided to Nurse Instructors and trainees, and how issues with equipment, accessibility or connectivity will be addressed.
6. Confidentiality: how the confidentiality of student information and training/testing materials will be maintained.
7. Testing: how trainees will be scheduled and monitored for in-person testing.
8. Skills: how trainees will be scheduled for in-person skills assessments and Supervised Practical Training (SPT) and how these will be conducted.
9. Program Monitoring and Evaluation: description of the evaluation design and methodology that will be used to ensure the continued quality of hybrid training. Agencies are encouraged to identify metrics that are demonstrative of the quality of the training.

Personal Care Aide Upgrading and Certified Nurse Aide Transitioning: For HHATPs choosing to offer the following in a hybrid training environment, you must also submit:

10. Personal Care Aide Upgrading: how this class will operate in a hybrid training environment with a description of the portion to be taught online and that which will be taught in person.
11. Certified Nurse Aide Transitioning: how this class will operate in a hybrid training environment with a description of the portion to be taught online and that which will be taught in person.

The Department of Health reserves the right to revoke or suspend approval for Hybrid Training due to findings from the surveillance process.

For additional information related to standards related to COVID-19, please refer to Department guidance posted on the Health Commerce System:

- Guidance for Home Health Aide and Personal Care Aide Training Programs June 01, 2020; and

- Update: Home and Community-Based Services Regarding COVID-19 Updated June 18, 2020.

COVID-19 related questions should be sent to: covidhomecareinfo@health.ny.gov.

Completed requests for approval of a hybrid training program should be sent via email to:

PCA Training Programs: pcatp@health.ny.gov

HHA Training Programs: hhatp@health.ny.gov

The Department commends each of you for your continued efforts to provide quality services in your communities and appreciates your diligence in assuring the health and safety of home care workers and consumers.

Sincerely,

Handwritten signature of Carol A. Rodat in black ink.

Carol A. Rodat, Director
Division of Home and Community
Based Services

Attachment – 1 Agency Demographics

Agency Name: _____

Agency Address: _____

Agency License/Operating Certificate Number: _____

Training Program Approval Type: PCATP HHATP BOTH

PCATP: Address where testing and skills assessment will be completed (this will be the address listed in the HCWR and printed on the certificates):

HHATP: Address where testing and SPT will be completed (this will be the address listed in the HCWR and printed on the certificates):

Language(s): _____

Name of Nurse Instructors Responsible for Online Training (please note, these should be DOH approved Nurse Instructors):

Attachment 2 – PCATP Attestation

Agency Name: _____

Agency License/Operating Certificate Number: _____

My signature below indicates our understanding of the following:

- Only the didactic portion of the PCA Basic Training (40-hour course) can be offered with Hybrid Training approval. The Alternative Competency Demonstration (ACD) cannot be conducted via Hybrid Training and can only be offered in-person.
- Hybrid Training consists of live, online classes, supplemented with training videos and pre-recorded content (i.e. guest speakers). Hybrid Training cannot consist of self-learning modules. Use of training videos or pre-recorded content must be followed by live, online discussion of the material covered.
- The Department will be responsible for entering the approved Hybrid Training site into the Home Care Worker Registry (HCWR). We understand that we may not enter a Hybrid Training site into the HCWR. Any additional Hybrid Training sites must be sent to pcatp@health.ny.gov for approval.

NAME AND TITLE: _____

SIGNATURE: _____

DATE: _____

Attachment 3 – HHATP Attestation

Agency Name: _____

Agency License/Operating Certificate Number: _____

My signature below indicates our understanding of the following:

- Only the didactic portion of the HHA Full Training Course (75-hour course), didactic portion of the Personal Care Aide Upgrading, and didactic portion of the Certified Nurse Aide Transitioning can be offered with Hybrid Training approval. The Competency Demonstration cannot be conducted via Hybrid Training and can only be offered in-person.
- Hybrid Training consists of live, online classes, supplemented with training videos and pre-recorded content (i.e. guest speakers). Hybrid Training cannot consist of self-learning modules. Use of training videos or pre-recorded content must be followed by live, online discussion of the material covered.
- The Department will be responsible for entering the approved Hybrid Training site into the Home Care Worker Registry (HCWR). We understand that we may not enter a Hybrid Training site into the HCWR. Any additional Hybrid Training sites must be sent to hhatp@health.ny.gov for approval.

NAME AND TITLE: _____

SIGNATURE: _____

DATE: _____

Attachment 4 – Hybrid Training Program Schedule

Agency Name: _____

License/Operating Certificate Number: _____

Class Type: _____

DIRECTIONS: Under “Time of Day” indicate the beginning and ending time of the training topic. Under “Topic” identify the training topic. Be sure to indicate when material is being presented online and when trainees will be in the skills lab.

DAY 1 Time of Day Topic	DAY 2 Time of Day Topic	DAY 3 Time of Day Topic	DAY 4 Time of Day Topic
DAY 5 Time of Day Topic	DAY 6 Time of Day Topic	DAY 7 Time of Day Topic	DAY 8 Time of Day Topic
DAY 9 Time of Day Topic	DAY 10 Time of Day Topic	DAY 10 Time of Day Topic	DAY 11 Time of Day Topic
DAY 12 Time of Day Topic	DAY 13 Time of Day Topic	DAY 14 Time of Day Topic	DAY 15 Time of Day Topic