

Section 1 – Auditor Information

Auditor Organization: AHCCCS BUFC DES/DDD MCP UHC

Auditor Name: [Click here to enter text.](#)

Auditor Contact Number: [Click here to enter text.](#)

Audit Date: [Click here to enter a date.](#)

Section 2- Audit Criteria

Desk Audit

Other

Section 3- Approved Program Demographic Data

Approved Program Name: [Click here to enter text.](#)

AHCCCS ID: [Click here to enter text.](#)

AHCCCS Initial Approval Date: [Click here to enter text..](#)

Onsite Audit Location Address: [Click here to enter text.](#)

Contact Name: [Click here to enter text.](#)

Contact Phone Number: [Click or tap here to enter text.](#)

Contact Mailing Address: [Click here to enter text.](#)

Approved Program Type: AHCCCS Registered Direct Care Services Agency
 Private Vocational Training Program

Section 4 – ALTCS Contractor Identification

BUFC

DES/Division of Developmental Disabilities

Mercy Care Plan

UnitedHealthCare Community Plan

Other (describe): [Click or tap here to enter text.](#)

Section 5- Contracts (LIST ALL)

NOTE: Skip this section if an Approved Program, designated as an AHCCCS registered direct care services agency, is only training and testing their own direct care workers.

List **EACH** AHCCCS registered direct care services agency that has a contract or agreement with the Approved Program to provide direct care worker training and testing.

	Agency Name	AHCCCS ID #:	Counties
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			

Sections 6-7 Policy and Procedures and Resource Standards/ Trainer Qualification Standards

Select **Compliant** from the drop-down menu (or write in “Complaint”) if the Approved Program meets the requirement(s) for the standard.

Select **Compliant with Recommendations** from the drop-down menu (or write in “Compliant with Recommendations”) if the Approved Program meets the requirement(s) for the standard, but there are areas noted that need improvement. Provide a comment for each standard when a recommendation is noted. Briefly explain the reason for the recommendation and/or provide a suggestion for making improvements.

Select **Not Compliant** from the drop-down menu (or write in “Not Compliant”) if the Approved Program does not meet the requirement(s) for the standard. Provide a comment for each standard when a corrective action is required. Briefly explain the deficiencies that resulted in the Approved Program’s non-compliance with the required standard. The notice of audit findings shall provide a summary of the deficiencies noted to support the Approved Program in developing and implementing a corrective action plan.

Select **Not Applicable** from the drop down menu (or write in “Not Applicable”) if the requirement is not applicable to the Approved Program. Some requirements are specific to Approved Programs that are direct care service agencies and not applicable for Approved Programs that are private vocational training programs.

Standards	Select Compliance	If Corrective Action or Recommendation is needed, please explain
6a. Policies and Procedures and Resources Standards		
Curriculum Standards - ACOM, Chapter 429, III.A.1		
The use of the <i>Principles of Caregiving</i> curriculum or a curriculum that meets the competencies of the <i>Principles of Caregiving Curriculum</i>	Choose an item.	
Curriculum developed by the Approved Program adheres to the <i>Principles of Caregiving Curriculum Use Guidelines</i> found at www.azahcccs.gov/dcw	Choose an item.	
Processes for ensuring the curriculum is maintained and updated	Choose an item.	
Implementation Models or Strategies for Knowledge and Skills-Based Training - ACOM, Chapter 429, III.A.3		
Outline the protocol for the utilization of classroom training	Choose an item.	
Outline the protocol for the utilization of online training	Choose an item.	
Trainer Qualifications and Protocols - ACOM, Chapter 429, III.A.2		
Processes for training trainers	Choose an item.	
Processes for testing trainers	Choose an item.	
Processes for to ensure trainers have and documentation of hands-on experience in direct care	Choose an item.	
Processes to ensure trainers have and documentation of experience in teaching groups of adults	Choose an item.	
Processes to ensure trainers have and documentation of the minimum number of training classes per year	Choose an item.	
Outline the protocol for the utilization of experts and assistants	Choose an item.	
Record Maintenance - ACOM, Chapter 429, III.A.5		
Documentation must be retained for at least ten years	Choose an item.	
Processes for ensuring documentation of training and testing sessions: <input type="checkbox"/> Class schedules <input type="checkbox"/> Class rosters for both knowledge and skills-based training and testing <input type="checkbox"/> Trainers, experts and assistants	Choose an item.	
Processes for ensuring documentation of individual records:	Choose an item.	

Standards	Select Compliancy	If Corrective Action or Recommendation is needed, please explain
<input type="checkbox"/> Date of hire and date the training period concluded <input type="checkbox"/> Form used to obtain permission from the employee to access testing records in the online database <input type="checkbox"/> Demographic data that is required in order to enter employees and testing records into the online database <ul style="list-style-type: none"> ▪ First Name ▪ Last Name ▪ Month and Day of Birth ▪ Last four digits of the Social Security Number ▪ Sex (Male or Female) <input type="checkbox"/> Training and Testing Modules <input type="checkbox"/> Accommodations (e.g. oral or alternate language tests) <input type="checkbox"/> Test type and eligibility for tests (e.g. regular, challenge or re-test) <input type="checkbox"/> Educational and work experience documentation for challenge tests <input type="checkbox"/> Results		
Scope of the Program		
Agreements or contracts with direct care service agencies to train and test their direct care workers <i>(This is only a requirement for the policies and procedures of Approved Programs that are training and testing direct care workers under an agreement/contract with a direct care services agency)</i>	Choose an item.	
6b. Policies and Procedures for Test Administration and Verification and Online Database		
Test Administration - ACOM, Chapter 429, III.A.3		
Utilization of standardized tests provided by AHCCCS	Choose an item.	
Measures utilized to ensure test security	Choose an item.	
Availability of accommodations (e.g. oral or alternate language tests)	Choose an item.	
Outline the protocol for testing (e.g. incremental or “final” tests)	Choose an item.	
Outline the protocol for knowledge and skills-based testing	Choose an item.	
Processes for offering challenge tests	Choose an item.	
Processes for offering re-tests	Choose an item.	
Test Verification - ACOM, Chapter 429, III.A.2 , Chapter 429, III.A.3, and Chapter 429, III.A.5		

Standards	Select Compliancy	If Corrective Action or Recommendation is needed, please explain
Protocol for ensuring and documenting trainers (92%) and direct care workers (80%) pass rate for written and 100% pass rate for skills tests	Choose an item.	
<input type="checkbox"/> Protocols for sharing current/former employee testing results upon request from another organization using <i>Verification of Direct Care Worker Testing</i> forms. <input type="checkbox"/> Protocols for soliciting prospective/current employee testing results upon request from another organization using <i>Verification of Direct Care Worker Testing</i> forms. Verification may also include an official transcript from an Approved Program (on letterhead) of the test type(s), date(s), module(s) and score(s). <i>In the event testing records are not yet available in the online database, a hard copy form can be used for testing record verification</i>	Choose an item.	
Online Database - ACOM, Chapter 429, III.A.5		
Protocols for integrating the online database into day-to-day business practices: <ul style="list-style-type: none"> <input type="checkbox"/> Maintaining a list of organizational users and notifying AHCCCS when a user account must be terminated or suspended <input type="checkbox"/> Protocol for adding employees into the employee listing who will be or have been sent by the employer for training/testing including updating status changes of employees (hired, terminated, resigned) within 30 days of the status change <input type="checkbox"/> Form used to obtain permission from current/prospective employees to access testing records in the online database <input type="checkbox"/> Protocol for reporting testing results in the online database within 30 days of a testing event 	Choose an item.	
6c. Resources – Access to necessary space to conduct training and testing - ACOM, Chapter 429, III.A.3.a		
An Approved Program must have access to the necessary space to conduct training and testing.	Choose an item.	
6d. Resources – Access to necessary equipment and supplies - ACOM, Chapter 429, III.A.3.b		
An Approved Program must have access to the basic necessary supplies and training equipment (e.g., wheelchair, bed) to facilitate skills-based training and testing. Instruction can be provided using a variety of modalities such as: in-person, video and e-learning presentations. Regardless of the instructional modality used there must be supplies and equipment available to support hands on training, skill demonstrations and realistic practice exercises.	Choose an item.	

Standards	Select Compliancy	If Corrective Action or Recommendation is needed, please explain
Reference the <i>Supplies for Skills Testing Checklist</i> on last page.		
7a. Trainer Qualifications – Evidence of 92% minimum passing grade for knowledge test(s) - ACOM, Chapter 429, III.A.2.a		
<p>An Approved Program must ensure and document that a trainer has achieved a score of 92% for the knowledge test(s) for any curriculum modules they teach.</p> <p><i>Documentation shall include a training transcript or letter from the Approved Program attesting that the new trainer has passed the knowledge and skills tests at the level required of a trainer.</i></p>	Choose an item.	
7b. Trainer Qualifications – Evidence of 100% passing grade for skills testing - ACOM, Chapter 429, III.A.2.a		
<p>An Approved Program must ensure and document that a trainer has achieved a score of 100% for the skills test(s) for any curriculum modules they teach.</p> <p><i>Documentation shall include a training transcript or letter from the Approved Program attesting that the new trainer has passed the knowledge and skills tests at the level required of a trainer.</i></p>	Choose an item.	
7c. Trainer Qualifications – Evidence trainers meet the direct care experience requirement - ACOM, Chapter 429, III.A.2.b		
<p>An Approved Program must ensure and document that a trainer has substantive hands-on experience as a caregiver of at least one year.</p> <p><i>Documentation may include personnel records or a resume.</i></p>	Choose an item.	
7d. Trainer Qualifications – Evidence trainers meet the adult teaching experience requirement - ACOM, Chapter 429, III.A.2.c		
<p>An Approved Program must ensure and document that a trainer has at least one year experience in teaching groups of adults (any field).</p> <p><i>Documentation may include personnel records or a resume.</i></p>	Choose an item.	
7e. Trainer Qualifications – Evidence of “expert” or assistant qualifications - ACOM, Chapter 429, III.A.2.e		
<p><input type="checkbox"/> Evidence of "expert" or assistant qualifications.</p> <p><input type="checkbox"/> Individuals designated as “experts” are only training in areas related to their expertise in the absence of a qualified trainer.</p> <p><input type="checkbox"/> The Approved Program has a process for ensuring that “experts” are competent in the content they teach and are;</p> <p><input type="checkbox"/> Capable of training adults in their area of expertise.</p> <p><i>Documentation may include training schedules, class rosters, applicable licenses or certifications.</i></p>	Choose an item.	

Standards	Select Compliancy	If Corrective Action or Recommendation is needed, please explain
<input type="checkbox"/> Evidence of Training Assistant qualifications. <input type="checkbox"/> Trainers are present for all training if the assistant trainer is not qualified as defined in 7a,b,c,d, e <i>Documentation may include training schedules and class rosters.</i>	Choose an item.	
7f. Trainer Qualifications – Evidence trainers have conducted at least two training classes per year - ACOM, Chapter 429, III.A.2.d		
<p>Evidence trainers have conducted at least two training classes per year. Note: Trainers unable to meet this requirement as a result of low demand for DCW training and testing--document activities to stay current such as: on-the-job coaching of a DCW, co-training with a qualified trainer, attending classes conducted by another qualified trainer, or reviewing instructional materials</p> <p><i>Documentation shall include class rosters.</i></p>	Choose an item.	

CONTINUING PROGRAM APPROVAL STATUS			
8	Approved Program Status – Put “X” in box corresponding to program approval status		
8a	Compliant The Approved Program has met the minimum standards required to be an Approved Program. The audit noted the Approved Program was either “compliant” or the standard was “not applicable” for each of the audit sections.		
8b	Compliant with Recommendations The Approved Program has met the minimum standards, but there are areas noted that need improvement. The Auditor explained the reason for the recommendation and/or provided a suggestion for making improvements.		
8c	Provisional Approval Pending Corrective Action The Approved Program has not met the minimum standards. The Auditor provided a comment for each standard when the Approved Program was not compliant with a standard. Note: The notice of audit findings shall provide a summary of the deficiencies noted to support the Approved Program in developing and implementing a corrective action plan.		
8d	Denied The Approved Program’s Corrective Action Plan was not approved after two attempts.		
9	Notifications	Auditor's Initials	Date notified
9a	Audit findings were sent to the Approved Program and to AHCCCS <i>NOTE: If the continuing program approval status was either “approval” or “approval with recommendations,” the Auditor does not need to complete the remainder of this section.</i>		
9b	Corrective Action Plan approved <i>NOTE: The Approved Program has two opportunities to submit a Corrective Action Plan in order to correct deficiencies outlined in the audit. ACOM, III.C.3.e</i>		
9c	Final status notification sent to the Approved Program and to AHCCCS		

Below is a brief outline of the procedures for the continuing program approval. Reference the AHCCCS Contractor’s Operations Manual (ACOM), Chapter 429, Section C, for the full scale policy pertaining to the continuing program approval.

Audit Procedure	Description	Policy Reference
Notice	Auditor shall provide 30-day advance notice to the Approved Program of the scheduled audit	ACOM, III.C.1e
Finding: Compliant	Auditor shall send a completed report no later than 30 days from the scheduled audit.	ACOM, III.C.2.a
Compliant with Recommendations	The Approved Program listing is updated monthly on the AHCCCS website with audit findings	ACOM, III.C.2.b
Finding: Provisional Approval Pending Corrective Action	The Approved Program submits a Corrective Action Plan (CAP) to the Auditor within 15 days of receipt of the audit findings and report.	ACOM, III.C.3.b
CAP Review	The Auditor sends a notice updating the continuing approval status to the Approved Program and to AHCCCS.	ACOM, III.C.3.d

Supplies and Equipment for Skills Hand on Training - Clip Arts or pictures of supplies printed from the network or magazines are not acceptable. Supplies must be actual properties of Approved Program to be use for training facility.

Mark appropriate Modules of Approved Program Fundamentals Aging and Physical Disabilities Developmental Disabilities

Supplies	Fundamentals	Aging and Physical Disabilities	Developmental Disabilities
<input type="checkbox"/> 10 Pound Object	required		
<input type="checkbox"/> Bed (or massage table, or table made up as a bed)		required	required
<input type="checkbox"/> Bedpan		required	
<input type="checkbox"/> Bowls or Cups		required	required
<input type="checkbox"/> Catheter Bag and Collection Device		required	
<input type="checkbox"/> Chair		required	required
<input type="checkbox"/> Gait Belt		required	required
<input type="checkbox"/> Gloves	required	required	required
<input type="checkbox"/> Manikin or Volunteers (can be students-manikin is recommended for bed bath)		required	required
<input type="checkbox"/> Oversize Shirt or Blouse		required	required
<input type="checkbox"/> Paper Towels	required	required	required
<input type="checkbox"/> Sheets		required	
<input type="checkbox"/> Sink and Running Water	required		
<input type="checkbox"/> Soap (pump dispenser)	required		
<input type="checkbox"/> Spoons		required	required
<input type="checkbox"/> Toilet Paper		required	
<input type="checkbox"/> Toothbrush			required
<input type="checkbox"/> Toothpaste			required
<input type="checkbox"/> Towels (4) (for bed bath, clothes protector and linen protector)		required	
<input type="checkbox"/> Walker		required	required
<input type="checkbox"/> Washcloths (2)		required	
<input type="checkbox"/> Wastebasket	required	required	
<input type="checkbox"/> Wheelchair		required	required