Health & Professional Certification Testing – LTC Workshop Update

Jennifer Palacio

Assessment Manager

OKLAHOMA CareerTech | CTTC CareerTech Testing Center
Health and Professional Certifications Project

HPCP Test Site Coordinator (HPCP Testing Manual)

➢ Train/monitor local test site personnel (including CSOs if applicable)

➢ Ensure the security of testing materials & verifies all policies/procedures are followed

➢ Coordinate HPCP test registration, collecting fees, & administration

➢ Score clinical skills examinations (if applicable)

➢ Distribute results to candidates

➢ Maintain testing records

TRAINING/MONITORING LOCAL TEST SITE PERSONNEL

All test site personnel associated w/ the HPCP certification process:

- ➢ Must be listed on the HPCP Test Site Directory
- ➢ Attend training on HPCP processes and procedures
- ➢ Complete a Testing Personnel Training Requirement Form
- ➢ Sign a Confidentiality Agreement *(not required for CSOs – agreement is part of request form)*

*New Process – complete all new paperwork with FY MOU agreement

- ➢Only need to be updated when new staff added
- ➢Can send an email to remove staff w/out completing new forms

TRAINING/MONITORING LOCAL TEST SITE PERSONNEL

Clinical Skills Observers (CSOs)

➢ Test Site Coordinator is responsible for requesting/training CSOs

➢ CSO must complete: (manual)

- Orientation on administering scenarios
- Review CSO Manual
- Complete shadowing experience with approved CSO

➢ Current list on sFTP system

➢ Request form on website - must include resume

TRAINING/MONITORING LOCAL TEST SITE PERSONNEL

Clinical Skills Observers (CSOs)

➤ CSO Qualifications – verified on [OK Bd of Nursing](#) & [Multi-state compact](#)

Certification Test	Minimum Qualifications
Home Health Care, Long Term Care	• Registered Nurse with an unrestricted license • One year experience

➤ Prefer CSOs not be instructors – if so, cannot observe own students

➤ Must administer 2 clinical skills exams per Fiscal Year

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COORDINATING TEST REGISTRATION AND ADMINISTRATION

➢ <u>Administration – Clinical Skills Scenarios</u>

- Clinical Skills Scenarios – schedule extra 15 minutes for preparing volunteer/providing instructions/answer questions *(only time candidate can ask questions)*
  - ✓ Time Limits
    - ▪ HHA/LTC – 60 minutes for 7 clinical skills
  - ✓ Administered in actual care-giving situation or in a laboratory setting that resembles environment in which candidates will function on the job – access to running water
  - ✓ All equipment and supplies provided by test site – CSO must make sure that everything is accessible & candidate knows where to retrieve items listed
  - ✓ Volunteers/Residents
    - ▪ Cannot be another student in CNA or be a CNA
    - ▪ Prefer non-medical person & need to be 18

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COORDINATING TEST REGISTRATION AND ADMINISTRATION

➢ Administration – Clinical Skills Scenarios

- Scenario consists of: - *some sites color code sections – volunteer, candidate,etc*
  - ✓ Cover Sheet – Candidate Info to be completed by Coordinator prior to the exam
  - ✓ Candidate Information – Scenario, Instructions, Document Sheet
  - ✓ Volunteer/Resident Info – instructions, consent form
  - ✓ CSO Information – equipment list, CSO Instructions, Scenario, Candidate Instructions, Documentation Sheet
  - ✓ Evaluation Grid – marked by CSO as the candidate performs task
  - ✓ Score Sheet – completed by Coordinator (or designee) – nurse aide only
- Scenarios include both critical, non-critical tasks, and vitals (nurse aide only)
  - ✓ Critical tasks – usually deal with safety & infection control – must perform all with 100% accuracy
    - (hand-washing, donning/removing gloves & other PPE, handling biohazardous materials, etc…
  - ✓ Non-Critical tasks – associated with performing tasks correctly – 80%
  - ✓ Vitals, Input/Output – measure w/in acceptable limits – see scoring sheet

MAINTAIN TEST RECORDS

➢Testing & Training records need to be separate (instructors have access to training information, but should not have access to testing records)

- provides credibility – no other testing site would have them together

➢All testing records should <u>only</u> be accessible to individuals listed on test site directory

➢Keep records no less than 4 calendar years (current, plus 3 previous)

➢Documentation requirements outlined in Cheat Sheet Supplement

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COORDINATING TEST REGISTRATION AND ADMINISTRATION

➢ <u>Request for Accommodations</u> – must complete required form on Coordinator Resources page on website with supporting docs
- Provide 2 business days for HPCP office to respond to request

➢ <u>Administration</u>
- Candidates who have completed an approved training program have 3 attempts to pass both the clinical skills exam & written exam.
- Candidates who do not pass the clinical skills examination or the written exam must wait at least 3 days before retesting.
- Candidates who are unable to pass either exam after 3 attempts must retrain in order to be eligible for additional testing.
- Candidates who fail any portion of the clinical skills examination must retake the exam in its entirety.
  - ✓ not allowed to only retest the tasks or skills that were not performed correctly in previous administrations.

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Nurse Aide Information

➢ **Coordinating Registration & Scheduling** (HCP Coordinator Manual & CSO Manual)

- Coordinate # of clinicals performed in a day
  - ✓ 7 – LTC, HHA, AUA
- Coordinate/verify required documentation for testing
- Nurse Aide –
  - ✓ Training verification form or Approval Letter from OSDH (only last 1 year) – verify matches candidate info
  - ✓ Original proof of social security # (must be printed)
    - ▪ Social security card or Letter from SS Administration
  - ✓ Photo ID issued by government entity w/in the U.S.
  - ✓ Affidavit of Lawful Presence – see info sheet for requirements
    - ▪ Retain original & supporting docs for non-citizens in candidate testing folder

Nurse Aide Information (cont.)

➢ Coordinate/verify required documentation for testing
- CMA – 3 years from completion of training to finishing testing (CMA Testing File Documentation Checklist)
  - ✓ Training verification form or Approval Letter from OSDH
  - ✓ Original proof of social security # (must be printed)
    - Social security card or Letter from SS Administration – even Registered Aliens
    - Tax return
  - ✓ Photo ID issued by government entity w/in the U.S. (no foreign passports)
  - ✓ Affidavit of Lawful Presence – see info sheet for requirements
    - Retain original & supporting docs for non-citizens in candidate testing folder
  - ✓ Verification of current LTC/HHA/DDCA certification
- Advanced CMA – Insulin Administration
  - ✓ All required documents listed above for CMA
  - ✓ OSDH Form 504 documenting completion of training req's
  - ✓ Verification of current CMA certification

Health Certification Project
TRAINING VERIFICATION FORM

CANDIDATE INFORMATION

Name _____ Social Security Number _____

TRAINING INFORMATION
Please indicate with a "X" in the type of training completed.

Long Term Care (LTC) (75 hr. minimum)	Developmentally Disabled Care (75 hr. minimum)	Residential Care (45 hr. minimum)
Home Health Care (HHC) (75 hr. minimum)	Deeming – LTC to HHC (16 hours minimum)	Adult Day Care (45 hr. minimum)

Training Facility Name: _____

Training Facility Address: _____

Training Completion Date: _____ Training Facility Code: _____

Instructor's Name (Please print clearly)   Instructor's Signature

TRAINING VERIFICATION STATEMENT

I verify that the above named candidate has successfully completed the minimum number of training hours and all required performance checklists for program indicated above. Furthermore, this training was provided through a program approved by the Oklahoma State Department of Health. (Note for Long-Term Care Aide and Home Care Aide Training programs: This form <u>must</u> be signed by the R.N. who is listed on the NATCEP application as the R.N. Training Supervisor. LPN's <u>cannot</u> be Training Supervisors for LTC or HHC aide training programs and <u>may not</u> sign this form.)

RN LPN QIDP Other

Training Supervisor's Name (Please print clearly)   Training Supervisor's Signature

Training Supervisor's Telephone Number   Date

CLINICAL SKILLS EXAMINATION RECORD

The Test Site Coordinator must sign and date this form after scoring each skill in the clinical skills test packet. **Candidates that do not pass the clinical skills examination after three attempts must retrain and repeat the testing process.**

Exam 1: CSO # _____ Form: _____ _____ Date _____ Pass/Fail
Test Site Coordinator Signature

Exam 2: CSO # _____ Form: _____ _____ Date _____ Pass/Fail
Test Site Coordinator Signature

Exam 3: CSO # _____ Form: _____ _____ Date _____ Pass/Fail
Test Site Coordinator Signature

WRITTEN COMPETENCY EXAMINATION RECORD

The Test Site Coordinator must sign and date this form at each written competency test administration. **Candidates that do not pass the written competency examination after three attempts must retrain and repeat the testing process.**

Written Exam 1 _____ Date _____ Pass/Fail
Test Site Coordinator Signature

Written Exam 2 _____ Date _____ Pass/Fail
Test Site Coordinator Signature

Written Exam 3 _____ Date _____ Pass/Fail
Test Site Coordinator Signature

NOTE: All testing must be completed within <u>three</u> years of completion of training.
Revised January 16, 2020

Health Certification Project
TRAINING VERIFICATION FORM – Certified Medication Aide

CANDIDATE INFORMATION

Name _____ Social Security Number _____

TRAINING INFORMATION

Training Facility Name: _____

Training Facility Address: _____

Training Completion Date: _____ Training Facility Code: _____

Instructor's Name (Please print clearly)   Instructor's Signature

TRAINING VERIFICATION STATEMENT

I verify that the above named candidate has successfully completed the minimum number of training hours and that this training was provided through a program approved by the Oklahoma State Department of Health. I also attest that, after training was completed, the above named candidate passed medications to 20 consecutive individuals without error and that documentation of these medication passes has been retained in his/her training file.

RN LPN Other

Training Supervisor's Name (Please print clearly)   Training Supervisor's Signature

Training Supervisor's Telephone Number   Date

CERTIFIED MEDICATION AIDE STATEMENT OF ATTESTATION

I, _____, attest that I meet all of the following requirements for certification as a

medication aide (please initial each in the blank provided):

_____ I am at least eighteen years of age.   _____ I have high school diploma or G.E.D.

_____ I have a current Oklahoma nurse aide   _____ I have at least six months experience working as a
certification with no abuse notations.   certified nurse aide.

_____ I have the physical and mental capability to   _____ I passed medications to 20 consecutive individuals
perform the duties of a CMA.   without error after completing the training program above.

Candidate Signature   Date of Signature

Candidate Name (printed)

WRITTEN COMPETENCY EXAMINATION RECORD

The Test Site Coordinator must sign and date this form at each written competency test administration. **Candidates that do not pass the written competency examination after three attempts must retrain and repeat the testing process.**

Written Exam 1 _____ Date _____ Pass/Fail
Test Site Coordinator Signature

Written Exam 2 _____ Date _____ Pass/Fail
Test Site Coordinator Signature

Written Exam 3 _____ Date _____ Pass/Fail
Test Site Coordinator Signature

NOTE: All testing must be completed within <u>three</u> years of completion of training.
Revised July 9, 2018

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Nurse Aide Information (cont.)

➢ Coordinate/verify required documentation for testing (CONT.)

- Waiver Candidates – LTC & HHA
- Training Facility Code – 7777777 (No training verification form)
- Candidate must submit documentation to NAR to receive a training exception waiver letter before testing. Candidate provided 3 attempts to pass – if unable, must retrain with traditional training program
  - ✓ LTC ONLY – Skills Performance Checklist, Affirmation of 16 hours of Training, and 10 hours of Alzheimer's disease training
  - ✓ HHA ONLY – Skills Performance Checklist (Signed & Dated) and documentation of any additional training

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Activity Reports

➢ Activity Reports
- Summarized Price Sheet showing Candidate amount & amount invoiced to each Test Site located on sFTP
- Usually provided the week after the end-of-the-month after HCP office reconciles monthly report with daily uploads
- Information included on report:
  - ✓ TR Code – Training facility Code
  - ✓ REF – score
  - ✓ Assessment Title
  - ✓ Date/Time Completed
  - ✓ Candidate First Name
  - ✓ Candidate Last Name
  - ✓ Charges
  - ✓ Counts
- We are now sending the reports in Excel with the TR Code & Score to allow each of the sites to keep a running log of assessments
  - ✓ Why you may ask? – so you can always figure your own pass rates, average scores, etc…by training facility code
  - ✓ We will still provide one at the end of the calendar year because we provide that information to our agency partners – but it takes some time to complete

Statistics

> Provided to NAR & tests sites based on calendar year – not fiscal year

> Listed by Training Facility Code

> Overall Statistics – CY2021

Long Term Care	Number of Unique Testers	# Passed - All Written Attempts	Pass Rate - All Written Attempts	Avg Score Written - All Attempts
STATEWIDE TOTALS/AVERAGES	5081	4612	76%	78%
Certified Medication Aide	Number of Unique Testers	# Passed - All Written Attempts	Pass Rate - All Written Attempts	Avg Score Written - All Attempts
STATEWIDE TOTALS/AVERAGES	963	849	72%	75%

Contact Information

Jennifer Palacio – Jennifer.Palacio@careertech.ok.gov

Shared Email Address – cttc@Careertech.ok.gov

Website Address – www.okhcp.com

Any other Questions?