



Department of Health

ANDREW M. CUOMO
Governor

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

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

April 9, 2015

DAL: DHCBS 15-03
Subject: Home Health Aide Training Program
Requirements – Reminders and Request
for Information (Due April 30, 2015)

Dear Administrator:

Home Health Agencies that operate Home Health Aide Training Programs (HHATPs) are required to comply with all provisions included in the “Guide to Operation of a Home Health Aide Training Program” (Guide) dated July 1, 2013. The purpose of this letter is to remind agencies about two key requirements and to request evaluation information.

Program Monitoring

As described on pages 11 and 12 of the Guide, all HHATPs are required to have policies and procedures describing their quality management program and the annual evaluation of the training program. Quality management processes need to focus on the overall operation of the training program. Program monitoring must be conducted on at least a quarterly basis; documentation of this monitoring must be included in the quality assurance minutes of the sponsoring agency. In addition, an annual evaluation report must be submitted to the sponsoring agency’s governing authority and to the applicable NYS Department of Health (NYSDOH) Regional Office with the re-approval application.

This year, to ensure statewide compliance with the program monitoring component, the Division of Home and Community Based Services is requiring all HHATPs to provide a copy of the 2014 (or 2013) annual evaluation report by **April 30, 2015** to:

Marjorie Brier-Lynch, RN
NYS Department of Health
Division of Home and Community Based Services
875 Central Avenue
Albany, NY 12206

Training Class Schedules

As described on page 14 of the Guide, all HHATPs must provide the applicable NYSDOH Regional Office (see attached listing) with a schedule of anticipated classes every six months (each April 1st and October 1st). Any changes to the submitted schedule should be reported as soon as they occur. The schedule must include the dates, times and location of each class and the name of the approved Nurse Instructor for each class. Attached for your use is a form (and instructions) to transmit information about training classes to the Regional Office.

Please take this opportunity to review all requirements included in the “Guide to Operation of a Home Health Aide Training Program” with those staff involved in the operation of the HHATP.

If you have questions regarding this information, please contact the Division of Home and Community Based Services at homecare@health.ny.gov.

Sincerely,

A handwritten signature in cursive script that reads "Rebecca Fuller Gray".

Rebecca Fuller Gray, Director
Division of Home & Community Based Services
Office of Primary Care and Health Systems
Management

Attachments