

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT ON DISABILITY SERVICES**



<b>PROCEDURE</b>	
Subject: Direct Support Professional Training Procedures	Procedure No.: 2013-DDA-TRAINING-PR004
Responsible Program or Office:  Training Institute, Developmental Disability Administration	Effective Date: April 30, 2013
	Number of Pages: 11
Supersedes: Direct Support Professional Training Procedures dated March 1, 2013.	
Cross References, Related Policies and Procedures, and Related Documents: Direct Support Professional Training policy; DSP Training Structure Requirements; Employee Orientation Objectives and Competencies, Core Curriculum Training and Competencies; Incident Management Enforcement Unit policy and procedures, Human Rights policy, Behavior Support policy; Behavior Support Plan procedure;	

All underlined words/definitions can be found in the Definitions Appendix.

**1. PURPOSE**

The purpose of this procedure is to establish the standards, guidelines and training requirements for Direct Support Professionals (“DSPs”) or any staff that deliver supports and services to people receiving services as part of the Developmental Disabilities Administration (“DDA”) Service Delivery System.

**2. APPLICABILITY**

This policy applies to all DDA providers/vendors, consultants, volunteers, and governmental agencies that provide services and supports on behalf of people with intellectual and developmental disabilities receiving services as part of the DDA Service Delivery System funded by DDA or the Department of Health Care Finance (“DHCF”).

**3. PROCEDURES**

The following are the standards by which the Department on Disability Services (“DDS”) will evaluate compliance with the policy:

## **A. Approved Trainers**

1. The provider shall designate one or more staff positions to be responsible for coordinating staff training. The employee responsible for staff training should have broad knowledge of support and service needs of people with intellectual disabilities and possess the necessary skills to organize and implement a training program.
2. The provider shall ensure that the approved trainer(s) is competent to provide each employee with initial and continuous training that enables the employee to perform his or her duties effectively, efficiently, and competently. The approved trainer must have a minimum of three (3) years of experience providing direct supports, or specific expertise/certification in the subject matter. (e.g., Registered Nurse, Certified CPR Instructor, Licensed Psychologist) in order to verify competency to train staff. For training regarding DDS's Adaptive Equipment Maintenance Protocols, and Substitute Consent and Decision Making, the provider trainer must have participated in the DDS Train the Trainer course and must use the DDS curriculum.
3. If the person receives services in multiple settings or from multiple providers, the trainer for each provider will be responsible for coordinating training with other service providers.
  - a. If the approved trainer is not the licensed professional or clinician, the approved trainer must receive detailed training specific to the needs of the person (i.e. Health Care Management Plan, Individual Support Plan and/or Behavior Support Plan) from the licensed professional or clinician.
  - b. The approved trainer shall coordinate necessary training (i.e. training of the Behavior Support Plan or Health Care Management Plan by the licensed professional or clinician) to ensure all staff providing direct care are trained and maintain a continuity of care through the provider delivery system.
4. The provider shall ensure that a system of competency development and assessment is facilitated by the approved trainer which shall include but not be limited to on-the-job activities, hands on assessments, and/or routine interviews of staff.
5. The provider shall ensure that the approved trainer adheres to all required DDS policies and guidelines or administrative updates, as well as maintains complete, accurate and up-to-date training records.
6. The provider shall establish a written training plan and/or policies and procedures to maintain compliance with DDS's and the provider's training requirements. This plan must show how the training will be provided and the areas covered, including a training calendar which identifies, at minimum, the training date, time, location and approved trainer.

## **B. Training Records**

Training Records shall be maintained in the provider administrative offices and shall contain the following:

1. A training plan addressing how the content of each course or topic will be delivered.
2. A training calendar describing the courses or individual topics offered and dates of trainings.
3. Training curriculum and handouts used to teach staff.
4. Documentation of attendance through a report that includes the title and date of the course, the name of the approved trainer, name and signature of attendees for all Phases I-IV.
  - a. Phase I, New Employee Orientation, records must include numerical competency verification passing with a score of 80% or better.
  - b. Phase II, Specialized In-Service Training, records must include the initials of the person that the specialized in-service training focuses upon; signature of the supervisor or experienced staff member facilitating the training session; and the signature of the staff member attending. If group training is conducted, it must be clear that the training content is individualized to the unique needs of people the DSPs in attendance are supporting.
  - c. Phase III, Core Training, records must include numerical competency verification passing with a score of 80% or better.
  - d. Phase IV, Enhanced Training, records must include the name of the trainee, the name of the trainer, the name of the organization sponsoring the training, title of the training, date of the training, duration of the training in hours and the core value (Health and Wellness; Choice and Decision-Making; Rights and Dignity; Safety and Security; Community Inclusion & Relationships; Satisfaction; and Professional Development) that is being met through the training session.

Approved documentation to evidence the completion of Enhanced Training should be one or more of the following: certificate of completion, training materials or hand-outs from the training session; proof of attendance; and/or confirmation of registration to the training.
5. In addition to the documentation noted above, the provider may maintain electronic training records.

- a. If using electronic training records, providers must have administrative access to the system to verify training records in the case of the DDS/DDA audit (i.e. training record review, interview or monitoring).
6. Providers shall maintain documented proof that former and current staff members have completed required trainings. Former training records should be maintained for at least six (6) years after staff members have separated from the agency. Documented proof shall consist of the following:
  - a. Competency verification forms and graded tests.
  - b. Provider sign-in sheets with grades provided (graded tests filed at the provider will provide additional documented proof).
  - c. A provider electronic training records system, if possible.
7. Documentation of training records should not be transferred from provider to provider. Providers are responsible for training all staff.
8. Evidence of certification or training from a nationally accredited institution such as American Red Cross, Mandt, College of Direct Support, or Essential Learning, etc. is valid until expiration.
9. Providers may be subject to training audits conducted by DDS or designees. Training audits may include (but not be limited to) the following:
  - a. Training record reviews;
  - b. Interviews with agency personnel; and
  - c. In-class monitoring.

### **C. Staff Training**

1. Provider training programs shall include a written and verbal assessment to determine competency in basic writing and communication skills, which are pertinent to the duties of direct support to include:
  - a. Ability to read and write in English; and
  - b. Ability to verbally communicate in English.
2. All DSPs must receive key knowledge, skills and abilities through these core values: Health and Wellness; Choice and Decision-Making; Rights and Dignity; Safety and Security; Community Inclusion; Relationships; and Satisfaction. Through these core values, DSPs must receive competency based training in the following four phases:
  - a. Employee Orientation Training;
  - b. Specialized In-Service Training;

- c. Core Training; and
  - d. Enhanced Training.
3. Each training phase includes the identified course objectives and competencies that must be achieved in order to provide the highest quality of services to D.C. residents with intellectual and developmental disabilities.
  4. Each incident management coordinator or designee shall be trained in Incident Management and Incident Reporting.
    - a. The incident management coordinator must also complete a Level I Certification for Investigations training (i.e. Level 1 Conducting Serious Incident Investigations Course via the Labor Relations Alternative, Inc).
    - b. If a provider wishes to use an equivalent/alternative training for incident management, the course must be approved by the DDS Training Institute with consultation with the IMEU Supervisory Investigator.
    - c. Training for Level I certification will be paid at the expense of the provider.
  5. Professional Consultants Training Requirements
    - a. Professional consultants who work in a direct support capacity in a person's home or day program must comply with all training requirements outlined in the DSP Training Policy. Licensed Practical Nurses and Registered Nurses are included as professional consultants. Professional consultants must demonstrate proficiency by reading the policies and training curriculum materials located on the DDS website ([www.dds.dc.gov](http://www.dds.dc.gov)) and passing all competency tests with a score of 80% or higher.
    - b. Professional consultants, who do not work in a direct support capacity in a person's home or day program, must be trained in and pass the competency test with a score of 80% or higher for the DDA Incident Management and Enforcement Unit and Human Rights policies. Professional consultants who meet these criteria must follow these guidelines, regardless of his or her status as an independent contractor or DDA provider employee.
    - c. Community provider agencies that employ professional consultants shall ensure those individuals are proficient in the requirements outlined the DSP policy.

**D. Phase I: Employee Orientation Training:**

All new hires must be trained in the following:

1. The provider's philosophy, policies and procedures, goals, personnel policies, services, practices; and
2. Fire and vehicle safety, building emergency, disaster plans and evacuation procedures.

All new hires shall also be trained and pass the competency verification process for the Employee Orientation for the following:

3. Introduction to Developmental Disabilities (1 test).
4. Human Growth and Development.
5. Health and Wellness (2 tests):
  - a. Health Passport and Medical Appointments;
  - b. Understanding Medication Basics;
  - c. Signs & Symptoms;
  - d. Adaptive Equipment; and
  - e. Oral Health & Hygiene.
6. Choice and Decision Making (2 tests):
  - a. Choice and Dignity of Risk;
  - b. Introduction to Informed Consent; and
  - c. Alternatives to Guardianship.
7. Rights and Dignity:
  - a. Person First Language; and
  - b. Introduction to Individual Rights.
8. Safety and Security (2 tests):
  - a. Universal Precautions & Infection Control;
  - b. Basic HIPAA Overview and Confidentiality;
  - c. Abuse, Neglect, and Exploitation; and
  - d. Incident Management Reporting.
9. Community Inclusion and Relationships (1 test):
  - a. Introduction to Socialization.
10. Satisfaction (1 test):
  - a. Person-Centered Planning; and
  - b. Value-Based Decision Making.
11. The Provider shall ensure, managers, supervisors, Qualified Intellectual and Developmental Disability Professionals ("QIDDPs"), etc. review and adhere to the current policies of DDS, including but not limited to those required under the *Evans v. Gray* 2010 Plan for Compliance.

## **E. Phase II: Specialized In-Service Training**

1. DSPs shall shadow experienced workers (not work alone) until such time as the provider determines the staff are competent (measured through on the job training, assessments, etc.) to safeguard the health and safety of people being served by agencies. Prior to working alone in the home, DSPs must complete and have documented training record of the Specialized In-Service Training based upon the specific needs of the person(s) they will be supporting.

After completing the initial Specialized In-Service Training, all DSPs must receive on-going specialized-in service and on-the-job training on each person's Individual Support Plan ("ISP"), Health Care Management Plan ("HCMP"), and/or Behavior Support Plan ("BSP") as these documents are updated as the needs of the person change.

2. DSPs shall review the ISP for each person the direct support staff will be providing supports. This includes the person's HCMP.
3. DSPs shall receive training regarding all direct support documentation requirements, processes, protocols and procedures.
4. All DSPs shall receive specialized in-service training prior to providing service without an experienced DSP being present or, subsequently, suggested by the person's support team, to include but not be limited to:
  - a. Health Care Management Plan;
  - b. Adaptive Equipment Maintenance Protocol;
  - c. Cardio-Pulmonary Resuscitation (CPR);
  - d. American Red Cross Standard First-Aid; and
  - e. DSP and ISP implementation.
5. DSPs shall be trained one-on-one with an experienced DSP to obtain detailed training of these topics as they relate and are necessary to the health and safety of the person, including but not limited to:
  - a. DSP and BSP implementation: DSPs who work with people who require behavior management, as specified in his/her individual support plan, must receive training in a positive means of managing behavior and the specifics of the person's BSP. All DSPs shall be trained in principles of behavior change and be able to demonstrate the skills and techniques necessary to: intervene when a person exhibits an inappropriate behavior; and, implement the program plans for each person for whom they are responsible.
  - b. All the direct care staff that support people for whom Restrictive Control Procedures have been ordered must meet the training requirements in the Human Rights and Behavior Support policies and accompanying procedures.

- c. If an approved restraint is included in a person's BSP, only staff that have been trained in a crisis intervention curriculum approved by DDS may use a physical restraint and may only do so as specified in the curriculum. Further, staff shall document each use of physical restraint in an individual's record and the reason for its use. Annual training in crisis prevention and restrictive procedures is required of all staff who deliver direct support services, including program supervisors, managers, coordinators, and/or QDDPs.
- d. Staff shall be certified in a DDS-approved behavioral intervention procedure (e.g., Mandt, CPI, or Positive Behavior Strategies) before using restraint techniques. (\*Note: Providers may submit alternative curriculum for DDA review and approval). Staff members providing direct support shall maintain annual certification in a DDS approved behavioral intervention procedure if the person he/she supports has a behavior support plan that includes the use of crisis intervention and/or prevention techniques.
- e. DSPs who work with people who have special nutrition or dietary needs shall receive training to understand the importance of the needs and how to monitor and/or implement dining techniques and strategies.
- f. DSPs who work with people who require specialized techniques during mealtime protocols shall receive training in the use of those techniques.
- g. DSPs who work with people who use mobility devices shall receive training in mobility procedures, the safe use of mobility devices and safe transfer procedures.
- h. DSPs who support people who use other adaptive equipment and devices, such as communication devices, switches, braces, etc. shall receive training in the use and maintenance of those devices and in how to support the individual to fully use and, if appropriate, to maintain those devices.
- i. DSPs who work with people who have seizure disorders, physical disabilities or other identified medical needs shall receive training in the specific methods, implications and documentation requirements specific to supporting, those people.

#### **F. Phase III: Core Training**

All DSP new hires must complete Core Training within 180 days of hire. Those hired between October 1, 2009 and December 31, 2010 must have completed Core Training by September 30, 2012. DSPs hired prior to October 1, 2009 do not have to be trained in Core Training unless they have become a new hire of another provider after October 1, 2009.

DSPs shall be trained and pass the competency verification process for the Core Training requirements. Providers must utilize the established Core Training objectives, competencies, and reference guides to develop core training curriculum in the following core value training standards.

DDS will not provide curriculum for Core Training instructions. DDS will provide approved Competency-based tests for each topic, which the provider may adopt. A provider agency may propose an alternative Competency-based testing methodology for DDS review and approval. Such alternatives must be accompanied by the training curriculum to be used with the alternative testing methodology.

The core value training standards for Core Training are as follows:

1. Choice and Decision Making:
  - a. Choice and Dignity of Risk;
  - b. Substitute Consent and Decision Making (“SCDM”);  
At least quarterly, DDS shall offer a Train the Trainer course on SCDM. Providers are responsible for appointing at least one supervisory employee to be the agency’s SCDM trainer. All DSPs must be trained by a trainer who attended the DDS course, using the curriculum provided by DDS and pass the DDS competency verification.
  - c. Informed Consent;
  - d. Self-Advocacy; and
  - e. Human Sexuality.
2. Rights and Dignity:
  - a. Individual Rights;
  - b. Cultural Awareness (competency verification is not required for this topic); and
  - c. Effective Communication.
3. Safety and Security:
  - a. Abuse, Neglect, and Exploitation; and
  - b. Incident Management Investigation.
4. Community Inclusion and Relationships:
  - a. Supporting People and their Families (competency verification is not required for this topic);
  - b. Community Development: Support Relationships; and
  - c. DSP and BSP Implementation.
5. Satisfaction:
  - a. Person Centered Thinking; and
  - b. Value-Based Decision Making.
6. Professional Development:
  - a. Documentation in the field of Developmental Disabilities.

## G. Phase IV: Enhanced Training

All direct support staff shall maintain annual or bi-annual certification as appropriate in the health and wellness training requirements noted below. Additional Enhanced Training among the values outcomes should be offered to employees on an annual basis as part of an on-going professional development program. Every year, (by anniversary date of hire) direct support staff must complete twenty (20) hours of Enhanced Training requirements that meet the Phase IV established objectives and competencies for the core value training standards. All newly hired direct support professionals shall have up to their second year of employment (by anniversary date of hire) to complete the Enhanced Training requirements and then annually thereafter.

Timeframes to complete Enhanced Training are as follows:

New Hire Date	# of Hrs	Due Date
Between Oct. 1, 2009 and Dec. 31, 2010	20	September 30, 2012
	20	Annually by hire date of the next year
DSPs hired after January 1, 2011	20	By second year of hire (based on anniversary date)

The Phase IV core value training standards are as follows:

1. Health and Wellness:
  - a. Medication Administration (only for DSPs who will be required to administer medication (Training Medication Employees (“TME”)));
  - b. Cardio-Pulmonary Resuscitation (“CPR”);
  - c. American Red Cross Standard First Aid;
  - d. Positive Behavior Strategies (Behavior Principles and Strategies, CPI, or Mandt); and
  - e. DDS Adaptive Equipment Maintenance Protocol.
2. Choice and Decision Making:
  - a. Informed Consent;
  - b. Participatory Communications and Choice Making; and
  - c. Person Centered Planning.
3. Rights and Dignity:
  - a. Advocacy Strategies; and
  - b. Individual Rights.
4. Safety and Security:
  - a. Abuse, Neglect, and Exploitation; and
  - b. Incident Management Investigation.

5. Community Inclusion and Relationships:
  - a. Community Development: Support Relationships;
  - b. Supported Employment; and
  - c. DSP and BSP Implementation.
6. Satisfaction:
  - a. Value-Based Decision Making.
7. Professional Development:
  - a. Coping with Stress and Burnout;
  - b. Communication among Direct Support Professionals; and
  - c. Current Developmental Disabilities Topics.
8. The provider should conduct additional training programs relevant to specific needs of the persons served at the agency.

#### **H. Adaptive Equipment Maintenance Protocol**

1. At least twice per year, DDS shall offer a Train the Trainer course on DDS's Adaptive Equipment Maintenance Protocol.
2. Providers are responsible for appointing at least one supervisory employee to be the agency's Adaptive Equipment Maintenance Protocol trainer.
3. All DSPs must be trained by the trainer who attended the DDS course, using the DDS' Adaptive Equipment Maintenance Protocol. Training must include both the general course materials, and specific individualized training on supporting a person to use and maintain his or her adaptive equipment, as well as conducting routine inspections, cleaning, maintenance, and reporting problems.

