

**Training Guidelines for Direct Service Providers  
Comprehensive and Support Services**

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## ***Introduction and Background***

The Colorado State Auditor's Office conducted a review of Developmental Disabilities Services (DDS) and issued its report in May 2000. One finding of the audit was that DDS had very limited requirements for training for community direct service providers and that, therefore, direct service providers may not always have the knowledge or skills needed to provide appropriate and quality services and supports. The audit recommended that DDS establish "minimum and ongoing training requirements" for providers (staff and independent contractors) of services to persons with developmental disabilities in community programs. DDS concurred with this recommendation and agreed to review current training requirements and to clearly outline state expectations regarding such training. DDS also committed to provide guidance to agencies regarding on-going training for community direct service providers.

A small work group consisting of DDS staff and representative(s) from the Colorado Association of Community Centered Boards (CACCB), Community Centered Boards (CCBs), program approved service agencies (PASA) and advocacy was formed to review current requirements and make recommendations for minimum training guidelines. The guidelines and recommendations for training contained in this document are a result of the work of this group.

Considering the vast differences in how services and supports are provided through comprehensive and support services, one of the challenges was to determine if the same state expectations for minimum training should apply to all community direct service providers (e.g., employees providing comprehensive services, Host Home providers, independent contractors providing limited support services, etc.) or if there should be different expectations for direct service providers who provide only very limited or specific supports, which is not uncommon in the support models of services. Given the support model of services, DDS believes that there should be some differences in expectations for training for direct service providers who may be providing support services to only one or two persons and whose employment or connections are not primarily in the developmental disabilities system. This document is therefore organized to allow for differences in training depending on how support services are provided.

As the training areas outlined in this document are specific to direct service providers, training developed needs to be specifically designed for this audience. The extent and content of training may vary somewhat depending on the program the direct service provider will be working in and/or the needs of the person(s) receiving services. While this document outlines the state minimum expectations, agencies are encouraged to expand the depth and scope of their training programs beyond these minimums in order to enhance the knowledge and skills of employees and contractors relevant to the provision of services and supports in the developmental disabilities field.

These training guidelines do not apply to family members who may be paid to provide services under the support services program. The guidelines also do not apply to professionals, e.g. therapists, contracting with an agency or professional staff employed by the agency. However, it is expected that professional staff is knowledgeable about such areas as mistreatment, abuse, neglect and exploitation, confidentiality, rights, etc. as required by rules and necessary to meet their responsibilities.

### ***Applicable Rules***

Rule 16.246 D: The community centered board and program approved service agency shall have an organized program of orientation and training of sufficient scope for employees and contractors to carry out their duties and responsibilities efficiently, effectively and competently. The program shall, at a minimum, provide for:

Rule 16.246 D 1: Extent and type of training to be provided prior to employees or contractors providing supports and services having unsupervised contact with persons receiving services.

Rule 16.246 D 2: Training related to health, safety, services and supports to be provided within the first ninety (90) days for employees and contractors.

Rule 16.246 D 3: Training specific to the individual(s) for whom the employee or contractor will be providing services and supports.

### ***Areas for Minimum Training for Direct Service Providers of Comprehensive Services and Support Services to Multiple Persons***

#### ***Prior to Unsupervised Contact***

The following are the minimum expectations for orientation and training of direct service providers of Comprehensive Services and providers of Support Services to multiple persons (generally more than two) prior to having unsupervised contact with persons receiving services (Rule 16.246 D 1 and D 3).

The areas listed below as training to be provided are those that provide essential information to a direct service provider prior to working with individual(s) with a developmental disability without direct supervision. The intent is not to provide in-depth training in all these areas up front, but to provide the basic information needed by an employee or contractor to ensure the health, safety and the rights of persons receiving services.

## **1. Confidentiality**

- § Why it is important
- § What is confidential information
- § Safeguarding records (e.g., storage, destruction)
- § Disclosure of confidential information

## **2. Rights**

- § Rights of persons receiving services (legal rights and rules)
- § Safeguarding the rights of persons receiving services

## **3. Mistreatment, abuse, neglect, and exploitation**

- § Definitions of mistreatment, abuse, neglect and exploitation according to DDS rules
- § Prohibition against any form of mistreatment, abuse, neglect and exploitation
- § Reporting responsibilities and procedures (what needs to be reported, to whom and when)

## **4. Overview of developmental disabilities and system values**

- § Definition and discussion of developmental disabilities
- § Orientation to agency (e.g., mission)
- § Respect for persons and promoting independence
- § Behavior intervention (e.g., positive supports, what is considered restrictive, prohibited practices)

## **5. Health/Safety**

- § Universal Precautions (e.g., infectious disease, infection control, blood born pathogens)
- § Applicable safety procedures/protocols - response to medical issues (e.g., illness, injuries, seizures), response to emergencies (e.g., fire)
- § Medication Overview – (e.g., DO NOT GIVE ANY MEDICATIONS IF NOT PASSED MEDICATION ADMINISTRATION CLASS, storage, side effects)

## **6. Orientation to program and person(s) who provider will be working with**

- § Person specific training (depending on person's needs, other areas may also need to be covered)
  - Safety/risk factors e.g., behavioral challenges, medical and medication issues (allergies, seizures, aspiration, positioning, lifting, etc.), self-preservation skills
  - Orientation to person's needs, likes, dislikes
  - Overall orientation to the person's IP and ISSP
  - Person specific behavior support plans and safety control procedures
  - Person specific safety/emergency plans
  - Forms of communication
  - Daily routines

- § Program responsibilities
  - Incident reporting – when an incident report is required
  - Program operation
  - Program procedures, as applicable
  - Documentation
  - Communication (e.g. agency protocol, chain of command)

### ***Within the First 90 Days***

Since it is not always practical or reasonable to provide extensive training prior to unsupervised contact or cover all areas in great depth, additional training will need to be provided to persons within their first few months of employment or contracting in order for direct service providers to be fully competent.

The following are the minimum expectations for orientation and training of direct service providers of Comprehensive Services and providers of Support Services to multiple persons within the first 90 days of employment or contracting (Rule 16.246 D 2 and D 3):

**1. More in-depth training information than covered in training prior to person having unsupervised contact:**

- § Mistreatment, abuse, neglect and exploitation - specific laws that apply, such as the children's code, adult protection, criminal code – duty to report a crime and rules; investigative process; role of direct care provider in investigation.
- § Rights and due process (e.g., rules, suspension of rights, role of Human Right Committee)
- § Confidentiality

**2. Orientation to developmental disabilities**

- § Colorado's developmental disabilities system (role of state, CCB and case management, PASA, advocacy)
- § Historical themes related to the services and treatment of persons with developmental disabilities
- § Basic terms relative to developmental disabilities

**3. System values and general principles**

- § Inclusion in community life
- § Responsible choices
- § Promoting independence
- § Greater control over life circumstances
- § Establish and maintain relationships
- § Develop and exercise competencies and talents
- § Experience personal security and self-respect

#### **4. Individualized Plan (IP)**

- § Purpose of and requirements for IP
- § Purpose of assessments
- § IDT process
- § IP implementation responsibilities

#### **5. Individual Service and Support Plans (ISSP)**

*(This may not be necessary for providers of support services working only with persons who do not require ISSPs.)*

- § Purpose of and requirements for ISSP
- § ISSP process (e.g., responsibility for development and role of direct service provider)
- § ISSP implementation – teaching and support strategies, data collection, etc.

#### **6. Behavior supports**

- § Understanding behaviors
- § Behavior development/enhancement (e.g., strategies for behavior development using positive behavior supports)
- § Restrictive procedures – definition and process, if used
- § Crisis intervention
- § Prohibited procedures

#### **7. Additional health/safety**

- § CPR and First-Aid
- § Signs and symptoms of illness

#### **8. Medication administration including medication reminder boxes (if applicable)**

#### **9. Program/service specific training (supported employment, community participation, residential program, etc.)**

- § Philosophy and intent of program
- § Implementation issues

#### **10. Training specific to the individual(s) for whom the provider will be providing services and supports is required. The extent and type of training that will need to be provided will depend on the needs of the person(s) for whom the direct service provider has responsibilities. The following are examples of the type of training that may be needed:**

- § Lifting and transfers of persons or a particular person
- § Specific protocols – e.g., positioning, eating, seizure
- § Nutrition – special diets, specific dietary issues (e.g., diabetes)
- § Therapy programs
- § Communication strategies and devices
- § Gastrostomy services
- § Hepatitis-B precautions

- § Sex offense behavior
- § Side effects of specific psychotropic medications
- § Mental health issues
- § Physical and mechanical restraint (emergency and safety control procedures)
- § Use of special equipment
- § Medication administration
- § Behavior support plans
- § Safety plans

### **11. Communication <sup>1</sup>**

- § With agency personnel
- § With families, guardians, advocates
- § With the public

### **12. Transportation in agency owned, operated vehicles**

- § Defensive driving
- § Passenger handling
- § Vehicle operation
- § Vehicle safety checks
- § Emergency and accident procedures

## ***Areas for Minimum Training for Direct Service Providers of Support Services to One or Two Persons***

The following are the minimum expectations for orientation and training of direct service providers of Support Services who provide services to only one or two individuals in a specific support area. This training is to occur prior to being paid to provide services and supports.

### **1. Confidentiality**

- § Why it is important
- § What is confidential information
- § Safeguarding records (e.g., storage, destruction)
- § Disclosure of confidential information

### **2. Rights**

- § Rights of persons receiving services (legal rights and rules)
- § Safeguarding the rights of persons receiving services

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<sup>1</sup> The intent of the requirement for communication training is to ensure that direct service providers know how to respond to calls from family members, advocates, the public, etc. or visitors to a program site, should these occur (e.g., to whom within the agency these should be referred, other information to be given). The intent is not for the agency to provide extensive training in communication skills.

**3. Mistreatment, abuse, neglect, and exploitation**

- § Definitions of mistreatment, abuse, neglect and exploitation
- § Prohibition against any form of mistreatment, abuse, neglect and exploitation
- § Reporting responsibilities and procedures (what needs to be reported, to whom and when)
- § Applicable state laws (e.g., children’s code, adult protection) and rules.

**4. Training specific to the individual(s) for whom the provider will be providing services and supports will be required. The following are examples of this:**

- § Specific protocols – e.g., positioning, eating, seizure
- § Therapy programs
- § Gastrostomy services
- § Hepatitis-B precautions
- § Lifting and transfers of person
- § Sex offender issues
- § Side effects of specific psychotropic medications
- § Mental health issues
- § Physical and mechanical restraint (emergency and safety control procedures)
- § Use of special equipment
- § Medication administration
- § Behavior support plans
- § Safety plans

**5. Service specific training, as needed (e.g., job coach, community connection, etc.)**

***On-Going Training for Providers of Comprehensive Services and Support Services***

Each CCB and program approved service agency should develop a plan/protocol outlining the agency’s expectations and plan for the provision of on-going training of employees and contractors to be provided *after* the first 90 days. On-going training should be designed to ensure that employees and contractors maintain their knowledge and skills, ensure that any additional or new responsibilities are carried out efficiently, effectively and competently, and to encourage employees and contractors to continue to improve their competencies to provide quality services (Rule 16.246 D).

The following on-going training is to be provided to employees and contractors, as applicable:

1. Additional and appropriate training whenever an employee’s or contractor’s responsibilities change.



2. Additional and appropriate training when the program or population(s) for whom an employee or contractor is responsible changes.
3. Training to maintain required certifications (e.g., CPR, first-aid), if any.

In addition to the above required training, the following are considerations for on-going training for employees and contractors:

1. Training on new requirements (e.g., rules, standards), on new programs, etc., as appropriate.
2. On-going training to ensure maintenance of knowledge and skills.
3. On-going training to increase knowledge and skills in order to improve services and supports to persons with developmental disabilities.
4. Training in areas identified in employee and contractor performance evaluations.

The on-going training does not always need to be provided directly by the agency, but can be obtained through a CCB, other program approved service agency or through community resources (e.g., community colleges, medical centers, generic agencies, etc.). It is generally expected, however, that person and program specific training be provided by the program approved service agency directly. Training to fulfill the requirements for on-going training should be related to the specific responsibilities of the employee or contractor and/or the developmental disabilities field.

### ***Training of Direct Service Providers Employed by Generic Agencies***

There are no minimum training requirements for persons providing services through generic agencies, for example, home health agencies, community recreation program. DDS expects that the SLS and CES agency (the CCB) will review the agency's hiring practices and ensure with reasonable certainty that agencies and their employees are qualified to provide the specific service or support contracted for. Also refer to the SLS and CES implementation manuals and standards for support services.

### ***Establishing Competencies of Direct Service Providers***

An agency has the responsibility to ensure that its employees and contractors have sufficient knowledge and skills "to carry out their duties efficiently, effectively and competently". In order to fulfill this responsibility, an agency will need to establish provider and staff competency. Competency generally includes both the understanding of material/expectations and their correct implementation. Each agency will need to

identify a process for establishing competency for its employees and contractors in the required training areas and provide documentation of the person's competency.

Competency can be determined in a variety of ways. The following are some examples of methods that could be used to establish competency:

- § Testing of material learned. This is already required for medication administration, to receive a certificate for first aid and for CPR. Some agencies also routinely have written tests for some of the classes taught, for example, understanding the definition of and requirements regarding a person's rights, reporting mistreatment, abuse, neglect and exploitation, etc.
- § Direct supervision until competency is established
- § Practical testing (rating a person's ability to carry out a specific task through observation)
- § Shadowing and observation
- § Employee performance evaluation

### ***Transfer of Training Requirements***

When an employee or contractor moves from one agency to another and has successfully completed the required training at the first agency, such training may not need to be repeated. There must, however, be documentation of such training and the new agency has full responsibility to establish the employee's or contractor's competency through on-the job training, re-testing and/or supervision, as appropriate. The agency is also responsible for orientation and training in agency specific policies and practices and for person specific training.

### ***Trainer Qualifications***

Persons providing training must have appropriate professional experience and knowledge of the area of training and of applicable regulatory requirements. Persons with specific professional credentials or expertise must conduct some of the specific training. For example, a professional therapist must conduct the training for staff and providers to implement specialized therapies; only persons certified can teach CPR, some forms of behavior intervention, first aid, etc.