

Montana Department of Public Health & Human Services Quality Assurance Division – Certification Bureau

Procedure for Completing the Home Health Aide Skills Competency Checklist

The checklist must be completed by the Program Coordinator (PC) or Clinical Instructor(s) (CI) who observe and evaluate the practice sessions and final performance of each procedure.

1. The home health agency should provide any needed training to Clinical Instructors who will be performing observations to ensure consistency during evaluations.
2. Home Health Aides may not be used as clinical instructors or evaluators.

Each skill must be passed prior to final certification. To complete the form, the evaluator is to:

1. Enter the date(s) the skill was practiced (if applicable). A particular skill may or may not require more than one practice session prior to performing the final return demonstration. Enter as many dates as needed.
2. In the Date Passed column, enter the date the skill was satisfactorily performed.
3. Write any comments that may be appropriate in the Comments section.
4. Sign the Signature column immediately after successful completion of each skill evaluated. If initials are used, there must be a full signature that corresponds to the initials on each page of the checklist.

Certification of Competency Section

The home health aide skills competency checklist in an official training record. Only the PC or CI is to sign this section to verify completion of the competency evaluation.

1. The PC or CI is to complete, sign and date the section titled Program Coordinator.
2. The student is to sign and date the section Signature of Trainee.

At the completion of the program, a copy of the skills checklist is to be given to the home health aide and a copy is to be retained in the aide's personnel or training file at the agency. The original, a letter or certificate signed by the PC verifying completion of at least 16 hours of training in the home health aide curriculum and a home health aide application is to be sent to: Nurse Aide Registry, PO Box 202953, Helena, MT 59620.