

Julie Strauss
Authorized Signature

Number: SPD-IM-11-048
Issue Date: 7/7/2011

CORRECTED

Topic: Foster Care

Subject: Authorization for Annual Training Credit Hours

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input checked="" type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input checked="" type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Other (please specify): |

Message: This Transmittal updates SPD-PT-10-026 issued July 13, 2010.

As agreed in the 2008-2009 and 2009-2011 Collective Bargaining Agreements, a Department of Human Services committee was developed to review all requests for Adult Foster Home (AFH) annual training credit hours. The committee known as the Training Credit Committee (TCC), is responsible for determining if a training course or conference is eligible for annual training (contact) credit hours, and determining the number of training credit hours that may be approved to meet the mandatory training requirements for all AFH providers.

Effective July 1, 2010, the Training Credit Committee began operations at which time local offices, Area Agencies on Aging (AAA), Community Developmental Disabilities Programs (CDDP) and Community Mental Health Programs (CMHP), no longer approved or disallowed credits. Providers in the Aging and Physical Disabilities (APD), Developmental Disabilities (DD) and Mental Health (AMH) programs are required to submit requests for credit approval to the TCC, unless the course has previously been approved for the providers' AFH license type (APD, DD, AMH), as posted on the AFH training website, or confirmed by the local licensing agent with supplemental training credit approval documentation received by the TCC.

The AFH training website is located at:

<http://www.oregon.gov/DHS/spd/provtools/training/index.shtml>. Providers are encouraged to subscribe to this website to receive email notification of newly posted training.

DHS Learning Center: If a DHS Learning Center course is approved for AFH providers, the information will be posted on the AFH training website. Approved AFH trainings are NOT listed on the DHS Learning Center website.

Training Credit Request Forms: The updated training credit request forms are attached. Form SDS 1513 is designed for AFH providers who are submitting requests, while form SDS 1510 is intended for instructors or sponsors of training events seeking credit approval for AFH providers. The forms have been updated to minimize incidents of incomplete requests. Forms are available at:

DHS Find a Form: <https://apps.state.or.us/cf1/FORMS/>

AFH training website: <http://www.oregon.gov/DHS/spd/provtools/training/index.shtml>

AFH Provider Tools Websites:

APD: <http://www.oregon.gov/DHS/spd/provtools/afh-apd/index.shtml>

DD: <http://www.oregon.gov/DHS/spd/provtools/afh-dd/index.shtml>

Submitting Training Credit Request Forms: The TCC accepts requests via the following methods:

Fax: OLQC Training Committee, 503-945-7811

Mail: OLQC – AFH Training Credit Committee, 500 Summer St. NE, E-13, Salem, OR 97301-1074

Email: AFHTraining.spd@state.or.us

Do not send requests to individual TCC members as this may delay processing. Requests via telephone will not be accepted.

When submitting a request for approval, please note the following:

1. Weekly Deadline: Requests must be received by 5:00 PM on Wednesday for the TCC's review the following Monday. Requests received after 5:00 PM Wednesday will be delayed another week. *In the event of a Monday holiday, the TCC will review the requests the following business day.*

2. Posting to AFH Training Website: If requesting an approval that the provider or instructor/sponsor would like posted to the AFH training website, please submit at least 30 days in advance of the course to allow for other interested parties to register and participate. The current posted training is available at:

<http://www.oregon.gov/DHS/spd/provtools/training/index.shtml>
3. Description of Training: **All requests must demonstrate course content and applicability to the AFH care setting.** Copies of PowerPoint slides, course exams, course outlines, or course registration flyers, as applicable, should accompany the request form. The TCC must be able to evaluate the content of the course material to determine the appropriateness to AFH care and services, as well as appropriateness based on the type of service delivery (APD, DD and AMH).
4. Incomplete Submission: Incomplete requests will not be processed.
5. TCC Response: The Committee shall send a response to the requestor, by 5 PM on Tuesday. Some delays may occur due to holidays or scheduling, but no response shall be later than the Wednesday following review.
6. Requests for Past Training: A request may be considered after the course has occurred, but there is no guarantee of training credit approval.
7. Ongoing TCC Approval: Approved courses offered multiple times, may be approved for a 12-month period to allow for flexibility in date, time, and location of these courses. Course materials must be resubmitted every twelve months for these approvals until such time as an ongoing approval process is determined.
8. CPR, AED and First Aid training provided by a certified American Red Cross or American Heart Association instructor does not require TCC approval. Only DD and AMH providers may apply these training hours to their annual training requirements.
9. Oregon Intervention Systems (OIS) training by an approved OIS instructor does not require AFH Training Credit Committee approval. Only DD providers may apply these hours to their annual training requirements.
10. RN Delegation: Training for RN delegation may be approved on a provider-specific basis for AMH and DD providers only. The request must indicate that there is a specific training need for an individual in the AFH and demonstrate the content of the RN training and related training hours.

Note: Some self-study options offered via Netlink and the DHS Learning Center may not be compatible with all computer hardware or software.

If you have any questions about this information, contact:

Contact(s):	Shelly Reed (DD), Melanie Tong (AMH), Sylvia Rieger (APD)		
Phone:	503-945-5828 (DD) 503-945-8865 (AMH) 503-945-6403 (APD)	Fax:	503-945-7811
E-mail:	Shelly.M.Reed@state.or.us Melanie.Tong@state.or.us Sylvia.A.Rieger@state.or.us		

Instructor/Sponsor Adult Foster Home Training Credit Request

***Request must be received 5 p.m. on Wednesday for consideration the following Monday.**

***Incomplete submissions will not be processed.**

Intended adult foster home audience (check all that may apply):

Addictions and Mental Health Aged and Physically Disabled Developmental Disabilities

Application submitted by:

Date:

Phone:

E-mail:

Name and contact information of presenter/instructor/training sponsor:

Name:

Phone:

E-mail:

Title of training/conference:

Cost: \$

Date(s) of training:

Start time:

End time:

Location:

Limits on participation (i.e. "local providers" only): Yes No

Describe limits:

Credit hours requested: _____ (If a standard training will be offered at various times or is self-paced, please describe on an attached sheet. Training can be approved for one year if offered multiple times.)

Course objective(s): (Indicate training objectives the applicability to adult foster care.)

Has the instructor ever been licensed by the Department of Human Services to provide care?

Yes No Unknown

List instructor's credentials/qualifications related to course or conference: (Attach certification, resume, curriculum vitae or other credentials.)

Format: Web Self-study Classroom, Conference Video

Other Describe:

Please provide all of the following (demonstration of course content required):

Course curriculum may include, but is not limited to: a course outline, a detailed description of the presentation, copies of slides and/or handouts that will be provided as part of the training

Copy of the advertisement or brochure (if applicable).

Registration information

Course outline

Course/conference agenda

Copy of course evaluation

Course or conference learning objectives

Course test and/or how training objectives are measured

If the course is approved would you like it posted to the AFH training web site? Yes No

Provider Request for Adult Foster Home Training Credit

***Request must be received 5 p.m. on Wednesday for consideration the following Monday.**

***Please type or print legibly. Incomplete submissions will not be processed.**

Type of AFH license (Check the type of license you have or type of AFH you work in.)

Addictions and Mental Health Aged and Physically Disabled Developmental Disabilities

Application submitted by:

Date:

Phone:

E-mail:

FAX or mailing address: (If e-mail not provided.):

Title of training:

Location:

Date of training:

Start time:

End time:

Cost: \$

Limits on participation (i.e. Smith foster home providers only): Yes No

Explain limits:

Name(s) of instructor/author/presenter: (add extra page if multiple)

Credits requested:

Brief description of training content and its applicability to the AFH:

Choose one: Web Self-study Classroom Conference Video
 Other Describe:

Please provide all of the following: (Demonstration of course content required.)

- Course advertisement, brochure, registration Course or training outline, curriculum
 Course or conference agenda Training materials-PowerPoint handouts
 Web site address if applicable Course exam materials
 Literature - Submit the following: Author name, publication date and contact description
 Video: requires detail of content and publication date

If approved, would you like it posted to the AFH training web site? Yes No