

## Instructions for use and completion of

### The Signature Page for Proxy Caregiver \_\_\_\_\_ Skills Competency Checklist

#### PURPOSE:

To ensure documentation by a licensed healthcare professional (LHP) that reflects a testing of the knowledge and observation of the skills associated with the completion of all the discrete tasks necessary to do specific health maintenance activities that are authorized by the Written Plan of Care in accordance with accepted standards of care.

*(A LHP includes an RN, Nurse Practitioner, Physician's Assistant, Physician, Pharmacist, Physical, Speech and Occupational Therapists who are functioning within their scopes of licensed practice.) NOTE: LPNs are not approved to train Proxy Caregivers.*

**NOTE:** There must be a separate Skills Competency Checklist for each Health Maintenance Activity (HMA) that the Proxy Caregiver (PCG) provides.

- If the HMA does not have an established Training Curriculum and Skills Competency Checklist determined by the Georgia Department of Community Health, the LHP must generate these documents in accordance with accepted standards of care.
- For all HMAs, the licensed healthcare professional must develop the specific training curriculum for that HMA that the PCG performs that also includes a competency-based skills checklist completed by the LHP.
- The training curriculum must include the components listed in 111-8-100-.05 (1) (a-g) of the Rules and Regulations for Proxy Caregivers used in Licensed Healthcare Facilities.

#### WHEN/HOW TO USE:

The **Proxy Caregiver Skills Competency Checklist** and **Signature Page** is completed and signed by the licensed healthcare professional (LHP) responsible for completing the training and evaluation of skills competency checklists as required by Chapter 111-8-100 Rules and Regulations for Proxy Caregivers used in Licensed Healthcare Facilities.

1. Document all required information at the top of the Checklist/Signature Page to include Facility Name, Resident Name, and **initial training date** which is the first date the required Skills Checklist is used to document either initial training for a new Resident or annual training for a previously admitted Resident receiving Proxy Care giver services for this HMA.
  - The **Proxy Caregiver Skills Competency Checklist** for a specific HMA is completed only **ONCE** for **EACH Resident**. (Of course, for significant changes the LHP may choose to complete a new/updated checklist.)
2. The knowledge and skills on the **Proxy Caregiver Skills Competency Checklist** form must be evaluated and reviewed by the LHP for *each* Proxy Caregiver regarding *each specific* Resident at **least annually** and **documented** on the **Signature Page for the specific Proxy Caregiver Skills Competency Checklist**.
3. The **Signature Page for Proxy Caregiver Skills Competency Checklist** must be attached to the checklist. The **Signature Page** is completed/updated **every time** a LHP trains/evaluates an unlicensed Proxy Caregiver regarding the HMA performed for the Resident. The **Signature Page** is signed by both the LHP and the unlicensed Proxy Caregiver **every time** training, evaluation or review is completed.
  - In the first column, write the date the LHP completed the training/evaluation of the Proxy Caregiver.
  - In the second column, document the type of training/evaluation i.e. specify initial, annual, changes, or other.
  - In the third column, document the Proxy Caregiver Signature. Note: The name must be printed and signed.
  - In the fourth column, document the license number of the LHP who completed the training/evaluation.
  - In the fifth column, document the LHP signature. Note: The name must be printed and signed.

