OKLAHOMA Human Services

Certificate of Competency and Family Member's Statement

Certificate of Competency

_____

Proposed habilitation training specialist (HTS)/Self-Directed HTS (SD-HTS) name

I, _____ (Name of service recipient or legal guardian), want the above named person employed as HTS/SD-HTS, and certify that he or she demonstrated competency in the care of _____ (Name of service recipient), prior to employment.

I, _____ (Name of service recipient or legal guardian), assure the above named person is trained and demonstrated the skills necessary to meet the service recipient's needs. I understand that first aid, cardio-pulmonary resuscitation (CPR), and individual-specific training, identified in the service recipient's Individual Plan, are required. Medication administration training (MAT) is required when staff is responsible for administering medication. Oklahoma Human Services (OKDHS) will not be held liable in the event of harm to _____ (Name of service recipient) while in the care of the above named person attributable to lack of training or for any other reason.

_____

Print service recipient or legal guardian name

_____ _____

Signature of service recipient or legal guardian Date

Competency certification is only available for service recipients receiving services through the IHSW for Children or the IHSW for Adults, is valid only for the named service recipient, and named HTS/SD-HTS.

This Certificate of Competency is valid for one year, and may be revoked at any time by providing written notice to the OKDHS Developmental Disabilities Services (DDS) case manager and provider agency. **OKDHS may withdraw this exemption from training at any time.**

This Certificate of Competency is required when a service recipient, legal guardian, or parent(s) of a minor service recipient requests to exempt a proposed HTS/SD-HTS, such as a friend, neighbor, family member, or other person deemed competent, from the additional OKDHS DDS required training, per Oklahoma Administrative Code 340:100-3-38.5. The proposed HTS/SD-HTS must have demonstrated competency in meeting the service recipient's requirements prior to employment.

For Service Recipients Receiving the In-Home Supports Waiver for Adults Only

When the Certificate of Competency is signed by an adult service recipient **without a legal guardian**, the Family Member's Statement must be signed by a parent or family member closest to the service recipient. Training requirements cannot be waived without concurrence of a parent or family member. **OKDHS may withdraw this exemption from training at any time.**

Family Member's Statement

Select one:

☐ I **DO** agree with the decision of _____ (Name of service recipient) to select _____ (Name of HTS/SD-HTS) as the direct support staff, and agree _____ (Name of direct support staff) has demonstrated adequate knowledge and training, and it is unnecessary for this person to complete OKDHS Developmental Disabilities Services (DDS) required training, other than first aid, cardio-pulmonary resuscitation (CPR), and individual-specific training identified in service recipient's Individual Plan. Medication administration training is required when staff is responsible for administrating medication.

☐ I **DO NOT** agree with the decision to exempt _____ (Name of HTS/SD-HTS) from OKDHS DDS required training.

_____ _____

Print name of parent or family member of service recipient | Relationship to service recipient

_____ _____

Parent or family member signature | Date

- **Provider agency HTS**. Proposed staff presents original certificate to the selected provider agency or self-directed employer of record. The employing provider agency/employer of record retains original certificate during employment and returns certificate to staff upon termination of employment. The DDS case manager retains a copy.
- The provider agency or employer of record may require training not included in this exemption.
- When a SD-HTS completes OKDHS DDS required training per OAC 340:10-3-38.5, copies of the training record are maintained by the employer of record.