



Washington State Long-Term Care Worker Training Workgroup

Established by ESSHB 2284

Long-Term Care Apprenticeship & Certification Programs: Findings

October 10, 2007

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Introduction

- In 2007, ESSHB 2284 was enacted to address the training of and collective bargaining of long term care providers. This report provides support to the task force on long-term care training workgroup charged with making recommendations regarding *training requirements for long-term care workers with respect to the quality of care provided to vulnerable people across all home and community-based settings*. The workgroup is charged with evaluating:
 - Current Training Requirements
 - Care Deficiencies – Part I and Part II
 - Training Needs
 - Literature on Evidence-Based and Best Practices Models and State Initiatives
 - **LTC Apprenticeship and Certification Programs**

- This report will review existing LTC Apprenticeship and Certification Programs.

Introduction – Objectives

- ❑ *This report focuses on existing **certification and apprenticeship programs** in national and Washington State Long-Term Care settings.*

- ❑ *The objective of this report is to:*
 - *Present examples of apprenticeship and certification programs for LTC Home Care workers who perform ADL and IADL services, including nursing assistant certification programs. **

 - *Answer the question: What are appropriate levels of basic training and/or certifications for new LTC workers providing ADL and IADL services in home and community-based settings, including workers in the nursing home settings?*

Source: * ESSHB 2284

Introduction – Methodology

□ Information sources:

- Washington State Department of Labor and Industries apprenticeship programs in Long-Term Care settings.
- U.S. Department of Labor, Education & Training Administration, Bulletins 2006-29 and 2007-07.
- Training Programs for Certified Nursing Assistants; Ester Hernandez-Medina, Brown University; Susan Eaton, Harvard University; Donna Hurd, ABT Associates; and Alan White, ABT Associates; Bernadette Wright, PhD. AARP Public Policy Institute, 2006.
- Blue Print for the Future, PHI paper for SEIU 775, 2/2007.
- A Recognized National Leader in LTC System Development, Kathy Leitch, Assistant Secretary, April 2003.
- A Model Curriculum for Home Care Aide used in the national home care aide certification program, www.nahc.org.
- A Preliminary Analysis of the Peer Mentor Program in Nine Washington Counties, March, 2006, Home Care Quality Authority.
- WA Workforce Training & Education Coordinating Board: Health Care Personnel Shortage Task Force, Progress Report 2005.
- North Carolina Demonstration Project, BJBC Insights, No. 1, Fall 2003.
- Training That Really Works, Michele Hayunga: Future Age/March/April 2007.
- Strengthening WI LTC Workforce – WI Council on LTC Reform Final Report June 2005.
- Ohio PATHS: In-depth skills training & certification for direct support professionals, National Clearinghouse for Direct Care Workforce, PHI 2004.
- College of Direct Support, An Internet-based College of Direct Support Professionals, <http://info.collegeofdirectsupport.com>
- The Right Start, Workforce Tools, PHI, Number 2 Winter 2004.
- CHCA: Integrated Model for Recruitment, Training, Retention, National Clearinghouse on the Direct Care Workforce, PHI 2004.
- University of Washington.
- Introducing Peer Mentoring in LTC Settings, Workforce Strategies No 2, PHI, May 2003.
- Leading the Paradigm Shift in Developing AZ Direct Care Workforce, Citizens Workgroup on LTC Workforce to Governor, Janet Napolitano, 4/2005.
- Caregiving in the U.S., National Alliance for Caregiving and AARP, April 2004.
- Caregiving in America, The Caregiving Project for Older Americans, International Longevity Center-USA, (ILC) and The Schmieding Center for Senior Health and Education of Northwest Arkansas (SCSHE), 2006.
- Washington State Administrative Codes: <http://apps.leg.wa.gov/WAC/default.aspx?cite=296-05-003>
- Kansas Department of Health and Environment: http://www.kdheks.gov/hoc/downloads/Guidelines_Nov_2005.pdf
- States' Requirements for Medicaid-funded Personal Care Service Attendants, OIG, OEI-07-05-00250 12/2006.

Background – WA – A Leader in LTC System Policy

2001

Home Care Quality Authority (HCQA): The HCQA was established by a citizen initiative to improve the quality of LTC in-home services. Standards and accountability for the IP workforce increased through regulations and the development of Referral and Workforce Resource Centers (RWRC). Centers help IPs find job opportunities through a Referral Registry database. HCQA encourages stability in the IP workforce through collective bargaining and enhanced training opportunities such as peer mentoring.

2002

Recent Changes in Health Policy for Low-Income People in WA. Nursing home utilization fell as residents moved into community-based alternatives...WA's LTC system provides diversity of services...and is far more balanced than national average.
Home and Community-Based Services in Seven States. WA Medicaid policy on assisted living facilities influenced by philosophy of 'aging in place', use of 'negotiated svc agreements', and 'managed risk', required to use IPs if more than 112 hrs of service needed. WA had strictest requirements regarding worker training.

2003

Leadership Vision: 2003-2005 Setting Direction-Creating Our Future. ADSA Mission Statement goes beyond 'functional disabilities' to 'help people with chronic illness, cognitive impairment and functional disability to secure preferred LTC services & quality of life.'
Hearing Testimony on FY 2004 President's Budget: WA increased % of Medicaid LTC funds spent on Home- & Community-based care from 22% to 48% over 7 yrs, while servicing twice as many seniors at home at a lower net overall cost.

Source: * A Preliminary Analysis of the Peer Mentor Program in Nine WA Counties, HCQA 3/2006.

** A Recognized National Leader in LTC System Development Reference Documents 1991 – 2003, Kathy Leitch, Assistant Secretary, April 2003.

Definitions – Apprenticeship & Certification

- **Peer Mentoring:**
Long-term care workers shall be offered on-the-job training or peer mentorship for at least one hour per week in the first 90 days of work from a long-term care worker who has completed 12 hours of mentor training and is mentoring no more than 10 other workers at any given time. This requirement applies to LTC workers who begin work on or after January 1, 2010.*

- **Certification:** Standards of practice and competencies of Nursing Assistants Certified. (WAC 246-842-100). Competencies are statements of skills and knowledge and are written as descriptions of behaviors which can be observed and measured. All competencies are performed under the direction and supervision of a licensed (registered) nurse or licensed practical nurse.**

- **Certificate of Completion:** A record of the successful completion of a term of apprenticeship (see WAC [296-05-323](#)).**

- **Apprenticeship:** Is an individual who is employed to learn an apprenticeable occupation and is registered with a sponsor in an approved apprenticeship program according to chapter [49.04](#) RCW and these rules. **

- **Apprenticeship Program:** A plan for administering an apprenticeship agreement(s). The plan must contain all terms and conditions for the qualification, recruitment, selection, employment and training of apprentices, including such matters as the requirement for a written apprenticeship agreement. (WAC [296-05-003](#)) **

Source: *ESSHB 2284 p. 7. Sec. 3.

** <http://apps.leg.wa.gov/WAC>

Findings — Examples of formal requirements

- According to the Office of Inspector General, (OIG) there are no formal Federal requirements for Person Care Service Attendants, who enable the elderly, people with disabilities, and other individuals with chronic or temporary conditions to remain in their homes by assisting them with activities of daily living (ADLs) or instrumental activities of daily living (IADLs).

- States are required to develop qualifications or requirements to ensure quality of care. In a recent study, OIG found a wide variation in titles, requirements, content, hours, and training delivery models among states.

- States provide LTC services through 3 delivery models:
 - **Agency direction**
 - Agencies hire attendants, pay them hourly wages and bill the State Medicaid programs for services provided

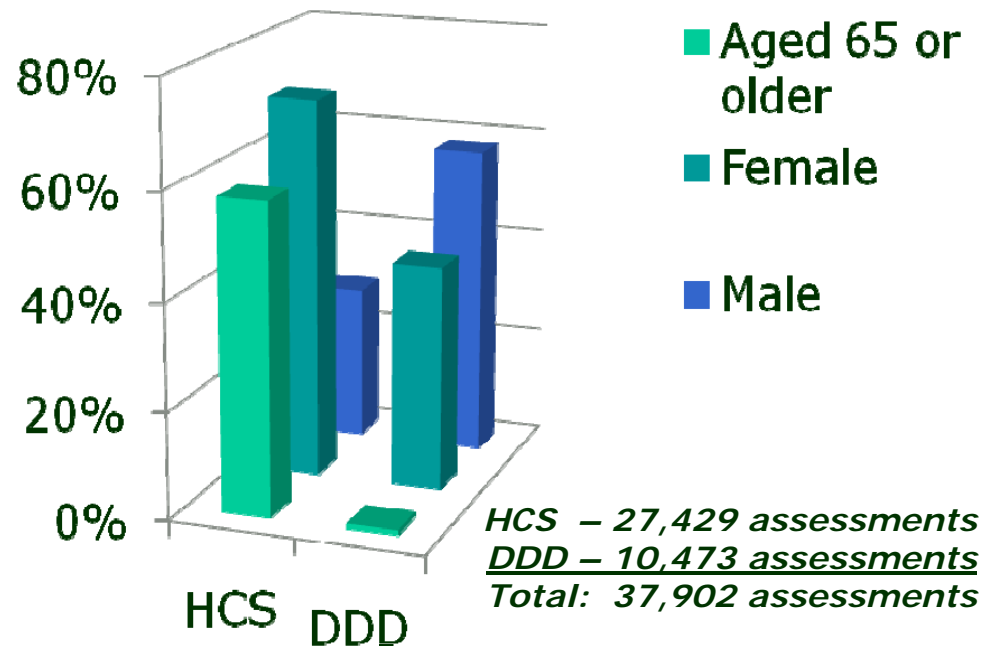
 - **Consumer direction**
 - Consumers hire, train, schedule, and pay attendants—although employment and payment arrangements can also vary within programs

 - **Independent providers**
 - Apply to state to enroll as independent provider and bill state directly

Source: States' Requirements for Medicaid-funded Personal Care Service Attendants, OIG, OEI-07-05-00250 12/2006.

Findings – Who are WA Long Term Care Paid Direct Care Workers?

- Washington's LTC home care workforce consists of home care workers employed by agencies, direct care workers and Individual Providers (IPs) hired by the consumer/employer, providing care in home- or community-based settings.
- More than 70% of consumers hire and direct their own care.*
- There are estimated 26,000 IPs provide In-home care.**



Source: DSHS, CARE database, current assessments as of 3.26.07. Represents all consumers served across settings. Note: All HCS clients are at least 18 years of age.

Source: *ADSA Fact Sheet, January 2007, pg. 1
 ** ADSA LTC Services Presentation to LTC Task Force, Bill Moss, Director, HCS & AASA 6/2006.

Findings – What Activities are Performed?

- **ADL and IADL activities** commonly used to assess the level of care required are displayed in the below tables. According to Caregiving in American report, they ignore other responsibilities such as behavior supervision, pain management, and other significant areas of care.
- **Profile of Caregiving:** Nearly half (48%) provide 8 hours or less of care/week. 17% provide more than 40 hours/week.

Percent of Family Caregivers Helping with IADLs

	% Saying Yes
Transportation	82%
Grocery shopping	75%
Housework	69%
Managing finances	64%
Preparing meals	59%
Helping with medication	41%
Managing services	30%

Base: 1,247 caregivers in the U.S.

Source: National Alliance for Caregiving and AARP (2004).

Percent of Family Caregivers Helping with ADLs

	% Saying Yes
Getting in and out of beds and chairs	36%
Getting dressed	29%
Helping bathe or shower	26%
Getting to and from the toilet	23%
Feeding care recipient	18%
Dealing with incontinence diapers	16%

Base: 1,247 caregivers in the U.S.

Source: National Alliance for Caregiving and AARP (2004).

Source: *Caregiving in the U.S.*, National Alliance for Caregiving and AARP, April 2004.

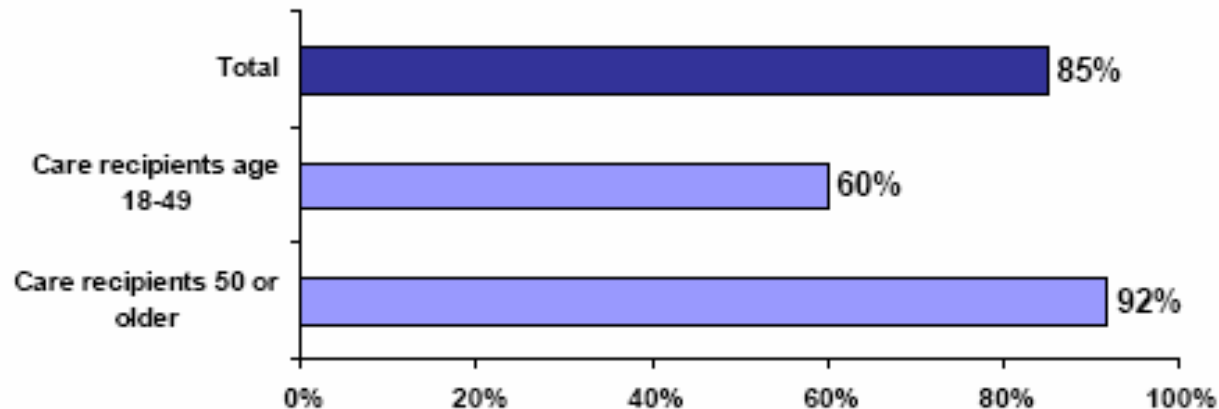
10/5/2007

Findings – Medication Management

- Most caregivers say the person they care for takes prescription medicine. Older recipients are more likely to take medication than younger recipients.

Figure 17: Percentage of Care Recipients Taking Medication

Q28. [Does/Did] your () take any prescription medicine?



Base: 1,247 caregivers in the U.S.

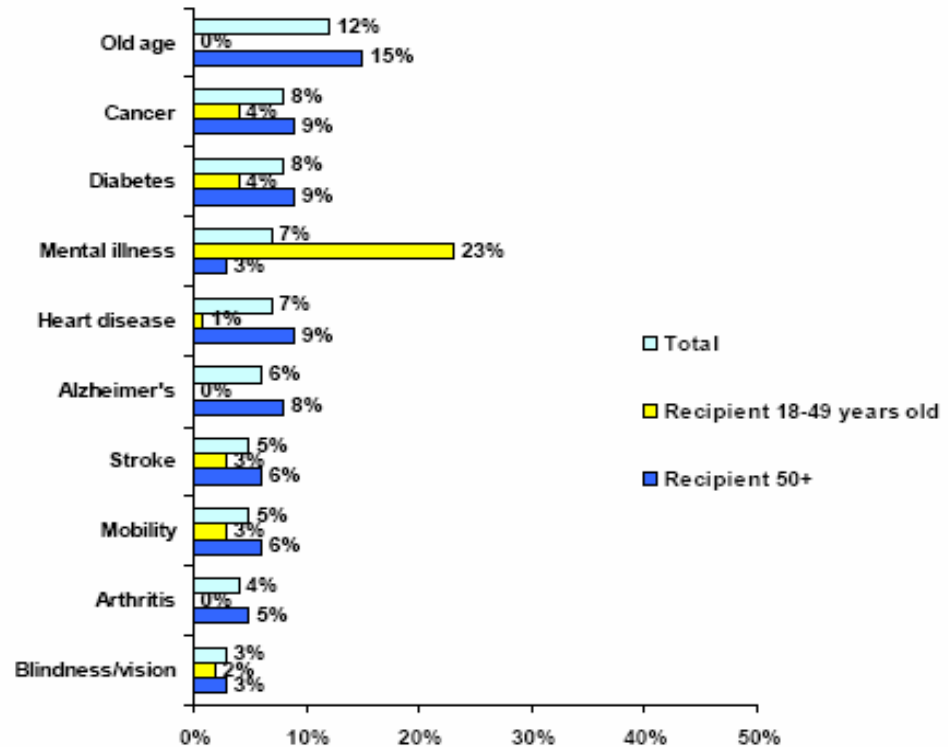
Source: Caregiving in the U.S., National Alliance for Caregiving and AARP, 2004.

Findings – Category of Care Needs

- Primary care need reported by caregivers varies by age.
- Under age 50, the most commonly reported problem is mental or emotional illness.
- Among age 50+, aging related problems or illnesses are reported.

Figure 16: Main Problems or Illnesses Identified by Caregiver

Q11b. What would you say [is/was] the main problem or illness your [care recipient] has/had?

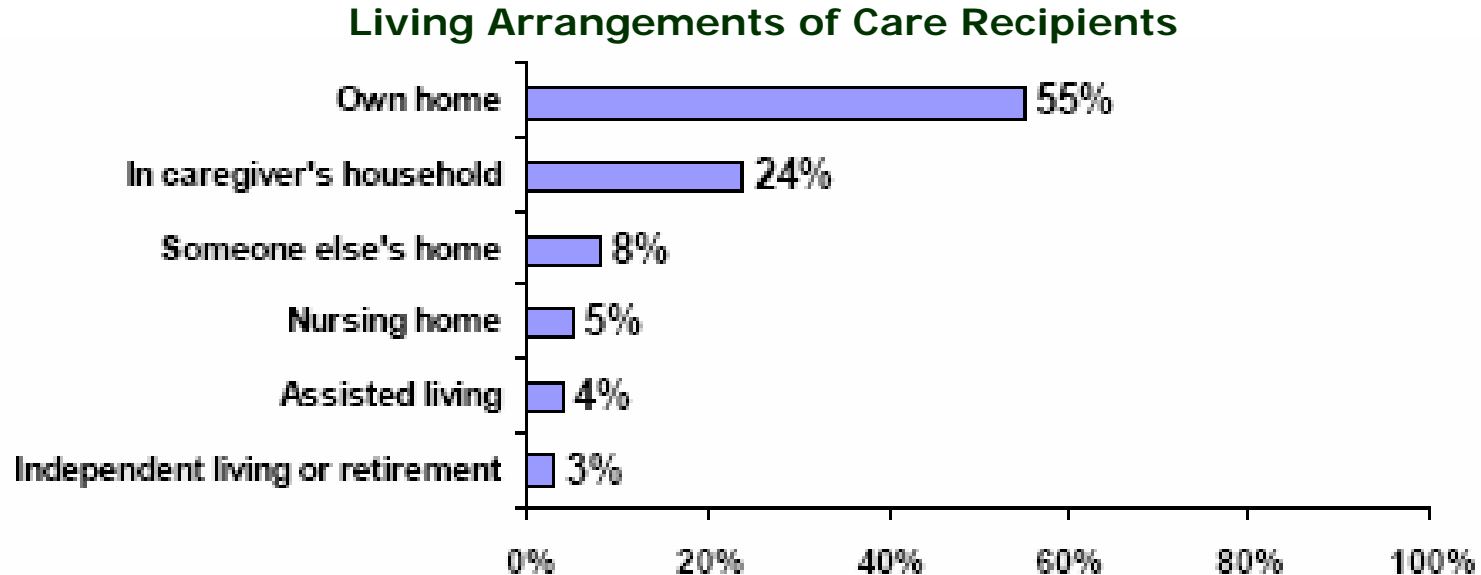


Base: 1,247 caregivers in the U.S.

Source: Caregiving in the U.S., National Alliance for Caregiving and AARP, 2004.

Findings – Where are activities performed?

- About 55 percent of care recipients live in their own homes, 24 percent in a caregiver's home, and 8 percent in someone else's home. Only 5 percent of all care recipients reside in nursing homes.



Base: 1,247 caregivers in the U.S.

Source: Caregiving in the U.S., National Alliance for Caregiving and AARP, 2004.

Findings – What certifications are required?

- ❑ Currently, there are **no Federal certifications required** for caregivers assisting people in their own homes and other community settings with ADLs and IADLs services.
- ❑ New LTC direct care workers are trained in a variety of ways and with a variety of titles, acuity levels and perform diverse duties based on individual's needs.
- ❑ Examples of peer mentoring, certification, and apprenticeship programs used in selected states follow.

Source: *Caregiving in the U.S.*, National Alliance for Caregiving and AARP, April 2004.

Findings – IOWA

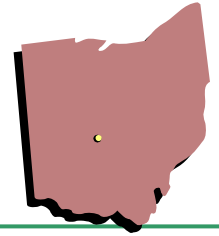


- **Peer Mentoring Model:** developed by Iowa Caregivers Association (ICA) as part of the BJBC demonstration project includes:
 - **Mentors** attend a 2 day workshop focused on:
 - Leadership
 - Communication skills
 - Inventory of skills exercises
 - How to lead different types of people
 - Addressing individual backgrounds and learning styles
 - **Mentees** spend first 2 days job shadowing on the job with 2 mentors. Once on their own, mentors check-in weekly. More than 130 direct care workers including 39 home care aides have successfully completed the program. Mentors also assist with identifying additional training for mentees.

“Since we started the mentoring program, our turnover is down to almost zero.” – Executive Director Suzanne Russell, Home Caring Services.

Hiedee Barrett, outreach and education specialist, working with a nursing home reported a reduction from 100% turnover to 17% after adopting mentoring model.

Findings – OHIO levels of certification



- ❑ **Ohio PATHS:** Professional Advancement through Training & Education in Human Services (PATHS) is an employer-directed professional skills training and certificate program for entry- and mid-level workers. **Direct Support Professionals (DSPs)** work independently in residential and community-based settings assisting people with developmental disabilities to lead self-directed lives. Each candidate is supported by a skill mentor.
- ❑ **Credential Framework PATHS** includes three levels of certification aligned with the U.S. Department of Labor's apprenticeship for the occupation of **direct support specialist** and include on-the-job and classroom instruction:
 - **Registration level -- Direct Support Professional (DSP) Registered:** Employees in good standing with 320 hrs of employment and 40 hours of classroom instruction.
 - **Certificate of Initial Proficiency (CIP):** Completion of registration level, additional 1,000 hours of work experience, 60 hours of related instruction, and demonstration of CIP learner outcomes mastery.
 - **Certificate of Advanced Proficiency (CAP):** Completion of CIP outcomes, and completion of an additional 1,680 hours of work experience, 110 hours of classroom instruction and demonstration of CAP learner outcomes mastery.
 - Plans for the voluntary credential to be established throughout Ohio is scheduled for 2006.
- ❑ Curriculum used nationally validated skill, knowledge, and ethical sets called community support skill standards developed by National Alliance for Direct Support Professional (NADSP) national credentialing programs: <http://www.nadsp.org/>; for list of competencies visit: <http://nadsp.org/pdf/flsupcom.pdf> Also, the Internet-based College for Direct Support Professionals offers a DSP Registered Credential at: <http://info.collegeofdirectsupport.com>
- ❑ To view an evaluation of the program by Marianne Taylor of Human Services Research Council, visit: <http://www.qualitymall.org/presentations/rq04/taylor2.pdf>
- ❑ The PATHS initiative received the 2004 Moving Mountains Best Practices Award from NADSP.

Source: Ohio PATHS: In-depth skills training & certification for direct support professionals, National Clearinghouse for Direct Care Workforce, PHI 2004.

Findings – AARP: CNAs Education/Training

- ❑ **Certified Nursing Assistants (CNAs)**, main role is not to assist nurses, but rather to assist people with daily activities, measure vital signs, watch for and report changes in client conditions, and provide companionship and emotional support.*

- ❑ The study examined number of hours, pre-training screening, remedial educ., ESL, and job shadowing, testing, and reimbursement for training/testing expenses and made recommendations for ensuring CNAs receive necessary training to provide quality care in the nursing home setting. A brief summary of findings include:
 - Consensus that the Federal **75 hours min. is insufficient** for adequately trained CNAs.
 - OIG 2002 study showed that most states required more than federal minimum.

 - Majority suggested an **increase to between 100-120 hours**.
 - Emphasis that 50 – 60 hours include clinical training.

 - Federal regulations for **reimbursement for Nurse Aide Training** are:
 - Aides employed by or offered employment from a Medicare- or Medicaid- certified nursing facility are not to be charged for training
 - Aides who are offered employment within 12 months from above are to be reimbursed for training costs. (42 USCS § 1395i-3, [(f)(2)(A)(iv)]).

 - Trainers, testers, and state regulators emphasized the **importance of screening applicants** before enrollment in CNA training programs. Sample curriculum for Home Care Aide—National Association for Home Care and Hospice (NAHCH).**

Source: *Training Programs for Certified Nursing Assistants, AARP, PPI 2006.

**A Model Curriculum for Home Care Aide used in the national home care aide certification program: <http://www.nahc.org/Tango/Shop/Shopping.html>

Findings – Selected States CNA Requirements

- Below are the results of interviews by the authors, which occurred between May and August 2003.

State	Min Hrs Req.	Min Clinical Hrs	Estimated Hours of Actual Training
MA	75	16	45% of programs >100 hrs
MI	75	25	Small # of program longer than 75; max is 125 hours
PA	75	37.5	Most programs are between 90-100
TX	75	24	Non-facility based programs much longer – 120 hours average
WI	75	16	Average hrs 120. Median is 102 hrs; Max is 180 hours

Source: Training Programs for Certified Nursing Assistants, AARP, PPI 2006.

Findings – Wisconsin



- ❑ Selection of Wisconsin Training Requirements for workers in home & community-based, and nursing home settings:

Title/ setting	Training Requirements	Accountability	Training Levels
Certified Nurse Aides (CNAs) / Nursing Homes, Home Health Agencies, and Hospice	75 hrs, (16 clinical) + 12 CE/p.a. Very specific curriculum, incl. basic nursing, personal care, basic restorative svc., client's rights & dementia care.	Written and skills competency testing. DHFS/BQA licenses, assures compliance, approves all training programs, and registry. Doesn't track CE.	All Direct care workers in nursing, agency, hospice settings must meet Nurse Aide training requirements. Most facility-based programs offer 80-90 hrs of initial training.
Community Based Residential Facility (CBRF) 5+ adults	45 hrs, (6 modules over 6 months) + 12 hrs CE p.a. relevant to job responsibilities.	Revisions underway (HFS 83 rule)	Nearly half are CNAs (Sager, 2004)
Personal Care Workers / In-home	40 hrs, (25 hrs in personal, restorative care, or 6 mo equiv exp.) No CE required.	RN Supervisor to evaluate competency of worker.	
Supportive Home Care Workers	16 hrs classroom training plus 1 hr in home of client. One-on-one training provided as needed.	Sign-off by trainer, who may be consumer. COP-Waiver manual specifies training.	

Source: Strengthening WI LTC Workforce – WI Council on LTC Reform Final Report June 2005.

Findings – WI Recommendations

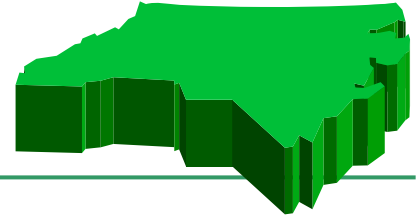


- ❑ WI Council on LTC Reform Final Report focused on Direct Care workers who provide LTC personal care services. Among many recommendations, the following **licensure and certification recommendation** was made:
 - Licensure and certification requirements for all facilities and agencies employing direct care workers, including nursing facilities, community based residential facilities, home health agencies, personal care agencies, licensed adult day care centers, and licensed adult family homes.

- ❑ WI Council on LTC Reform Final Report made additional recommendations relating to **clients who self-direct their services** and perform employer-related tasks with independent workers. A sample of training related recommendations follow:
 - Develop training for employer/consumers to set up payroll systems, manage taxes and other employer tasks.
 - Provide peer mentoring support for IPs, including family members to improve the availability of respite, back-up support.
 - Offer technical assistance to counties for creation of mediation mechanisms, perhaps through care managers.
 - Specialized training improvements for caregivers working with people with disabilities and including training by clients and their family members.
 - Employer/supervisor skills incorporating interpersonal, problem solving, listening, and relationship building skills

Source: Strengthening WI LTC Workforce – WI Council on LTC Reform Final Report June 2005.

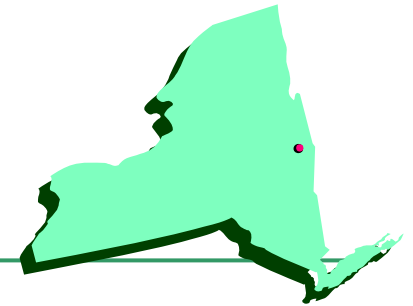
Findings – North Carolina



- **First-in-the-nation voluntary state licensure program.** The license, called the North Carolina New Organizational Vision Award (NC NOVA), was developed by the partner team of the BJBC NC project.
 - NC Division of Facilities Services will award the license to nursing homes, assisted living facilities, adult care homes and home care agencies that meet new higher standards for workplace culture.
 - Standards fall under 4 major areas:
 - Supportive workplaces
 - Training
 - Career development
 - Balanced workloads
 - The Carolinas Center for Medical Excellence, NC Quality Improvement Organization will serve as the independent reviewer to determine if comprehensive standards have been met.

Source: North Carolina Demonstration Project, BJBC Insights, No. 1, Fall 2003.

Findings – New York

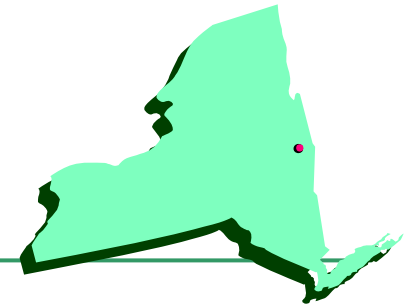


- ❑ **Cooperative Home Care Associates (CHCA):** a worker-owned home care agency in South Bronx provides a rigorous pre-employment, 150 hour training program for home health aides and has been sustainable more than 20 years.

- ❑ **Training elements include:**
 - Enhanced 4 week curriculum developing interpersonal problem-solving and communication skills in the context of health/clinical skills.
 - 3 months intensive OTJ training following classroom training, regular contact with nurse supervisors, coordinators, and peer mentors.
 - Learner-centered approach to teaching using discussion groups, problem solving activities, role-plays, and critical thinking skills to engage different learning styles.
 - Peer support with one-on-one sessions in classroom and during first few weeks on the job.
 - An employment counselor to assist with overcoming barriers to employment.

Source: The Right Start, Workforce Tools, PHI, Number 2 Winter 2004.

Findings – New York



- **Cooperative Home Care Associates (CHCA).** In addition to quality training, key components for success include:
 - Layered assessment and selection process to identify candidates most likely to succeed as caregivers. (About 35% interviewed are enrolled, of these more than 80% graduate and become CHCA employees).
 - Strategic partnerships with public agencies and private human service organizations to assist low-income individuals secure employment.
 - Supportive services, such as employment counseling, coaching supervision.
 - Opportunities for worker participation in decision-making, career advancement, personal and professional growth.
 - Wage enhancements such as a tiered pay scale, guaranteed hours for eligible workers, incentives, wage differentials, and benefits.
 - Informal information indicates workers stay because it's not just a workplace it's also a community.
 - Based on the quality of service, CHCA is a preferred provider recognized by the NY Visiting Nurse Service.

Source: The Right Start, Workforce Tools, PHI, Number 2 Winter 2004 and CHCA: Integrated Model for Recruitment, Training, and Retention, National Clearinghouse on the Direct Care Workforce, PHI 2004

Findings – SEIU 775 Blue Print for the Future

- ❑ **SEIU 775, Washington**, seeks to develop a training, support and career development platform for members to achieve quality of care and quality of caregiving jobs.

- ❑ **The home care training program model** proposed in “A Blue Print for the Future” (authored by PHI and SEIU 1199TUF) draws on trends and the successes of the CHCA model in NY. It also:
 - Is based on analysis of current training model and infrastructure in WA TLC.
 - Coincides with other parallel efforts including reimbursement reform, pay and benefit increases, culture change, and efforts to maximize independent living and consumer choice.

Source: The SEIU 775 LTC Training, Support & Career Development Network, A Blue Print for the Future, PHI, 2/2007.

Findings – Blue Print Training Model

□ The Blue Print model:

- Provides a contribution of how to professionalize home care and strengthen LTC workforce across all settings.
- Covers the content outlined in the WA LTC RFOC curriculum in four weeks vs. 4 days. This is to allow trainees sufficient time to learn by doing through role plays, case studies, and other problem solving exercises.
- Trains using RN and former or practicing home health aides employed as associate instructors and courses are team taught.
- Provides stronger “soft” skills (communications, critical thinking, problem solving) in addition to clinical competency in “hard” skills.
- Proposes a Network partnership between SEIU 775, participating members, the state, home care agencies, and nursing homes.

Source: The SEIU 775 LTC Training, Support & Career Development Network, A Blue Print for the Future, PHI, 2/2007.

Findings – Blue Print Training Model

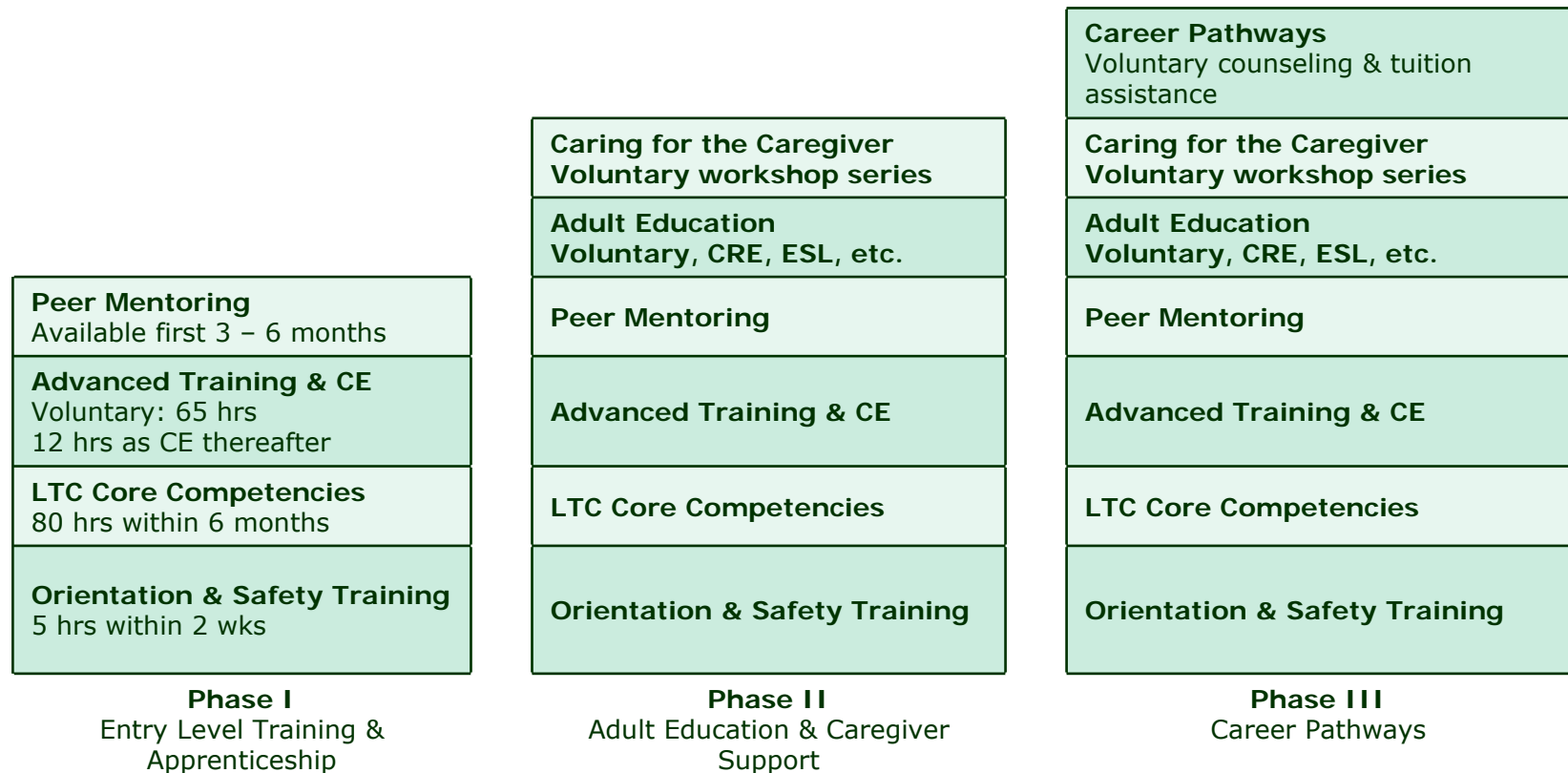
□ The Blue Print model:

- Is a workforce development approach to training which complements entry-level training with a peer mentor program, caregiver support, an apprenticeship program and career development services.
- Recommends a total of 85 hours of entry-level training (vs. 28 today) with opportunities to tailor curriculum to make it most relevant to client caregiving needs.
- Recommends more focus on communication and problem solving skills and more time to learn by doing through role plays, case studies, and other problem solving exercises.
- Recommends a team teaching approach involving active home care workers and consumers.

Source: The SEIU 775 LTC Training, Support & Career Development Network, A Blue Print for the Future, PHI, 2/2007.

Findings – Blue Print Model

□ The Blue Print Overview of Training and Career Development Services:



Source: The SEIU 775 LTC Training, Support & Career Development Network, A Blue Print for the Future, PHI, 2/2007.

Findings – DOL ETA Apprenticeship

- **“Advancing the Apprenticeship System”** is one of the U.S. Department of Labor (DOL) Employment and Training Administration’s (ETA) key initiatives with investment of more than \$12 million to fund apprenticeship programs through the President’s High Growth Jobs Training Initiative. Reportedly, 80% of employee learning happens on the job.

- **Registered Apprenticeships in the Health Care Industry** provides on-the-job learning, related instruction, mentoring, and incremental wage increases. Benefits to apprentices include:
 - Nationally recognized and portable certificates for:
 - Home Health Aide – working with disabilities: Certificate of Specialization
 - HHA, Hospice and palliative care: Certificate of Specialization
 - HHA, Mental illness: Certificate of Specialization
 - HHA, Dementia care: Certificate of Specialization
 - HHA, Mentor: Certificate of Specialization
 - HHA, Geriatric Specialty: Certificate of Specialization

 - Improved skills and competencies based on real-world application of theory-based learning
 - Increased wages as a result of mastered competencies
 - Ability to advance in career
 - Higher self-esteem based on enhanced skills and certifications

- **DOL awarded the Council for Adult and Experiential Learning (CAEL)** an 18 month grant in 2003. CAEL designed a career lattice that combined the Registered Apprenticeship training model for the CNA and LPN with online instruction and clinical training for the Associate Degree in Nursing (ADN). This model was implemented in five states: Houston, Texas; Sioux Falls, South Dakota; Chicago, IL; **Washington State**; and Maryland. (*Note: Washington’s program expired*).

Source: DOL ETA Apprenticeship Certification, Strengthening Our Nation’s Workforce with Demand-Driven Solutions, Office of Apprenticeship Training Employer and Labor Services (OATELS).

Findings – DOL CNA Apprenticeship

- The following diagram shows the progression of the CNA apprenticeship program:



Source: DOL ETA Apprenticeship Certification , Strengthening Our Nation's Workforce with Demand-Driven Solutions, Office of Apprenticeship Training Employer and Labor Services (OATELS).

Findings – UW Certified Geriatric Care Provider



- ❑ University of Washington provides a certificate for “**Certified Geriatric Care Provider**” for AFH providers. It is available online, video, workbook, and through the UW and Washington State Residential Care Council (WSRCC). – 52 credits.

- ❑ Prerequisite: Fundamentals Of Care and completion of AFH Administration Course (48 hrs).
 - **Core curriculum** modules (10 - all videos)
 - Arthritis, delirium, diabetes, elder mistreatment, family issues, grief/loss, osteoporosis, preventing falls, preventing stroke, skin care.
 - 23 modules of personal choice (1.5 hrs each)
 - 17 four credit hour workbook modules
 - Each module has a test requirement to obtain credit.

Source: University of Washington

Findings – WA Peer Mentoring



- **HCQA provides peer mentors** available by phone to provide support and to help individual providers who need more information. HCQA has a student manual and a screening test for individuals who may want to become an individual provider. A safety manual for individual providers (HCQA, 2004) is also available.

- **Support programs** for IPs were offered through Centers for Medicare and Medicaid Services Department of Health and Human Services to Improve the Direct Services Community Workforce grants. (May 2005). There are 4 Referral Workforce Resource Centers (RWRC) sites serving 9 counties:
 - Ferry
 - Lewis
 - Mason
 - Pend Oreille
 - Snohomish
 - Spokane
 - Stevens
 - Thurston
 - Whitman

Source: A Preliminary Analysis of the Peer Mentor Program in Nine Washington Counties, Home Care Quality Authority, 3/2006.

Findings – WA Peer Mentoring



- ❑ Each RWRC site has 2 peer mentors. RWRC staff oversee the day-to-day functions of the peer mentor program and provide serve as additional resource to peer mentors. Each mentor is required to meet the following qualifications:
 - 3 yrs experience as an IP
 - Experience working with families
 - Familiarity with ethics of care giving and independent living philosophy
 - Demonstrated experience in care of people with disabilities, including the elderly
 - Ability to speak English
 - Ability to fulfill 20 hours of mentoring/month, in addition to their regular duties
 - Ability to use a cellular phone and e-mail and respond to mentees in a timely manner.

- ❑ Peer mentors conduct most of their activities by cell phone and e-mail due to the large geographic area of each RWRC. Examples of outreach activities include:
 - Calling each IP regularly to check-in and offer support or guidance.
 - Writing newsletters and other communication materials
 - Hosting employee recognition events to acknowledge milestones or accomplishments
 - Coordinating IP events such as a formal brunch in the counties

Source: A Preliminary Analysis of the Peer Mentor Program in Nine Washington Counties, Home Care Quality Authority, 3/2006.

Findings – WA Peer Mentoring



- ❑ **Recommendations:** Majority (83%) of mentees participating in the pilot, identified improvements in themselves, which they translated into improved the quality of in-home care.

- ❑ Mentor and mentees suggested the following improvements:
 - Increase availability of mentors to new RWRC areas
 - Improve access to peer mentors in remote/rural areas where cell phone service is limited or unavailable
 - Advertise the program more
 - Increase mentor coverage beyond business hours
 - Expand the program

- ❑ HCQA and RWRCs collaborate to expand program and conduct additional research on how other peer mentor programs gather support.

Source: A Preliminary Analysis of the Peer Mentor Program in Nine Washington Counties, Home Care Quality Authority, 3/2006.

Summary

- ❑ Majority of ADLs and IADLs **services performed in the client's own home**. The main category of care for those age 50+ are aging related problems or illnesses and are more likely to involve medication management. Care for those age 49 and younger, more likely to involve mental or emotional related problems.*
- ❑ A significant majority of workers provide services **less than 40 hours/week**.*
- ❑ **Levels of Certification:** Several of the programs reviewed had varying levels of certification for direct care professionals in home and community-based settings. Some used nationally validated skill, knowledge, and ethical sets called community support skill standards defined by national organizations such as: NADSP, NAHCH, National Clearinghouse on the Direct Care Workforce, U.S. DOL Education & Training Administration, Council for Adult & Experiential Learning (CAEL) and others offering national credentialing programs. Common elements of the models included:
 - Registration level: being listed in a state or national registry after fulfilling eligibility requirements.
 - Completion of proficiencies level: demonstrated and verified completion of a minimum set of training or competencies.
 - Certification level: demonstrated mastery of competencies and passing state exams or licensing requirements.
 - Apprenticeship level: completion of on-the-job training and experience, toward a licensing and job placement.

Source: +ADSA Fact Sheet 2/2007, and DSHS "Becoming a NAC..." <http://www.aasa.dshs.wa.gov/professional>

*Caregiving in the U.S., National Alliance for Caregiving and AARP, April 2004.

Summary

- **Peer Mentoring:** Many of the programs included peer mentoring requirements in the early stages of the new worker's training with positive outcomes reported by the majority of participants.
 - **Peer Mentoring Pilot** in WA may have potential for increased quality of care based on initial results from HCQA survey in 9 counties.*
 - The **Blue Print Model** includes a peer mentoring component in the proposed training program. Is a workforce development approach to training which complements entry-level training with a peer mentor program, caregiver support, an apprenticeship program and career development services.

- **Apprenticeships:**
 - DOL Education and Training Administration's Registered Apprenticeship LTC programs across the nation may play an important role in developing skilled workers.
 - PHI is one of the many partners working with DOL in the development of the Registered Apprenticeship programs for positions such as: Home Health Aide, Geriatric Specialty and Mentors. PHI has work processes schedule and related instruction outlines already in place. (See US DOL ETA, Bulletin 2006-69 June 8, 2006, Home Health Aide).

- **Certified Nursing Assistants:** Consensus of national survey of states concluded that the Federal minimum CNA 75 hour requirement was insufficient—majority suggested an increase to 100-120 hours.**
 - Of the 100-120 hours recommended, 50 – 60 hours should include clinical training.
 - WA requires 85 hours for Nursing Assistant-Certified or (NAC); 50 hours include clinical training, and no less than 7 hours of AIDs training, plus 12 hours of CE annually. Training to orient student to facility or setting is not included in the minimum. Requirements detailed in (WAC 246-842-190) and in Deliverable #2.+

Source: *A Preliminary Analysis of the Peer Mentor Program in Nine Washington Counties, Home Care Quality Authority, 3/2006.

**Training Programs for Certified Nursing Assistants, AARP, PPI 2006.

+ADSA Fact Sheet 2/2007, and DSHS "Becoming a NAC..." <http://www.aasa.dshs.wa.gov/professional>

Summary – Potential Impacts

- **Regulatory Obstacles:** With Boomer generation aging, demand for home- and community-based care will continue to grow. The Visiting Nurse Service of New York argues that “[t]he intersection of housing and LTC services is the next critical arena for addressing the needs and preferences of older adults,” but that federal and state regulations impede development of linkages between housing and caregiving services.* These restrictions may:
 - Prohibit paid caregivers “from doing what they think is right,”
 - Create “disparities between what they’re allowed to do as certified and licensed paraprofessionals. . . and what they’re allowed to do as ordinary citizens, relatives, and friends.”*

- **Financial Impacts:** “Despite the strong preference by consumers for home and community-based services, most public financing for LTC is limited to nursing home services. About one-third of Medicaid LTC spending goes toward home and community-based services. It has been argued the problem is not that too few dollars go to LTC, but that too much is spent “in the wrong ways,” and that “home and community-based services infrastructure is grossly underdeveloped and starved for revenue.”*

Source: *Caregiving in America, The Caregiving Project for Older Americans, International Longevity Center-USA, (ILC) and The Schmieding Center for Senior Health and Education of Northwest Arkansas (SCSHE)

Summary – Potential Impacts

- ❑ **Measures of ADLs and IADLs missing significant caregiver activities:** Carol Levine, of the United Hospital Fund, argued these measures of care “do not convey the full spectrum or degree of complexity of the family caregiver’s responsibility.”
- ❑ **Current recruitment/retention not working:** Shortage of caregivers continues to grow despite the major undertakings of government agencies, nonprofits, foundations, and businesses to improve the availability of affordable, quality care in America, family caregivers remain overburdened, and too frequently those who need care go without it.

Source: Caregiving in America, The Caregiving Project for Older Americans, International Longevity Center-USA, (ILC) and the Schmieding Center for Senior Health and Education of Northwest Arkansas (SCSHE).

Summary – Potential Impacts

- **Career ladders not for everyone.** Career ladders for direct care workers typically provides advancement from aide to registered nurse or licensed practical nurse. Moving up the career ladder to professional licensure may not appeal to many of these workers, who may prefer developing skills that allowed them to move into positions of greater authority—and higher wages—in jobs more closely related to their current work.*
 - For example, New York City has experimented with creating a cadre of “field support liaisons” who visit care attendants in the field, identify problems, and provide peer support.*

- **Family living arrangements trends:** influencing traditional supply of family caregivers. Families are having fewer children and live further apart. Number of men and women who live alone has been steadily increasing.*
 - These changes will increase the demand for paid non-family member caregivers.
 - AZ Citizens’ Workgroup on LTC recommends recognizing the economic value of informal caregivers and the need for further development of respite programs, the state legislature should consider adopting an annual tax credit to offset the cost of care, supplies and equipment for family caregivers.**

Source: *Caregiving in America, The Caregiving Project for Older Americans, International Longevity Center-USA, (ILC) and The Schmieding Center for Senior Health and Education of Northwest Arkansas (SCSHE).

** Leading the Paradigm Shift in Developing AZ Direct Care Workforce, April 2005.

Summary – Potential Impacts

- ❑ **Additional training or certification requirements:** may present barriers of employment for an industry already facing supply problems.*
 - Consumers concerned about who pays for additional training
 - Agencies also expressed concerns about who pays for training outside the basic training requirements
 - Questions raised who will be responsible for licensing, certification and oversight

- ❑ **On-The-Job or Job Shadowing may infringe on client rights:** how to ensure privacy and client rights during training process.*

- ❑ **Trends of Boomers living longer** increases the likelihood of more chronic care conditions of aging.**
 - Longevity of Boomers may require more complex care needs and higher acuity levels of training

Source: * Public comments.

**Caregiving in America, The Caregiving Project for Older Americans, International Longevity Center-USA, (ILC) and The Schmieding Center for Senior Health and Education of Northwest Arkansas (SCSHE).



Addendum

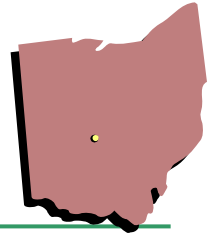
Long-Term Care Apprenticeship & Certification Programs:

Findings – Addendum: Incentives for training

- ❑ The LTC Training workgroup requested additional information regarding the programs presented in the Apprenticeship & Certification Program report, Deliverable #7. The questions included:
 - Were training programs tied to wage increases?
 - Did programs offer other incentives or benefits for increased training?
 - Did training hours count toward career ladder or college credits?
 - Were there other personal or professional development benefits associated with increased training?
 - What were the pay differentials for WA Peer Mentoring program pilots offered through HCQA?

- ❑ This addendum answers the questions asked.

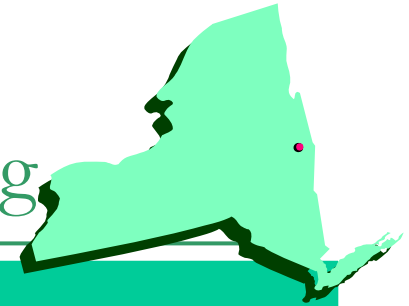
Findings – OHIO Incentives for training



Characteristics of Programs		
Candidates training paid for	Y	
Candidates receive incentive for completion	Y	19% will receive a pay increase for completing
Candidates receive pay & professional development increases	Y	41% will receive an income incentive + other professional development (new title, change in duties, schedule changes, promotions, etc. depending on agency)
College credit or standards offered toward career ladder	Y	PATHS 4 levels of certification are aligned with US DOL Direct Support Specialist for portability across states.
Fees to agency for participating	Y	<i>Average: \$330/per candidate. Sponsoring agency pays \$500 per candidate.</i>

Source: Ohio PATHS: In-depth skills training & certification for direct support professionals, National Clearinghouse for Direct Care Workforce, PHI 2004. Evaluation of the program by Marianne Taylor of Human Services Research Council, visit: <http://www.qualitymall.org/presentations/rq04/taylor2.pdf>

Findings – NY Incentives for training



Characteristics of Programs

Candidates training paid for	Y	CHCA spends about \$3,500/candidate
Candidates receive incentive for completion	Y	Tiered pay scale, guaranteed hours, wage differentials, and benefits/ (\$2/hr higher than av. NY home care agencies receive.)
Candidates receive pay & professional development increases	Y	Opportunities for worker participation in decision-making, career advancement, and personal and professional growth.
College credit offered toward career ladder	N	However, offer employment counseling services and career ladder opportunities within CHCA.
Fees to agency for participating	Y	<i>Amount not cited.</i>

Source: The Right Start, Workforce Tools, PHI, Number 2 Winter 2004 and CHCA: Integrated Model for Recruitment, Training, and Retention, National Clearinghouse on the Direct Care Workforce, PHI 2004

Findings – DOL ETA Incentives for training

Characteristics of Programs		
Candidates training paid for	Y	US DOL, ETA funding
Candidates receive incentive for completion	Y	Increased wages for mastered competencies
Candidates receive professional development	Y	Opportunities for career advancement, and personal and professional growth.
College Credit & Certification transferable to other states	Y	Model includes CNA, LPN, and Associate Degree in Nursing (ADN).
Employment placement	Y	<i>Apprenticeships result in career placement assistance.</i>

Source: DOL ETA Apprenticeship Certification, Strengthening Our Nation's Workforce with Demand-Driven Solutions, Office of Apprenticeship Training Employer and Labor Services (OATELS).

Findings – WI incentives for training



Characteristics of Programs

Note: Wisconsin Medicaid is proposing changes to its administrative rule requirements for personal care worker training; however, the proposal is still being reviewed at the department level 10/2007.

Candidates training paid for		Varies by agency.
Candidates receive incentive for completion		Personal Care worker wages increased in 2001 from \$12 to \$15 to benefit workers (not a pass-through)
Candidates receive pay increase for additional training		Recommended tying pay and some benefits to experience, performance and level of training.
Candidates receive professional development		In process of providing formal and informal recognition events to reward workers and dedication to quality of care.
College Credit & Certification transferable to other states		Work underway with University of Wisconsin Schools of Nursing and Social Work to accept credits and provide technical assistance & training.

Source: Strengthening WI LTC Workforce – WI Council on LTC Reform Final Report June 2005. 10/2007 Interview: Marcie Brost, DHFS/DDES/BLTS, Madison WI BRSTMM@dhs.state.wi.us and Elizabeth Scudder, Program Analyst.

Findings – WA Peer Mentoring Incentives



Incentives for pilots included:

Characteristics of pilot sites

Wage increase for Mentor	Y	\$1/hr wage differential while performing mentoring tasks, up to 20 hours.
Professional development for Mentor/Mentee	Y	Majority of mentors/mentees expressed increase in confidence and improvements in the quality of their job performance and that it was a value to their professional development.
College credit or portability of training	n/a	Was not identified or included in the pilot.

Source: Referral & Workforce Resource Center, Your Future is Our Priority, A Preliminary Analysis of the Professional Development Program, March 2006, HCQA.