

Lessons from Pennsylvania

Key Issues:

Portability, Specialty Training & Paths to Certification



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Introduction

- Over 130,000 Direct-Care Workers in PA provide vital services to seniors and people with disabilities
- Demand for services is increasing:
 - Demographics: aging population
 - Policy Shift: toward home- and community-based services
- Workforce Crisis: High turnover and vacancies undermine the Commonwealth's direct-care workforce.

PA's Direct Care Workforce Workgroup

- Convened by the Pennsylvania Center for Health Careers and the Governor's Office of Health Care Reform to address this crisis
- Included over 60 stakeholders including: providers, labor representatives, consumers, and other advocates across all service sectors
- Tasked to develop a statewide competency-based system for training and certifying direct care workers and the organizations that train them.

Definition:

“long-term living direct-care worker”

Individual paid to provide "hands on" assistance with daily activities to ***elders*** and ***adult consumers with disabilities***.

- Services may be provided in:
 - Consumer's own home
 - Nursing home
 - Personal care home
 - Adult day care center

Definition (cont'd):

“long-term living direct-care worker”

- May also include
 - Support with health-related tasks
 - Other household and support tasks
- Does **not** include:
 - Workers who provide general household and “instrumental activities of daily living” (IADL) support, but no “hands-on” care.
 - Workers serving MR/DD consumers.

Key Premises of System:

- Consumer self determination and person-centered care
- Competency-based
- Uses adult learner centered methods

Coordination with Other Direct Care Worker Training Regulations

- Consistent with - but goes beyond - current direct care worker training regulations including:
 - Chapter 2600 of PA Code on Personal Care Homes
 - Act 69 on home care agencies and registries
 - Federal OBRA '87 nurse aide training requirements
- Consistent with Federal DOL Apprenticeship Model

System Infrastructure

- Governed by Multi-stakeholder Board
 - Includes: consumers, direct care workers, employers, WIBs
- Administered by a **Single** State Department - *preferably State and the Bureau of Occupational and Prof. Affairs.*
- Training, certification and credentialing cross all long-term care settings
- Broad array of eligible training entities:
 - Formal education institutions
 - Long-term care employers
 - Labor Organizations

Certification Structure

(E) Long-Term Living Apprenticeship Graduate



(D) Specialty Certifications



(C) Licensed Long-term Living Worker

(170 hours cumulative)

~ Additional 20 hours of training ~

(Meets Federal HHA and Nursing Assistant Requirements)



(B₁) Certified Home Health Aide

(150 hours cumulative)

~ Additional 75 hours of training ~

(Meets federal HHA requirements)

(B₂) Certified Nursing Assistant

(150 hours cumulative)

~ Additional 75 hours of training ~

(Meets federal NA requirements)



(A) Credentialed Personal Care Worker

(75 hours training)

Minimum requirement for any worker providing “hands on” assistance

Levels of Competency - I

A. Personal Care Worker:

- Demonstrate competence in a basic set of core skills common to all settings
- Awarded a ***credential***
- Listed on State Registry

Levels of Competency- II

B1. Certified Home Health Aide:

- Supports consumers with health-related needs in home-and community-based settings
- Demonstrate additional competence in health-related needs as well as in in-home supports.
- Meets federal HHA Medicare requirements

B2. Certified Nursing Assistant:

- Works in nursing facilities
- Demonstrate competence in health-related skills as well as additional facility-based skills.
- Fulfills all federal requirements for nursing assistants.

Levels of Competency - III

C. Licensed Long-term Living Worker:

- Demonstrates competence in all basic core skills, health-related skills and skills for both in-home and facility certification
- Fully portable certification to *any* setting in the state.

D. Specialty Certifications:

- Examples: hospice, dementia care, geriatrics and peer-mentoring
- Granted upon completion of training and competency evaluation.
- Certifications will be listed on the state registry.

E. Long-term Living Apprenticeship Graduate:

- Requires additional training (including 1 year on the job learning) *and* competence in 2 specialties
- Nationally recognized by the U.S. Department of Labor.

Universal Core Curriculum Modules

1. Key Concepts
2. Work Settings, Teamwork and Professionalism.
3. Infection Control & Universal Precautions
4. Body Mechanics
5. Body Systems & Common Diseases
6. Working with Elders
7. Respecting Differences
8. Communication Skills
9. Working with a consumer from a different culture
10. ADL: Ambulating
11. Maintaining Dignity
12. Personal Care (ADL: Bathing)

Universal Core Curriculum Modules

13. Working with a consumer with dementia
14. ADL: Toileting
15. Working with a young or middle-aged adult with physical disabilities
16. ADL: Dressing & Toileting
17. Working with a consumer who is depressed.
18. ADL: Eating
19. Working with consumers who have a mental illness or a developmental disability.
20. Detecting & reporting abuse & neglect
21. Consumer and worker rights
22. Self-care and time management

Training, Evaluation & Employment

Three Ways to Demonstrate Competence:

1. Complete training and competency evaluation prior to employment
2. Employed with phased training over four months
3. Testing in through competency test for workers with related work experience

Implementation

- **Initiate voluntary implementation**
 - Incentive grants
 - \$100 for every worker who completes each level of training,
 - \$200 per graduate for employers with at least 25 percent of their workforce through training.
 - \$1 million in funding from L&I *****
- **Research necessary changes in statutory and regulatory authority for full implementation**
- **Notify providers of three year roll out schedule**

Lessons for Washington

- Portability Across Settings
 - How make sure workers don't have to start from scratch if they want to change settings?
- Opportunity for Specialty Training
 - How build in sooner?
 - How give workers get “credit” for specialized skills or knowledge?
- Multiple Paths to Certification
 - Who should be eligible to take a challenge test?

Portability: Washington's Current System

“One-Way Street”

- The RFOC (28 hours) does not articulate or apply towards completion of training required (85 hours) to become a Nursing Assistant Certified (NAC also known as CNA).
- A worker who has completed the RFOC to work in a home or community based setting would have to “start from scratch” if they want to work in a nursing home and become a NAC/CNA.
- A NAC/CNA does not have to take the RFOC to work in a home-or community based setting.

They can take a challenge test. If they pass, they are not required to complete any additional training. If they fail, they have the option of taking the modified RFOC rather than the full RFOC before taking the test again. (WAC 388-71-05840 and 05760)

Federal & State Regulatory Barriers to Change

Instructor Qualifications

- **Federal regulations regarding instructor qualifications**

(42 USC 483.152)

“The training of nurse aides must be performed by or under the general supervision of a registered nurse who possesses a minimum of 2 years of nursing experience, at least 1 year must be in the provision of long term facility services.”

- **State regulations regarding directors and instructors in approved NAC training programs (WAC 246-842-170)**

1 - The program director will be a registered nurse licensed in the state of Washington.

4c – Program director responsibilities: directly supervise each course offering.

5d – All other instructional staff must be, where applicable, currently licensed, registered and/or certified in their field in the state of Washington.

Federal & State Regulatory Barriers to Change

Clinical Training Requirements for NAC/CNAs

Federal: Supervised Practical Instruction, 16 hour minimum

“Supervised practical training means training in a laboratory or other setting in which the trainee demonstrates knowledge while performing tasks under the direct supervision of a registered nurse or licensed practical nurse.

(42 USC 483.152)

State Law: Clinical Training, 50 hours requirement.

Silent on whether this has to be in facility setting.

(WAC 246-842-190)

Federal & State Regulatory Barriers to Change

Curriculum Content Requirements for NAC/CNAs

1. Federal – 42 CFR 483.154 b2 i - iv

Basic Nursing Skills:

- Taking and measuring vital signs
- Measuring and recording height and weight
- Caring of the resident's environment
- Recognizing abnormal changes in body functioning...
- Caring for residents when death is imminent.

2. State - WAC 246-842-190

AIDS education and training: 7 hour requirement.

I

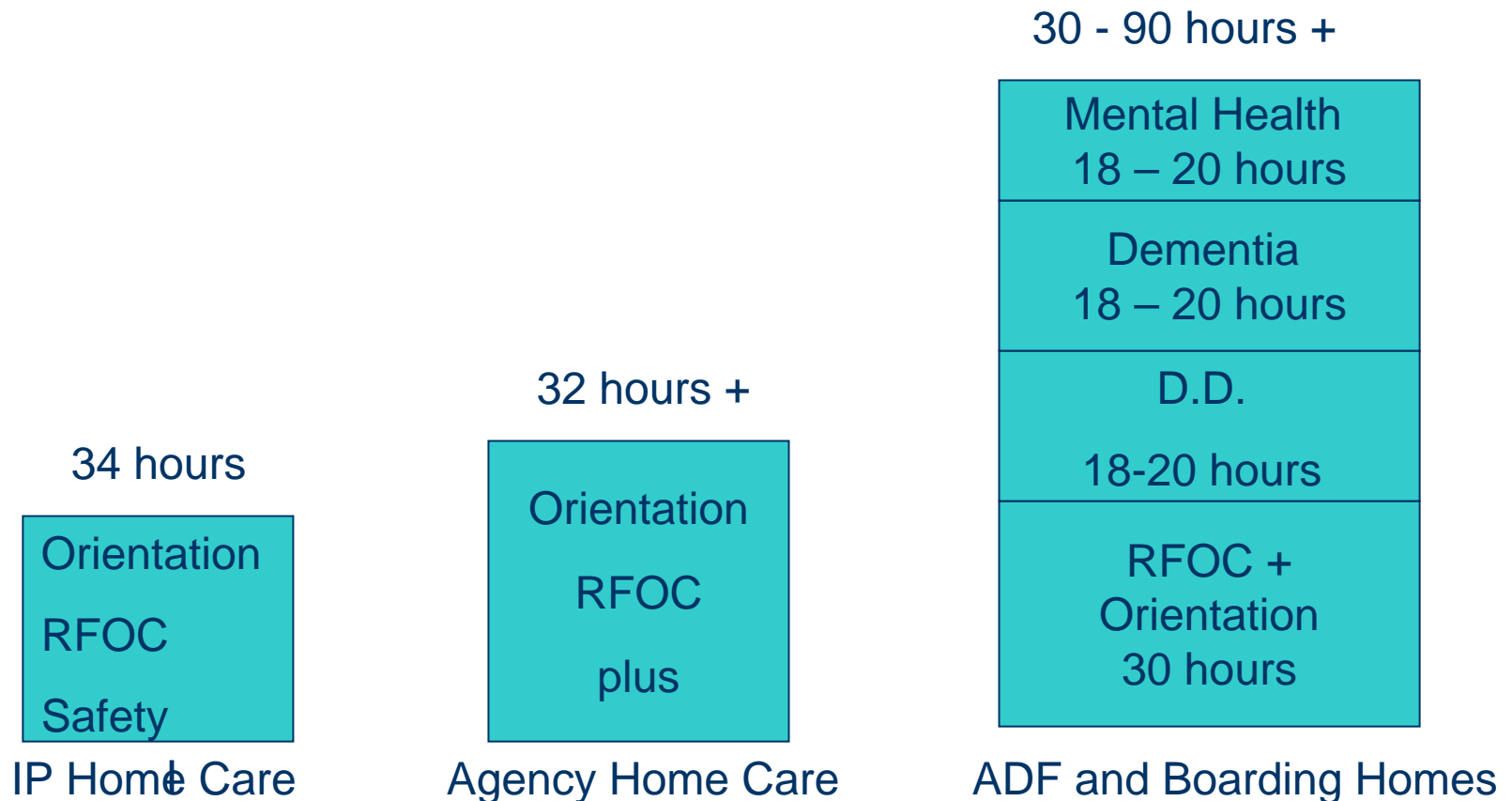
Two Options for Greater Portability Home Care >> Nursing Home

- 1. Waive the 35 hour classroom training requirement for HCBC workers.**
 - Illustrate that their training was provided by or supervised by an RN.
 - require them to also complete 50 hours clinical training.
- 2. Allow for a competency evaluation program (test-in option) for HCBC workers.**
 - Federal rules allow this (42 CFR 483.154) but it is not frequently used by states.
 - Could be coupled with a short, nursing home specific clinical training.

Specialty Training Now

- Workers in adult family homes and boarding homes are required to complete specialty trainings tailored to their client base.
- Three specialty trainings 18-20 hours each have been developed:
 - DD, - Dementia, - Mental Health
- IP and Agency workers do not have access to these specialty trainings even though they serve the same client base.

Unequal Oppty for Specialty Training



Build Specialty Training into Core

1) *Ensure that caregivers across all home and community based settings have access to specialty training to prepare them to serve their clients' specific needs.*

2) *Build specialty training into the core or entry-level course.*

3) *Use registry to help consumers identify what specialty training workers have completed.*

Example:

85 Hour Core Competency Training:

- 65 hours to cover core competencies
- 20 hours for more in-depth study of specialty areas such as DD, dementia and mental illness.
- Reinforce with on the job training supported by a peer mentor.