

An Exploration of State-Sponsored Home Care Aide Training Approaches

Research Brief



University of California
San Francisco



LeadingAge
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Research bridging policy and practice

About this Report

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About the LTSS Center

The LeadingAge LTSS Center @UMass Boston conducts research to help our nation address the challenges and seize the opportunities associated with a growing older population. LeadingAge and the University of Massachusetts Boston established the LTSS Center in 2017. We strive to conduct studies and evaluations that will serve as a foundation for government and provider action to improve quality of care and quality of life for the most vulnerable older Americans. The LTSS Center maintains offices in Washington, DC and Boston, MA.

For more information, visit LTSSCenter.org.

About University of California, San Francisco School of Nursing

The University of California, San Francisco School of Nursing houses four academic departments—Community Health Systems, Family Health Care Nursing, Physiological Nursing, and Social & Behavioral Sciences—and the Institute for Health & Aging, which is an organized research unit. One of the premier graduate nursing schools in the U.S., the School of Nursing's mission is to educate diverse health leaders, conduct research, advance nursing and inter-professional practice, and provide public service with a focus on promoting health quality and equity.

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Overview

The demand for non-medical home-based care is increasing rapidly in the United States, creating a growing shortage of the home care aides who provide essential services, assistance, and emotional support to older adults and people with disabilities living in their homes and other community-based settings (PHI, 2020a).

Demographics and consumer preferences are key reasons for this rising demand. The older population is growing rapidly and many people prefer to live and age in their own homes. Public policy also is fueling demand for home-based care as:

- ➔ The delivery of Medicaid-funded long-term services and supports (LTSS) shifts from nursing homes to home and community-based settings (Ryan and Edwards, 2015); and as
- ➔ Federal and state policies provide incentives for hospitals, health systems, and managed care organizations to move people with serious illnesses from acute care settings into the home (Enquist et al., 2010; Landers et al., 2016).



Nearly 2.1 million home care aides—also known as personal care aides and personal care assistants—provide home-based care in the United States. Yet, employers still struggle to recruit and retain sufficient numbers of these aides to meet the growing demand for their services. Several factors contribute to high turnover among home care aides and make it difficult to attract new candidates for home care aide positions:

- ➔ Lack of training and preparation of aides to care for people with increasingly complex health and chronic conditions.
- ➔ Limited advancement potential and few opportunities for aides to grow professionally.
- ➔ Low wages.
- ➔ Inadequate benefits.
- ➔ Insecure employment. (Luo, Lin, and Castle, 2012; Stone, 2017).

This research brief, based on a study by the LeadingAge LTSS Center @UMass Boston and the University of California San Francisco, focuses on the first of these factors: the lack of adequate training and preparation of aides.

Researchers set out to identify and describe potential strategies for developing a stable and high-quality home care workforce to meet the growing demand for LTSS. Their study, which focused on home care aides employed by agencies, documented promising practices among seven state-sponsored, entry-level training programs for home care aides. The study also generated recommendations for developing standardized, competency-based training for the home care aide workforce.

How LTSS Funding Affects Training of Home Care Aides

Medicaid is the major public funder for home care aide services. These funds are distributed through a non-uniform set of Medicaid programs, including:

- ➔ Medicaid State Plan Personal Care Options.
- ➔ Medicaid Home and Community-Based Services waiver programs.
- ➔ Medicaid 1115 demonstration waiver programs (Ng et al., 2014).

In addition, many states have established one or more programs, funded through general revenues, to provide modest assistance to people who have low incomes but do not qualify for Medicaid. Such programs are designed to help these individuals delay both out-of-home placement and the need to spend down excess income in order to qualify for Medicaid (O'Brien, Fox-Grage, and Ujvari, 2019).

The fact that Medicaid programs operate at the state level has a significant impact on the training of home care aides. Consider:

- ➔ Home care aides do not have to meet federal training requirements.
- ➔ Each state can set its own training standards and mandates for these aides.
- ➔ Training standards for home care aides, where those standards exist at all, vary widely—not only among states, but also among programs and populations served within a given state.

The wide range and scope of training requirements, and the absence of standardized competencies, impede the development of the home care aide occupation as a professional career and have made it difficult for employers to:

- ➔ Provide aides with adequate initial training for their jobs.
- ➔ Offer continuing education to ensure that aides can keep their skills up-to-date and can advance in their careers.
- ➔ Recruit qualified candidates for home care aide positions.

Standardized, competency-based training would help to ensure aides have the skills and knowledge they need to care for clients with complex needs, and to be resilient in the face of challenges such as the coronavirus pandemic. COVID-19 shed new light on the essential work that home care aides do each day, but it also uncovered the need to address long-standing training gaps so aides are better able to navigate their daily work challenges and the challenges associated with current and future health emergencies.

New approaches to training, documented in this report, could also enhance the professional nature of home-based care, increase the nation's respect for home care professionals, and reinforce the value these caregivers bring to the LTSS sector.

“**Standardized, competency-based training would help to ensure aides have the skills and knowledge they need to care for clients with complex needs, and to be resilient in the face of challenges such as the coronavirus pandemic.**”

Seven State Training Programs for Home Care Aides

States can play a valuable role in preparing home care aides to provide complex care for older adults and younger people with disabilities. Fourteen states have already adopted consistent training requirements specifying the content and/or duration of training for all agency-employed home care aides (PHI, 2019).

The research team reviewed training programs in seven states that have used their regulatory authority to adopt and promote home care aide training curricula that is comprehensive, consistent, and has some level of rigor. The curricula adopted by these states share content similarities but may differ in their organization, delivery, and robustness.

State training programs assessed during this study are detailed in [Appendix A](#). Here are some highlights of those programs:

Alaska's program to cross-train direct care professionals features a portable certificate and creates a bridge for home care aides to become certified nursing assistants (CNA). Home care aides who provide Medicaid-funded services must complete 40 hours of training within four months of hire. The state has an approved curriculum of required training modules. The training must be provided by registered nurses (RN) who are approved by the state. Students can use the training to qualify for an abbreviated CNA and home health aide (HHA) training certificate.

Arizona's home care aid training curriculum covers fundamentals that all home care aides should know, and offers two specialized training modules: caring for older adults and people with physical disabilities and caring for people with intellectual and developmental disabilities.

All agency-employed aides must complete the fundamentals training and pass a competency-based evaluation within 90 days of hire. Regulations do not prescribe the number of training hours that aides must complete. The home care aide training can be applied to assisted living settings and can be carried from one employer to another. Arizona's Medicaid agency requires that training instructors pass the direct care professional competency test and have one year experience in caregiving and one year experience teaching groups of adults.

Maine requires that home care aides in Medicaid programs complete a state-sponsored, 50-hour training program that includes 40 hours of classroom time and a 10-hour clinical component. Aides must enroll in the training within 60 days of hire and pass the standardized exam within six months of hire. Trained home care aides receive a portable certificate that allows them to work in a variety of settings. The training also can be applied toward CNA training and certification. The Maine Department of Health and Human Services approves training instructors based on select criteria and lists those instructors on its website.

Massachusetts requires home care aides to complete 60 hours of training prior to providing services. The state does not have a mandated curriculum. Instead, it recommends a state-sponsored training curriculum that was developed by the Mass Area Health Education Network through the federal Personal and Home Care Aide State Training (PHCAST) program, a national demonstration program funded by the Affordable Care Act in FY 2010. Trainees must pass a skills demonstration assessment. Instructors receive guidance on how to assess students' knowledge, skills, and attitudes through observation and testing. Home care aides who successfully pass the exam are listed on the state's home care aide registry. Home care aides can apply their training hours toward the required training and certification for CNAs and HHAs.

New York requires home care aides to complete 40 hours of training and pass an examination within six months of hire. Sixteen of the required training hours constitute core training that all direct care professionals across settings must complete. Training is based on the *Home Care Curriculum*, a basic manual developed for the state by the State University of New York at Buffalo. Instructors can be RNs, social workers, or health economists with a bachelor's degree in a field related to human services or education. Trainees receive a portable certificate that can be applied toward HHA or CNA training.

Virginia requires that all agency-employed home care aides who provide Medicaid waiver services complete a 40-hour curriculum, exam, and skills assessment. The state Medicaid agency developed a manual that outlines the training topics to be covered in the training; the instructor populates the content. RNs with two years of experience can provide the training.

Washington, with the most rigorous training requirements, mandates that home care aides complete 75 hours of training. Instructors can use the basic core training curriculum developed by the Washington State Department of Social and Health Services or develop their own curriculum as long as it covers the same topics, is competency-based, incorporates an adult learner-centered approach, and is approved by the state. Home care aides who successfully complete the training can apply it toward a HHA or CNA certification by participating in an additional 24 hours of training offered through a bridge program.¹

¹Sources for state training programs: Alaska Administrative Code, 2018; Alaska Department of Health and Social Services, 2019; Arizona Department of Economic Security, 2007; Arizona Direct Care Initiative, 2011; Arizona Health Care Cost Containment System, 2014; Campbell, 2018; Campbell, 2017a; Campbell, 2017b; Maine Department of Health and Human Services, 2019; Maine Direct Service Worker Training Program, 2017; MassAHEC Network-UMass Medical School, 2016; New York State Department of Health, 2007; Ordway et al., 2019; Virginia Administrative Code, 2017; Virginia Department of Medical Assistance Services, 2003; Washington Administrative Code, 2019; and Washington State Department of Social and Health Services, 2015



Recommendations for Policymakers

The options and recommendations highlighted in this research brief draw on promising practices and lessons learned from the seven state training programs that were assessed during the study, as well as a review of the literature.

The recommendations cover six areas:

- ➔ Developing and Implementing Standardized Training for Home Care Aides.
- ➔ Collaboration among Stakeholders and State Agencies.
- ➔ Training Delivery.
- ➔ Assessment of Competencies.
- ➔ Funding a State-Sponsored Training Initiative.
- ➔ The Effects of COVID-19 on Training.

Researchers focused their efforts on training programs for home care aides employed by agencies. However, some of this study's findings and recommendations can also be applied to consumer-directed programs, funded by 40 states, which allow home care clients to hire aides directly, and to pay family members for the services and supports those family members provide (Watts and Musumeci, 2018).

Developing and Implementing Standardized Training for Home Care Aides

Structure of the Training Program

Adopt competency-based training.

Basic, competency-based training addresses core competencies that home care aides will need to achieve in order to provide quality care across different settings and populations. The competency-based approach to training breaks down silos between care settings, prevents duplicative training, and allows home care aides to bolster their existing skills with further training.

The federal [PHCAST program](#) provided grants that helped six states develop, implement, and evaluate a competency-based training model that led to a credential or certification. The demonstration projects covered nine core-competency areas that could be applied to home care aides:

1. Roles and responsibilities of a personal and home care aide.
2. Personal care skills and nutritional support.
3. Consumer-specific or needs-specific training.
4. Basic restorative skills.
5. Consumer rights, ethics, and confidentiality.
6. Interpersonal skills.
7. Infection control.
8. Safety and emergency training.
9. Health care support (Craft-Morgan et al., 2018).

Other existing competency models—including the [Centers for Medicare & Medicaid Services Direct Service Workforce Core Competencies](#) and the [LeadingAge Personal Care Attendant Competency Model](#)—can also be used to define required competencies for home care aides.

Make training and certification portable.

Home care aides should be able to apply their training and certification across LTSS settings

and add to their level of certification as they acquire additional skills. This flexibility allows home care aides to work in multiple settings and permits a certification or credential to be applied toward a more advanced role, such as HHA or CNA. Population-specific knowledge can also be added to the core training.

Certification information should be centrally documented so employers can easily verify an individual's qualifications.

Train for a mix of skills and knowledge.

Training programs should address the following:

- ➔ Technical skills.
- ➔ Infection prevention and control.
- ➔ Health conditions.
- ➔ Relationships and communication.
- ➔ Problem-solving and decision-making.
- ➔ Cognitive impairment.
- ➔ Observing and reporting changes in health status.
- ➔ Communicating with individuals with cognitive impairment, their unpaid caregivers, and interdisciplinary care teams (Scales and Lepore, 2020).

Offer flexibility to training providers.

The seven states examined in this study took different approaches to how training providers develop curricular content and deliver training. Some states require that training providers use the state-sponsored curriculum exclusively; those states also may prescribe training delivery methods. Other states allow training programs to develop their own curriculum, as long as those curricula align with the content established in the state-sponsored training regulations.

Flexible regulations for curricula, competency testing, and instruction methods allow training providers to customize their training so it accommodates the abilities of trainees and the populations being served.

Carefully establish required training hours.

The length of training varies from 40 to 75 hours across the seven states included in this analysis. However, it is not sufficient to simply require that trainees complete a minimum number of training hours. It is more important that home care aides receive high-quality training in a “real world” environment and that they can demonstrate skills that are sustained over time. Therefore, the number of required training hours should be based on the competencies defined for aides and the time needed to train aides in the knowledge and skills required to demonstrate each competency.

Accommodate a diverse trainee cohort.

States should make their curricula and training programs available in multiple languages to accommodate a diverse workforce. The training materials and mode of delivery should also take into account culturally based norms and attitudes about:

- ➔ Aging.
- ➔ The role of the family in care.
- ➔ Specific health conditions, such as dementia.
- ➔ Communication styles, which can vary across a diverse trainee population.

Collaboration among Stakeholders and State Agencies

Build stakeholder coalitions.

A stakeholder coalition representing diverse settings and populations can lay the groundwork for a consensus approach to developing a training curriculum for home care aides. This coalition can help achieve buy-in among stakeholder groups for implementing and sustaining the training program. Stakeholders might include:

- ➔ Consumer groups.
- ➔ State agencies.
- ➔ Educational institutions.
- ➔ Home care provider associations.
- ➔ Home care agencies.
- ➔ Unions and other worker associations.
- ➔ Individual consumers and workers.

“An adult learner-centered process can accommodate multiple learning styles and help trainees retain content. This interactive learning process builds on the knowledge, attitudes, and skills students have gained through their life experiences.”

Facilitate collaboration among state agencies.

State-based entities should work together to develop, implement, and fund the training program. These entities should include the agency responsible for home care services, Medicaid agencies that provide reimbursement for these services, and state workforce development agencies. Policymakers should consider which state agency will oversee the training program and how the different state agencies can work together to fund and sustain that program.

Training Delivery

Adopt an adult learner-centered approach.

An adult learner-centered process can accommodate multiple learning styles and help trainees retain content. This interactive learning process builds on the knowledge, attitudes, and skills students have gained through their life experiences. In-person training and e-learning platforms can incorporate:

- ➔ Interactive presentations and activities.
- ➔ Case scenarios that make training information applicable to real situations in the workplace.
- ➔ Demonstrations of skills.

In-person learning is the best-practice standard for the home care workforce. There is limited research on the effectiveness of e-learning platforms. A hybrid model of in-person instruction, which offers opportunities for hands-on learning and virtual learning, is preferred over fully virtual learning methods (PHI, 2020b).

Make entry-level training accessible to prospective workers.

Entry-level training can be provided by home care agencies, vocational schools, and educational institutions like community colleges. Across the seven states, training provided by a home care agency is often paid for by the employer, while vocational schools and educational institutions typically charge a fee determined by the training entity.

States should consider making training programs accessible to workers by locating training sites near public transit and offering flexible training schedules outside of regular work hours.

Set criteria for choosing training program faculty.

RNs, licensed practical nurses/licensed vocational nurses, and experienced CNAs may all be well-positioned to teach the training curriculum. Guidelines or training for instructors will support fidelity to the training model and help ensure that all aides are trained in the same way. Training regulations should specify criteria for choosing instructors, such as:

- ➔ Teaching and clinical experience.
- ➔ Understanding of home care aide work responsibilities.
- ➔ Demonstration of competence in the skills that instructors would be teaching.

To ensure high-quality training, policymakers should consider requiring assessment of instructors at the onset of the training program, and continued monitoring of instructors and training providers.

Assessment of Competencies

Use exams and skill demonstrations.

Trainee competencies should be assessed through written or oral knowledge exams and demonstrations of skills. Across the seven states, trainees must earn a minimum score of 70% to 80% to pass the knowledge exams.



Students must receive a perfect score on “return demonstration” skills tests, during which they demonstrate what they have been taught or what an instructor has demonstrated for them.

Develop competency tests that are accessible to a diverse trainee population.

In developing competency tests, states should:

- ➔ Create alternative options to written exams, including self-paced, spoken, or performance tests.
- ➔ Ensure that tests account for cultural diversity.
- ➔ Make tests available in multiple languages.

Decide how skills will be assessed.

The clinical skills assessment can be embedded in the training course, with the instructors assessing and verifying the demonstration of skills. The assessment may also be separate from the training course, with a state agent or delegate responsible for assessing the demonstration of skills.

Funding a State-Sponsored Training Initiative

Investment at the state level—including the development and sustainability of a standardized training program—is essential to ensuring that the home care aide workforce is adequately trained. Representatives from the seven state training programs estimated these costs:

- ➔ One full-time equivalent staff person who writes the curriculum, facilitates a stakeholder process to develop the competencies and training modules, or works with a consultant to write the content.
- ➔ Implementation costs, if the state has a role in oversight and monitoring, or maintains a database of approved instructors, training providers, and/or certifications.
- ➔ Funding for the training entities, including costs for personnel, training materials, and testing and certification systems.

Recommended options for funding a sustainable training program include the following:

Build training and certification costs into Medicaid program administration.

This approach can involve a variety of strategies:

- ➔ **Work with managed care organizations** (MCO) in states where MCOs are responsible for home care programs. These states can require MCOs to:
 - ➔ Cover training and support costs.
 - ➔ Add a home care workforce innovation component to their programs that would include, but would not be limited to, training and credentialing.
 - ➔ Contract only with home care agencies that hire appropriately trained aides.

- ➔ **Use Medicaid reimbursement strategies** to offer incentives to providers so they will train home care aides.
- ➔ **Earmark dollars within pay-for-performance programs** for home care agencies that use standardized curricula to train their frontline staff.
- ➔ **Use value-based payment programs** to provide incentive payments to employers that meet benchmarks for workforce development. The pay-for-performance requirements can include guidelines to train staff properly.

Allocate dollars from the general fund to finance entry-level training for home care aides.

Use federal funds, available through the Workforce Innovations and Opportunities Act, to support training programs. These training programs could help workers build certifiable skills so their competencies could be linked to higher wages.

“ **Investment at the state level—including the development and sustainability of a standardized training program—is essential to ensuring that the home care aide workforce is adequately trained.** ”

The Effects of COVID-19 on Training

Since March 2020, the coronavirus pandemic has changed the field of aging services and the home care workforce. It is not clear at this time whether these changes will be temporary or permanent. In either case, it is important for providers and policymakers to understand the new workforce landscape and to determine the most effective approaches to training home care aides into the future.

As part of that process, policymakers should:

Examine the consequences of waiving training requirements.

Some states and the federal government have issued pandemic-related executive orders that attempted to increase the emergency supply of direct care professionals by relaxing training requirements, particularly for CNAs in nursing homes. These actions have helped to mitigate staffing shortages at some home care agencies.

However, waiving already minimal training requirements raises significant job quality concerns for workers and may put the quality of care for clients at risk. It will be important, moving forward, to find a healthy balance between the need to revise training regulations to address worker shortages and the need to promote quality of care by preserving essential competency-based skills training.

It should be noted that some of the pandemic-related CNA shortages in nursing homes could have been mitigated if all states had in place a core set of training requirements that allowed aides to work across settings. These universal training requirements would have allowed home care aides trained in the same skill sets and possessing the same knowledge base to work in any care setting where they were needed.

Make infection control training more robust.

Many of the seven state training programs in this study cover infection prevention and control in their entry-level training, although the number of training hours in these areas is limited. Despite this training, home care aides were not prepared to deal with the novel coronavirus. A standardized training program should include more robust infection control and prevention practices so home care aides can better prepare for and manage pathogenic threats of this scale.

Exercise care in designing online training.

The pandemic prompted several of the states highlighted in this research brief to move all or a portion of their training online. It is not known when states will again be able to hold in-person trainings in the traditional format. State funding can help training providers adapt their existing training programs to an online training format or allow trainers to access adequate space and equipment for safe in-person training (PHI, 2020b). However, remote training should continue to be competency-based and interactive.

“**Waiving already minimal training requirements raises significant job quality concerns for workers and may put the quality of care for clients at risk.**”

Conclusion

Promising practices exist to develop and implement entry-level, competency-based training for home care aides. Partnerships with key stakeholders can support the development and implementation of standardized training. These stakeholders should include educational institutions, home care employers, industry associations, labor organizations, and government agencies.

This research brief provides recommendations and options for states, based on an analysis of training initiatives implemented by seven states that offer standardized training with some level of rigor. The brief recommends a variety of strategies for developing curricula and training programs that are competency-based and universal, incorporate adult learning-centered principles, and provide options for testing and delivery to accommodate trainees' different backgrounds and learning styles.

The cost of training, and who bears that cost, are important factors to consider when deciding how to sustain and improve access to competency-based training of home care aides. Medicaid and other funding sources should be leveraged to support this approach so the burden of paying for training is not placed on potential aides or their employers.



“Promising practices exist to develop and implement entry-level, competency-based training for home care aides.”

Appendix A: Description of Seven State-Sponsored Home Care Aide Training Programs

Alaska

After recognizing a need to strengthen the direct care workforce, Alaska developed a program to cross-train and professionalize the direct care workforce and create a bridge for home care aides to become certified nursing assistants (CNA). The Center for Human Development at the University of Alaska Anchorage used its existing CNA training curriculum as a basis for the home care aide training it developed for the state. Nurses and CNAs informed the curriculum content.

Training Hours

Within four months of hire, home care aides in Medicaid programs are required to complete 40 hours of training that follows a state-sponsored curriculum. The curriculum specifies the sections and chapters from *Providing Home Care: A Textbook for Home Health Aides* that must be covered in the training. Instructors can add other materials from the textbook or from community resources.

Training Topics

The topics covered in the training include:

- ➔ Legal and ethical issues.
- ➔ Communication and cultural diversity.
- ➔ Infection control and standard precautions.
- ➔ Safety and body mechanics.
- ➔ Emergency care and disaster preparation.
- ➔ Physical, psychological, and social health.
- ➔ Body systems and related conditions.
- ➔ Confusion, dementia, and Alzheimer's disease.
- ➔ Human development and aging.
- ➔ Positioning, transfers, and ambulation.

- ➔ Personal care skills.
- ➔ Core healthcare skills.
- ➔ Medications and technology in home care.
- ➔ Rehabilitation and restorative care.
- ➔ Clients with disabilities.
- ➔ New mothers, infants, and children.
- ➔ Dying, death, and hospice.
- ➔ Clean, healthy, and safe environments.
- ➔ Client's nutritional needs.
- ➔ Meal planning, shopping, preparation, and storage.

Training Providers

Alaska's in-person, home care aide training features hands-on instruction, presentations by experts, and the use of the *Providing Home Care* textbook mentioned above. Proprietary schools, community colleges, home care agencies, and allied health instructors conduct the training. One training organization, Career Tech, provides vocational technical training in high schools; students can complete either home care aide or CNA training and receive a certificate upon graduation.

The Senior and Disabilities Services division in the Alaska Department of Health and Social Services publishes a list of state-approved trainers. Registered nurses (RN) with specified educational experience qualify as instructors. While the state does not train instructors, it provides guidelines for those delivering the training.

Training Delivery

Trainers may use their own curriculum, if it is approved by the state, or modify the state-sponsored curriculum based on the needs and knowledge levels of students, as determined through standardized tests.

Assessment

Students who complete the training curriculum take a written exam overseen by instructors who also evaluate the students through a skills-performance assessment. The written exam includes 50 multiple-choice and true-false questions. The instructor has discretion to provide an oral exam, rather than a written one, for students with cultural and/or learning style differences.

Students must achieve a score of at least 80% to pass the written exam. Students who do not pass the exam can retake it one time. Students must pass the skills-performance assessment by demonstrating competency on all skills.

Alaska is working with the learner community to develop alternatives to the written/oral exam, including multi-media options. The state recognizes that other testing formats may help individuals who would be successful home care aides to pass the test.

Portability/Transferability

The competencies developed by Alaska were designed to apply across multiple sectors. However, it is not clear whether completion of the home care aide training would qualify home care aides to work in all settings. Students can use the training to qualify for an abbreviated CNA and home health aide (HHA) training certificate.

Training Costs

Alaska's Mental Health Trust used money available from a legal settlement to fund the development of the training curriculum.

The Alaska Department of Health and Social Services does not pay training agencies or instructors. The estimated state labor cost is one full-time equivalent (FTE) staff person to oversee the training program.

Employees who attend classes at a home care agency do not pay for the training and are paid by their employers for the time they spend in training.

If home care agencies do not provide the training in-house, the employee receives the training at a proprietary training organization and is responsible for covering training fees.

Proprietary training organizations set their own fees. Community colleges charge credit hours for the training. Allied health instructors model their fees after the community colleges. Some instructors have contracts with Native American organizations, which cover the fees for their students.

Arizona

Arizona's comprehensive training requirements evolved from a 2005 report by a governor's taskforce called the Citizens' Workgroup on the Long-Term Care Workforce. The workgroup, established to address the development of a high-quality and stable direct care workforce, advised the state to develop a training system for all home care aides that would be uniform, statewide, and state-funded.

A subcommittee of the workgroup—which consisted of representatives from educational institutions, the Alzheimer's Association, and home care providers—developed the first state-sponsored home care aide training curriculum under the direction of the Department of Economic Security. After the Citizens' Workgroup on the Long-Term Care Workforce disbanded, the Direct Care Workforce Committee facilitated adoption of the training program. The mandated home care aide training became effective in 2012.

The curriculum has three components. A Principles of Caregiving curriculum covers fundamentals that all home care aides should know. Two specialized training modules cover:

1. Caring for older adults and people with physical disabilities.
2. Caring for people with intellectual and developmental disabilities.

Training Hours

All agency-employed home care aides are required to complete the Principles of Caregiving training and pass a standardized competency evaluation within 90 days of hire. Most workers also are required to complete the specialty training for the population(s) they serve.

Arizona's regulations do not prescribe a minimum number of training hours. The state takes a competency-based approach to training that focuses on assessing and testing whether trainees have acquired the skills they need for the job. This approach emphasizes assessments and test results rather than a training-hour mandate.

Training Topics

Training agencies may create their own curricula, but that training must cover the same topics as the state's Principles of Caregiving training and must be approved by the Arizona Health Care Cost Containment System (AHCCCS), the state's Medicaid department. Training is available in English and Spanish. The employer is responsible for accommodating other languages.

The Principles of Caregiving training modules include:

- ➔ Overview.
- ➔ Legal and ethical issues.
- ➔ Communication.
- ➔ Cultural competency.
- ➔ Job management skills.
- ➔ Observing, reporting, and documenting.
- ➔ Infection control.
- ➔ Nutrition and food preparation.
- ➔ Fire, safety, and emergency procedures.
- ➔ Home environment maintenance.

An industry group is currently revising and updating the Principles of Caregiving curriculum, and has added an additional topic on interpersonal and engagement skills that addresses:

- ➔ Client self-care and management.
- ➔ Facilitation.

- ➔ Problem-solving and decision-making.
- ➔ Respect for and understanding of clients.

The updating initiative is not focused on revising the hands-on tasks covered in the curriculum, which haven't changed since 2012. Rather, the new content will affect the curriculum's assessments and will emphasize how home care aides handle different scenarios and situations with clients.

Training Providers

AHCCCS approves providers who train and assess the skills of students. The approved training programs can include:

- ➔ AHCCCS-registered home care agencies that provide direct care services.
- ➔ Private vocational programs.
- ➔ Educational institutions, including high schools, colleges, or universities.

Registered home care agencies provide three-quarters of entry-level home care aide training, either for their own employees or through contracts to train employees of other agencies. The remaining 25% of training is available through private vocational schools or high schools and community colleges.

The Direct Care Workforce Committee built flexibility for instructors into the training. The committee did not prescribe the number of training hours or identify how the required information should be taught.

The committee did specify the qualifications that instructors must possess in order to become approved home care aide trainers. RNs, licensed practical nurses, and CNAs who meet the following criteria are eligible to be instructors:

- ➔ A passing grade on all competency-based tests in the training modules that instructors are teaching. Instructors must score 92% or higher on knowledge tests and 100% on skills test.

- ➔ One year experience providing direct care.
- ➔ One year experience teaching groups of adults.

The regulations require that instructors conduct two trainings each year.

The Direct Care Workforce Committee hosted train-the-trainer sessions to build a cadre of instructors for the program. Arizona no longer trains instructors or provides guidance on how to train home care aides. However, the industry group revising the curriculum is exploring options for training all qualified instructors to enhance their capabilities.

Training providers are audited within 180 days of program approval, although Arizona may adjust this timeline so audits are conducted prior to program approval. The audits assess whether the organization has qualified trainers, space, and materials for the training. After the initial audit, training providers undergo annual audits. If trainers pass one audit without any deficiencies, the audits move to every two years.

Training Delivery

The knowledge aspect of the training may be provided through a variety of approaches, including videos and e-learning. Skills training must be conducted in person and must be hands-on to ensure that the student is able to perform tasks appropriately.

Assessment

Trainees are required to pass a standardized written or oral knowledge exam and skills-performance assessment. The knowledge test can be administered online but must be proctored by an instructor. The skills assessment is aligned with the population the worker will serve.

Students must score at least 80% on the knowledge exam and 100% on the skills tests for each module completed. A student who fails the knowledge test must retake the entire test.

There is no limit on the number of times a student can retake the test. Students only retest on the individual skill(s) they failed.

Portability/Transferability

Reciprocity in training methods and testing is required by legislation. The home care aide training is portable: it can be applied to assisted living settings, and can be carried from one employer to another. However, graduates of home care aide training who work in assisted living must take additional training on assisted living-related topics not covered in the home care aide training. AHCCCS's database of certifications facilitates this process.

State regulations do not allow the home care aide training to be applied toward CNA or HHA training and certification. However, Arizona is interested in creating a universal worker training that would extend the home care aide training to the CNA position.

Training Costs

The cost to develop the original home care aide training curriculum was split between AHCCCS and the Department of Economic Security. That cost covered one FTE staff person to facilitate and manage the process and to work with the stakeholder group that developed the curriculum. Industry representatives wrote the curriculum on their own time.

AHCCCS does not fund any training agencies. Ongoing costs to the state include one-half to three-quarters of an FTE staff person to:

- ➔ Approve training organizations.
- ➔ Manage the database of approved training entities and home care aide certifications.
- ➔ Conduct audits of private vocational programs.

Most home care agencies do not charge their employees for the training. Agencies that ask employees to pay for the training will usually provide a bonus if the employee stays with

This bonus essentially reimburses the employee for training costs. The employer determines whether or not to pay employees for the time they spend attending the training.

The fee charged by other training sites ranges from \$200 to \$600 for each module, with the mode falling between \$350 and \$400.

Maine

Training Hours

All home care aides in Maine must complete the state-sponsored training program. The 50-hour training has 40 hours of classroom time and a 10-hour clinical component. The instructor may increase the training hours depending on the number and needs of students, the instructor's teaching techniques, or the availability of other learning opportunities.

Maine's home care aides must be enrolled in a certified training program within 60 days of hire and must complete training and exams within six months of hire. Home care aides who have not met the training and examination requirements must take an eight-hour orientation before delivering services so they understand their roles and responsibilities. Job shadowing can be counted for up to two hours of this orientation.

Training Topics

Trainers are required to use the state-sponsored curriculum and cannot develop their own.

The training includes the following modules:

- ➔ Entering the health care field.
- ➔ Legal and ethical aspects of health.
- ➔ Basic infection control.
- ➔ Professionalism in the workplace.
- ➔ Basic human needs.
- ➔ Death and dying.
- ➔ Communication.

- ➔ Special populations—dementia, rehabilitation needs, developmental disabilities, mental illness, cancer, HIV/AIDS, surgical patients, children.
- ➔ The human body.
- ➔ Activities of daily living and instrumental activities of daily living.
- ➔ Ergonomics, transferring, and repositioning a consumer.
- ➔ Accidents, incident reports, falls, and restraints.
- ➔ Safety.
- ➔ Procedures.

The instructors may train workers to perform additional tasks that are not covered in the training.

Training Providers

The Maine Department of Health and Human Services approves training instructors and lists them on the department's website. Instructors must meet the following criteria:

- ➔ Verified RN in good standing with the Maine State Board of Nursing.
- ➔ Certification or approval as an "instructor in good standing" for CNAs.
- ➔ Approval from the Workforce Development Unit within the Division of Licensing and Certification. This approval is based on the instructor's relevant experience as a trainer.

Training Delivery

The training is delivered primarily in person.

Assessment

Students take a written exam for each training module, a final written exam, and a performance skills assessment. A student must receive a minimum score of 70% to pass both the module and final exams. Students can retake each module exam and the final exam two times.

Instructors certify a student's demonstrated competency of knowledge and skills, and include the certification in the employee's record.

When a specific task or a client's special condition calls for specialized skills and knowledge, as determined by the medical eligibility assessment, the home care aide is trained by a health professional and must demonstrate the competencies needed to carry out specialized tasks.

Portability/Transferability

Home care aides who complete the training and receive a certificate are listed in the Division of Licensing and Certification's online database. The certificate of training completion allows workers to provide support in a variety of settings. The training also can be applied toward CNA training and certification, if CNA training starts within two years after the home care aide training. Home care aides receive credit for the first six modules of the CNA training, which make up approximately 20 hours of the 180 required hours.

Training Costs

The training provider determines the cost of the training. Home care aides employed at an agency either have the training costs covered by the employer or pay for the training themselves.

Massachusetts

Massachusetts requires home care aides to complete 60 hours of training prior to providing services. The state does not have a mandated curriculum, although it recommends the Mass Council's state-sponsored home care aide training, Acquiring Basic Core Competencies (ABCs) for Direct Care Workers.

Mass Area Health Education Network led the development of the ABCs curriculum during the Personal and Home Care Aide State Training (PHCAST) pilot, which was funded by the Health Resources and Services Administration at the U.S. Department of Health and Human Services. Partners in the Massachusetts PHCAST initiative included PHI, Bristol Community College, Commonwealth Corporation, Massachusetts

Home Care Aide Council, and the Massachusetts Personal Care Attendant Quality Workforce Council.

Training Hours

ABCs for Direct Care Workers is a 60-hour core-competency curriculum that includes 40 hours of homemaker training and 20 hours of clinical training with skills-based learning objectives. The program features 17 hours of class instruction that incorporates a review and demonstration of universal precautions for infection control and a three-hour practicum.

Training Topics

The ABCs curriculum is divided into 13 stackable modules, with individual modules ranging in length from 2.5 to 9.5 hours. Those modules include:

- ➔ Roles and responsibilities.
- ➔ Communication.
- ➔ Cultural diversity.
- ➔ Health care support.
- ➔ Infection control.
- ➔ Basic restorative.
- ➔ Personal care.
- ➔ Training specific to an individual consumer's needs.
- ➔ Consumer rights, ethics, and confidentiality.
- ➔ Nutrition.
- ➔ Housekeeping.
- ➔ Safety and emergency.
- ➔ Life skills.

Agencies may create their own curriculum as long as it aligns with the competencies outlined by the state and fulfills the number of required hours per topic. While the state doesn't approve the curriculum used by agencies, the local Area Agencies on Aging (AAA) or Aging Service Access Points (ASAP) monitor home care agencies for compliance with state standards. Through this monitoring role, AAAs and ASAPs also evaluate the training provided to home care aides.

A participants' guide accompanies the curriculum. The guide describes the key content for each activity and includes worksheets.

The guide is designed specifically for readers with lower literacy levels and is available in multiple languages: English, Spanish, Brazilian Portuguese, and Haitian Creole.

Training Providers

Community colleges, proprietary schools, and home care agencies serve as sites for the home care aide training. Proprietary schools must be licensed by the Massachusetts Department of Elementary and Secondary Education's Office of Proprietary Schools in order to provide the training. RNs or social workers can qualify to be instructors. It is recommended that a registered physical therapist lead the training session on mobility. UMass Medical Center delivers a train-the-trainer workshop for instructors as a way to maintain fidelity to the curriculum. The fee for this workshop is \$125.

Training Delivery

The home care worker curriculum incorporates adult-learner teaching methods to strengthen skills, knowledge, and values, and build on past experiences of training participants. Trainers offer real-world examples to make the material relevant to participants' unique situation.

Across all training modules, participants actively engage in trainings through:

- ➔ Experiential learning.
- ➔ Live lecture.
- ➔ Discussion.
- ➔ Simulation.
- ➔ Group work.
- ➔ Written materials.
- ➔ Visual aids.
- ➔ Hands-on activities.
- ➔ Skills demonstrations.

Trainees attend an online orientation, but the core training is delivered in person. Nine closed-captioned videos demonstrate most of the major skills addressed in the ABCs curriculum, such as hand-washing, oral care, and client transfers.

University of Massachusetts Boston and the state's Executive Office of Elder Affairs plan to convert 40 hours of the training to an online format that will be free and open to the public. The clinical training will continue to be held in person.

Assessment

Students who complete the ABCs for Direct Care Workers take a written knowledge test and undergo a skills-demonstration assessment. Trainees are expected to pass the written test with a score of 78% or higher and to demonstrate hands-on skills through an assessment developed by the Massachusetts Home Care Aide Council. Instructors receive guidance on how to assess workers' knowledge, skills, and attitudes through observation and testing.

Portability/Transferability

Workers who have successfully completed the training and passed the exams are listed on the state's home care worker registry. The state's goal is to have this certificate accepted by a variety of care settings sharing the same competencies. Massachusetts also has created a bridge program that allows workers to apply their home care aide training hours toward the required training and certification for CNAs and HHAs.

Training Costs

The cost to develop the ABCs for Direct Care Workers curriculum was covered under the PHCAST grant. One FTE staff person oversaw the development of the training program at the state level.

Proprietary schools and community colleges determine home care aide training fees, which range from \$400 to \$1,400, with an average cost of \$900. Employers typically cover the cost of the training.

Some employers may charge trainees a nominal fee or require that trainees make a commitment to work at the organization for a certain time period after the training concludes. Massachusetts state government discourages both practices. Workers are paid for the time they spend completing the training, including the supervision phase.

New York

The State University of New York at Buffalo, under contract with the New York State Department of Health (NYSDOH), developed the Home Care Curriculum, a basic manual to guide organizations that provide training for home care aides. The manual was last updated in 2006. Workgroups representing members of NYSDOH, New York State Education Department (NYSED), county health departments, home care providers, home care provider associations, and various labor organizations were involved in the original development and subsequent revision of the curriculum.

Training Hours

Home care aides are required to complete 40 hours of training and pass examinations within six months of hire. Of the 40 hours of content, 16 hours are designated as basic core training for all direct care professionals, regardless of setting.

Training Topics

The basic core training covers personal care skills, infection control, and written documentation tasks. This material is integrated throughout the home care aide training course. The Home Care Curriculum is composed of 12 modules, which introduce trainees to different types of clients and long-term services and supports (LTSS) settings, and the skills needed to provide personal care and other supports. Modules include:

- ➔ Introduction to home care.
- ➔ Working effectively with home care clients.
- ➔ Working with the elderly.
- ➔ Working with children.
- ➔ Working with people who are mentally ill.
- ➔ Working with people with developmental disabilities.
- ➔ Working with people with physical disabilities.
- ➔ Food nutrition and meal preparation.

- ➔ Family spending and budgeting.
- ➔ Care of the home and personal belongings.
- ➔ Safety and injury prevention.
- ➔ Personal care skills.

Each module is divided into units, which feature a set of objectives, suggested teaching and evaluation methods, and the minimum training time required to teach the material. Learning objectives are based on a mix of knowledge and skills. Some units pair knowledge-based objectives with measurable performance criteria. The training is available in Spanish, Russian, and Chinese.

Training Providers

NYSDOH and NYSED approve training providers. NYSDOH licenses the training programs operated by health care providers, including home care agencies. NYSED licenses the training programs run by proprietary training schools and by secondary and post-secondary schools, including community colleges. Most of the training programs are conducted through licensed home care agencies. Training providers are approved for a three-year period.

Training Delivery

Instructors can include RNs, social workers, or health economists with a bachelor's degree in a field related to human services or education. RNs teach the personal skills training. Trainers do not need to have a background or training as educators.

The training organizations develop their own training course and teaching guides based on the modules, learning objectives, and time specified in the state-sponsored Home Care Curriculum manual. Most programs use *Mosby's Textbook for Home Care Aides* to teach the core content. Training organizations also may create supplemental handouts and bring in expert speakers to present a specific topic. For example, a nutritionist might discuss special diets or a hospice nurse might explore how to care for clients who are dying.

Primarily, instructors use lectures and demonstration of personal care skills to teach training topics. Modules encourage adult learner-centered methods, such as role playing, case scenarios, discussions with trainees, and videos.

Assessment

The Home Care Curriculum uses standard, state-sponsored written tests, in combination with performance checklists, to determine the worker's successful completion of each module. The RN administers NYSDOH's written and oral exams in a classroom setting following each unit of instruction. Students pass with a minimum score of 70% on the assessments, and 80% class attendance.

The curriculum manual includes a list of procedures that must be evaluated by an RN. It is recommended that students receive a passing grade on 12 required procedures, plus at least two other optional procedures of the instructor's choosing. The optional procedures should be related to the typical caseload or other needs of the agency.

Portability/Transferability

Home care aides receive a certificate upon successful completion of the 40-hour training program and are listed on the state home care registry. Home care aides can apply the 40 training hours to a HHA certification if they participate in an additional 35 hours of health-related task training and demonstrate competency in all the skill areas required for both the HHA and home care aide certifications. The basic core of the curriculum is transferable to the state's CNA training.

Training Costs

NYSDOH-licensed programs are not allowed to charge fees for the home care aide training. The student is only responsible for paying \$100 to cover training materials and supplies, which become the property of the home care aide upon completion of the training. Proprietary programs and public colleges licensed by NYSED may charge fees or tuition.

Virginia

Virginia's Medicaid agency, Virginia Department of Medical Assistance (DMAS), created a stakeholder workgroup to develop a curriculum for home care aides. The workgroup consisted of service recipients, advocates, and Medicaid officials.

Training Hours

As of 2002, all agency-employed home care aides who provide Medicaid waiver services must complete a 40-hour curriculum, exam, and skills assessment provided by DMAS before delivering services through any Medicaid program.

Training Topics

DMAS established a uniform training curriculum that outlines training topics and describes how workers should perform specific tasks. Trainers are responsible for providing most of the training content. The training modules include:

- ➔ Introduction: Expectation and requirements for the job.
- ➔ The elderly.
- ➔ Personal care and rehabilitative services.
- ➔ Home management.
- ➔ Safety and accident prevention.
- ➔ Food, nutrition, and meal preparation.
- ➔ Documentation requirements for Medicaid recipients.

Training Providers

Home care agencies provide the majority of training. Training organizations and instructors can develop their own curricula, which must follow criteria from the DMAS curriculum. However, the state does not approve specific curricula that agencies create for their training courses.

RNs with at least two years of related clinical experience qualify to be instructors. DMAS used to approve instructors and maintain a registry of authorized trainers and training sites, but has discontinued both the approval process and registry.

Training Delivery

The training is delivered in person and includes hands-on and video demonstrations.

Assessment

Students must achieve a score of at least 70% on a written test. They also must perform a skills-demonstration assessment based on a checklist of tasks and procedures outlined in the DMAS home care aide curriculum manual.

Portability/Transferability

The home care aide training cannot be applied toward training requirements in other direct care occupations or toward HHA or CNA training. The DMAS Waiver Program is the only agency that recognizes the training. The Virginia Board of Nursing, medical facilities, and other state nursing boards do not recognize the training.

Training Costs

Home care agencies that sponsor their own training programs pay for those programs in a variety of ways. Some agencies cover training costs. Other agencies require students to pay for the training. Some of these agencies will reimburse employees for training costs if they stay with the organization for a specified time period.

Most employers do not pay students for the time they spend attending training because students are not considered employees until they complete the training and pass the exams and skills-demonstration test.

Washington

Washington State has the most rigorous training requirements for home care aides. The Long-Term Care Worker Training Workgroup, created by the state legislature, provided recommendations on training hours, training content, and certification requirements for home care aides. The workgroup consisted of:

- ➔ Providers.
- ➔ PHI.
- ➔ SEIU Local 775, a collective bargaining unit.
- ➔ State officials.
- ➔ Resident Councils of Washington.
- ➔ Washington State Long-Term Care Ombudsman.
- ➔ Washington State Developmental Disabilities Council.

The Washington legislature also mandated the creation of a training partnership to train and provide other supports to individuals represented by SEIU 775. SEIU 775 established the SEIU Healthcare NW Training Partnership (Training Partnership) to provide training to the home care aide workforce. The Training Partnership is a joint labor-management initiative that includes SEIU 775, the state of Washington, and private industry.

Training Hours

Washington regulations mandate that home care aides complete 75 hours of training. Trainers can use the Washington State Department of Social and Health Services (DSHS) basic core training or develop their own curricula as long as it covers the same topics as the DSHS training, is competency-based, and incorporates an adult learner-centered approach for teaching the material. The state approves all curricula.

Training Topics

The basic core training is built around person-first principles and cultural competencies that help home care aides tailor their core skills and care delivery to the unique needs of clients.

The modules cover:

- ➔ Introduction.
- ➔ The client and client rights.
- ➔ The caregiver.
- ➔ Infection control.
- ➔ Mobility.
- ➔ Basic communication.
- ➔ Skin and body care.
- ➔ Nutrition and food handling.
- ➔ The process of elimination.
- ➔ Medications and other treatments.
- ➔ Self-care and the caregiver.

Population-specific training topics cover dementia, mental health, and developmental disabilities.

Washington is currently revising its training modules and incorporating more person-centered care principles into the curriculum. The state will solicit input from various stakeholder groups to determine the best way to proceed.

Home care aides complete an orientation (3 hours) and safety training (2 hours) before providing services to clients. They must complete the 70-hour core basic training and pass the required exams within 200 days of hire. Aides with limited English proficiency who obtain a DSHS-issued provisional certification have 260 days after hire to complete the training and certification.

Training Providers

Washington has three models for training delivery:

Community Instructors: The state reviews instructors' credentials and qualifications to ensure they meet the requirements to teach the training. The requirements include:

- ➔ RN with experience in the last five years working with clients in an LTSS community.

- ➔ Associate degree or higher in health or human services and six months of professional or caregiving experience in an LTSS community within the last five years.
- ➔ High school diploma with one-year experience in an LTSS community within the last five years.

For instructors with teaching experience, the state criteria specifies the number of teaching hours for the topics covered in the basic training. DSHS lists the approved community instructors on its website.

Employers: Home care agencies can qualify to provide training for their employees.

Medicaid Home Care Agencies: The state pays the Training Partnership to train home care aides employed by Medicaid home care agencies. The Training Partnership has the infrastructure to deliver the training and pays the wages of workers who go through the training on their own. Most unionized agencies have opted to use the Training Partnership to deliver their training. Some of the Medicaid home care employers have used community instructors to train their workers.

Training Delivery

The COVID-19 pandemic has changed the delivery of training. In a break from tradition, the knowledge portion of the training—consisting of 21 hours—is now held virtually. The skills portion of the training is still held in person. The Training Partnership is currently working on a hybrid model for this training.

The state requires that 16 hours of the training consist of hands-on demonstration. The curriculum endorses adult learner-centered teaching methods, such as guided discussions and hands-on learning and practice activities. Students apply and practice new skills with the instructor and perform return demonstrations. Skills practice takes place in classrooms featuring a bed, kitchen, bathroom, and appliances and furniture to simulate a client's home.

Assessment

DSHS's knowledge exam is available in multiple languages: Amharic, Arabic, Chinese, English, Khmer, Korean, Laotian, Russian, Samoan, Spanish, Somali, Tagalog, Ukrainian, and Vietnamese. Interpreters can accommodate additional languages by reading the exam to trainees. The student must answer an overall number of questions correctly, but does not have to pass each content area to pass the exam.

Students complete a skills return demonstration in the classroom. They are tested on and must pass five skills, including two unprompted skills (handwashing and common care practices).

A student can make three attempts to pass both the knowledge exam and the skills test within the two-year eligibility period. Students only need to retake the exams they fail.

Portability/Transferability

The DSHS training counts toward a HHA or CNA certification. The credential allows home care aides to enter a 24-hour bridge program to earn the certification for HHA or CNA.

Training Costs

Washington state's costs to launch the home care aide training included one FTE staff member to develop the curriculum, estimated to entail:

- ➔ Five hours to build each one hour of class time.
- ➔ Labor time to facilitate the stakeholder process.
- ➔ Stipends for content-specific experts.

The state's cost to implement and oversee the training program is not clear. In 2015, the Training Partnership expected to spend \$13.1 million on training and support for its students. This cost included \$1.5 million for state certification of home care aides and \$1.8 million for administrative costs.

Trainee costs depend on the model an individual uses to receive the training. Community instructors determine their own costs, which range from \$500 to \$700 for each student to complete the training. Home care aides who attend training programs sponsored by their agencies typically are paid by their employers for the time they spend in basic training.

Under the terms of a collective bargaining agreement, most of the Training Partnership's revenue comes from the contributions of participating employers, including the state of Washington. Students trained through the partnership do not pay licensing fees, tuition costs, testing fees, or materials costs. Non-union members are funded through other sources, including grants and their own funds.

Appendix B: Training Program Components Across States

State	Mandated Hours	Training Providers	Instructors	Exams/ Evaluations: Minimum Score	Portability	State Costs	Fees of Training Providers
Alaska	40	Proprietary schools Community colleges Home care agencies Allied health instructors	Registered nurse (RN)	Knowledge exam: 80% Skills assessment: 100%	Portable across settings Abbreviated training to become home health aide (HHA) or certified nursing assistant (CNA)	1 FTE to oversee training program	Agencies: No fee Community colleges: Tuition Proprietary schools: Determine own fee Allied health instructors: Model fees after community colleges
Arizona	Not mandated	Private vocational programs Registered home care agencies providing direct care services Educational institutions	RN, licensed practical nurse (LPN), CNA	Knowledge exam: 80% Skills assessment: 100% on skills aligned with population served	Portable to assisted living and among employers	1 FTE to facilitate and manage development process; ½ to ¾ FTE to approve and audit training organizations and manage instructor and training certification databases	Agency: No fee (majority) Other training sites: Mode is \$350-\$400 for each module; range is \$200-\$600 for each module
Maine	50	**	RN, CNA	Module and final knowledge exam: 70% Skills assessment: **	Abbreviated training to become CNA. Portable to other settings.	**	Training provider determines fee
Massachusetts	60	Community colleges Proprietary schools Home care agencies	RN, social worker	Knowledge exam: 78% Skills assessment: 100%	Abbreviated training to become HHA or CNA	1 FTE to manage development	Agencies: No fee (majority) Proprietary schools and community colleges: Average is \$900; range is \$400-\$1,400
New York	40	Home care agencies Proprietary schools Educational institutions	RN, social worker, or health economist with bachelor's degree in a field related to human services or education	Knowledge exam: 70% Skills assessment: Demonstrate 12 required procedures and two optional procedures.	Basic core of the curriculum is transferrable to CNA training and abbreviated training to become HHA	**	Home care agencies licensed by New York State Department of Health: No fee Proprietary schools and educational institutions licensed by New York State Education Department: Charge fees or tuition
Virginia	40	Home care agencies (majority)	RN	Knowledge exam: 70% Skills assessment: Not reported	Does not apply toward training requirements in other settings or toward HHA or CNA training.	**	Home care agencies: Fee determined by employer
Washington	75	Community instructor Employer Medicaid home care agencies	Community instructor: RN; associate degree or higher in health or human services; high school diploma with one-year LTSS experience in community Medicaid home care agencies: SEIU Healthcare NW Training Partnership	Knowledge exam: Score not specified, but trainees must get an overall number of questions correct. Skills demonstration: Demonstrate five skills, two of which include unprompted skills	Abbreviated training to gain certification as HHA or CNA	1 FTE to develop program and facilitate stakeholder process; \$13.1 million (estimated in 2015) for training and support of students	Community instructors: \$500-\$700 Employers: No fee Training Partnership: Covers fees for union members; non-union members funded through other sources

** Do not have the information for the state

Appendix C: Training Modules Listed in State Curricula

Alaska	<ol style="list-style-type: none"> 1. Legal and ethical issues 2. Communication and cultural diversity 3. Infection control and standard precautions 4. Safety and body mechanics 5. Emergency care and disaster preparation 	<ol style="list-style-type: none"> 6. Physical, psychological, and social health 7. Body systems and related conditions 8. Confusion, dementia, and Alzheimer's disease 9. Human development and aging 10. Positioning, transfers, and ambulation 	<ol style="list-style-type: none"> 11. Personal care skills 12. Core healthcare skills 13. Medications and technology in home care 14. Rehabilitation and restorative care 15. Clients with disabilities 16. New mothers, infants, and children 17. Dying, death, and hospice 	<ol style="list-style-type: none"> 18. Clean, healthy, and safe environments 19. Client's nutritional needs 20. Meal planning, shopping, preparation, and storage
Arizona	<ol style="list-style-type: none"> 1. Overview 2. Legal and ethical issues 3. Communication 4. Cultural competency 5. Job management skills 	<ol style="list-style-type: none"> 6. Observing, reporting, and documentation 7. Infection control 8. Nutrition and food preparation 	<ol style="list-style-type: none"> 9. Fire, safety, and emergency procedures 10. Home environment maintenance 	
Maine	<ol style="list-style-type: none"> 1. Entering the health care field 2. Legal and ethical aspects of health 3. Basic infection control 4. Professionalism in the workplace 5. Basic human needs 	<ol style="list-style-type: none"> 6. Death and dying 7. Communication 8. Special populations 9. The human body 10. Activities of daily living and instrumental activities of daily living 	<ol style="list-style-type: none"> 11. Ergonomics, transferring, and repositioning a consumer 12. Accidents, incident reports, falls, and restraints 13. Safety 14. Procedures 	
Massachusetts	<ol style="list-style-type: none"> 1. Roles and responsibilities 2. Communication 3. Cultural diversity 4. Health care support 5. Infection control 	<ol style="list-style-type: none"> 6. Basic restorative 7. Personal care 8. Training specific to an individual consumer's needs 9. Consumer rights, ethics, and confidentiality 	<ol style="list-style-type: none"> 10. Nutrition 11. Housekeeping 12. Safety and emergency 13. Life skills 	
New York	<ol style="list-style-type: none"> 1. Introduction to home care 2. Working effectively with home care clients 3. Working with elderly 4. Working with children 5. Working with people who are mentally ill 	<ol style="list-style-type: none"> 6. Working with people with developmental disabilities 7. Working with people with physical disabilities 8. Food nutrition and meal preparation 9. Family spending and budgeting 	<ol style="list-style-type: none"> 10. Care of the home and personal belongings 11. Safety and injury prevention 12. Personal care skills 	
Virginia	<ol style="list-style-type: none"> 1. Introduction 2. The elderly 3. Personal care and rehabilitative services 4. Home management 5. Safety and accident prevention 	<ol style="list-style-type: none"> 6. Food, nutrition, and meal preparation 7. Documentation requirements for Medicaid recipients 		
Washington	<ol style="list-style-type: none"> 1. Introduction 2. The client and client rights 3. The caregiver 4. Infection control 5. Mobility 	<ol style="list-style-type: none"> 6. Basic communication 7. Skin and body care 8. Nutrition and food handling 9. The process of elimination 	<ol style="list-style-type: none"> 10. Medications and other treatments 11. Self-care and the caregiver 	

Disclaimer: The information in the table may not represent the full curriculum.

Appendix References

Appendix B: Training Program Components Across States References

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