Enhancing Competency, Increasing Mobility, Improving Care:

The Value of Statewide Home Care Training and Credentialing Systems

HCBS CONFERENCE
Home & Community-Based Services

2023 Home and Community-Based Services Conference

Introductions

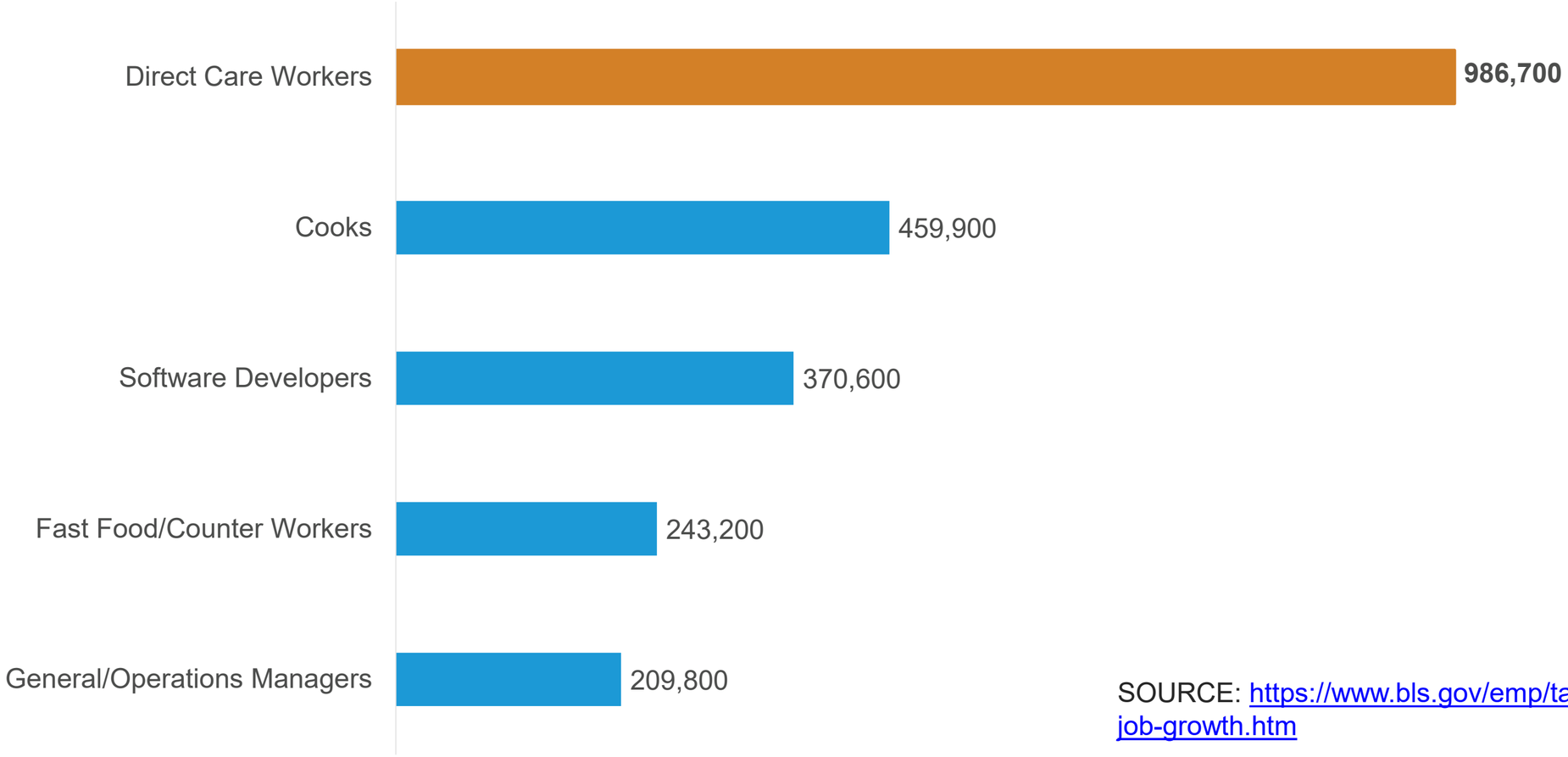
Moderator:

- Kezia Scales, PHI

Panelists:

- Kevin Coughlin, Wisconsin Department of Health Services
- Trish Farnham, North Carolina Coalition on Aging
- Jake McDonald, PHI (with Clare Luz, IMPART Alliance and Michigan State University)

The direct care workforce will add more new jobs than any other occupation within the next decade (2021-2031).



SOURCE: https://www.bls.gov/emp/tables/occupations-most-job-growth.htm

Long-Standing Workforce Challenges

- Median hourly wage = $15.43; median annual earnings = $23,688
- Two in five direct care workers live in or near poverty (39%); 46% rely on public assistance
- Limited benefits: 13% without health insurance; very limited access to paid leave, retirement savings
- Limited training and few career development opportunities, often inadequate support and supervision on the job

SOURCE: PHI. Forthcoming (Sep. 2023). *Direct Care Workers in the United States: Key Facts.* New York, NY: PHI.

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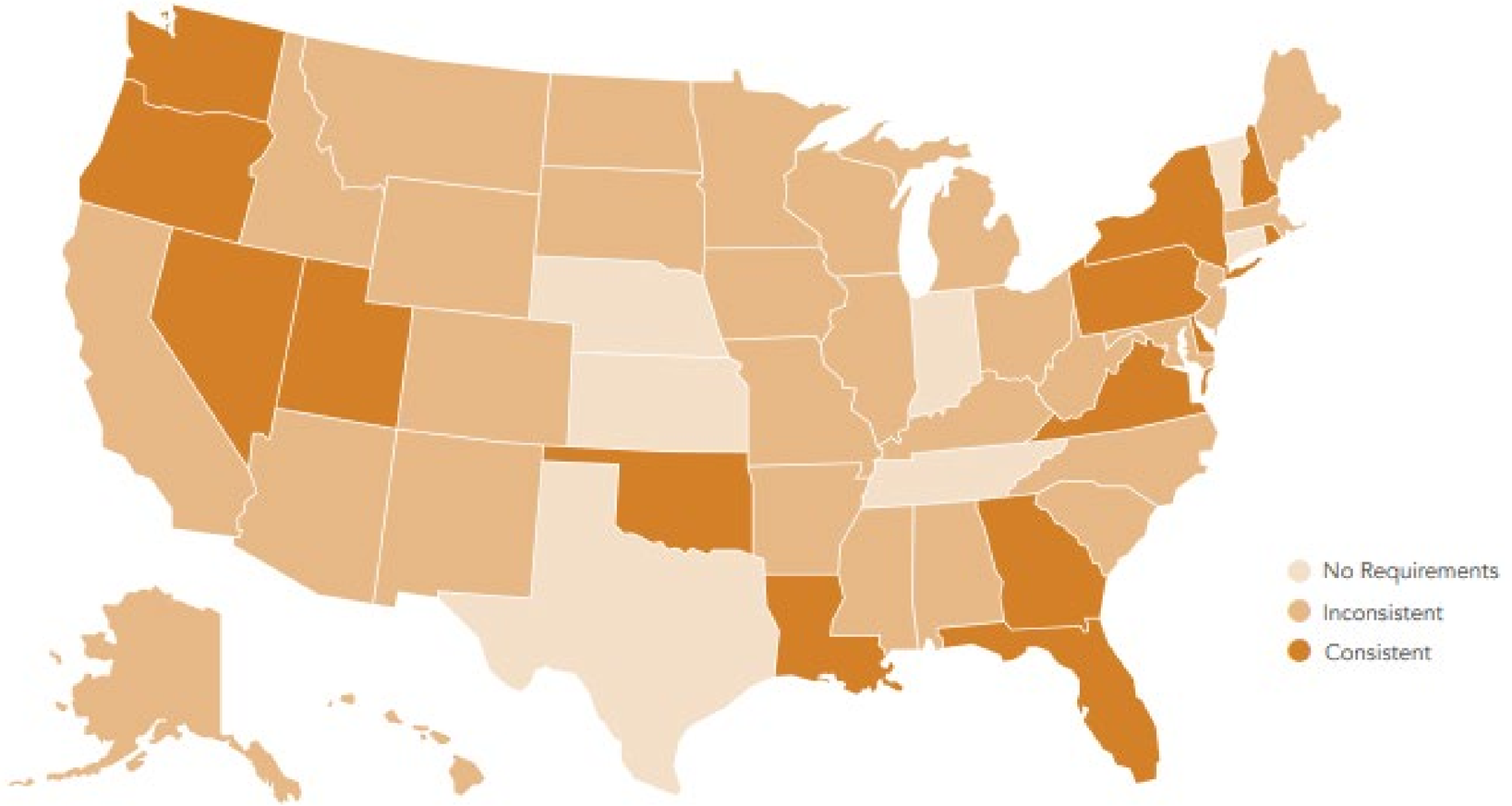
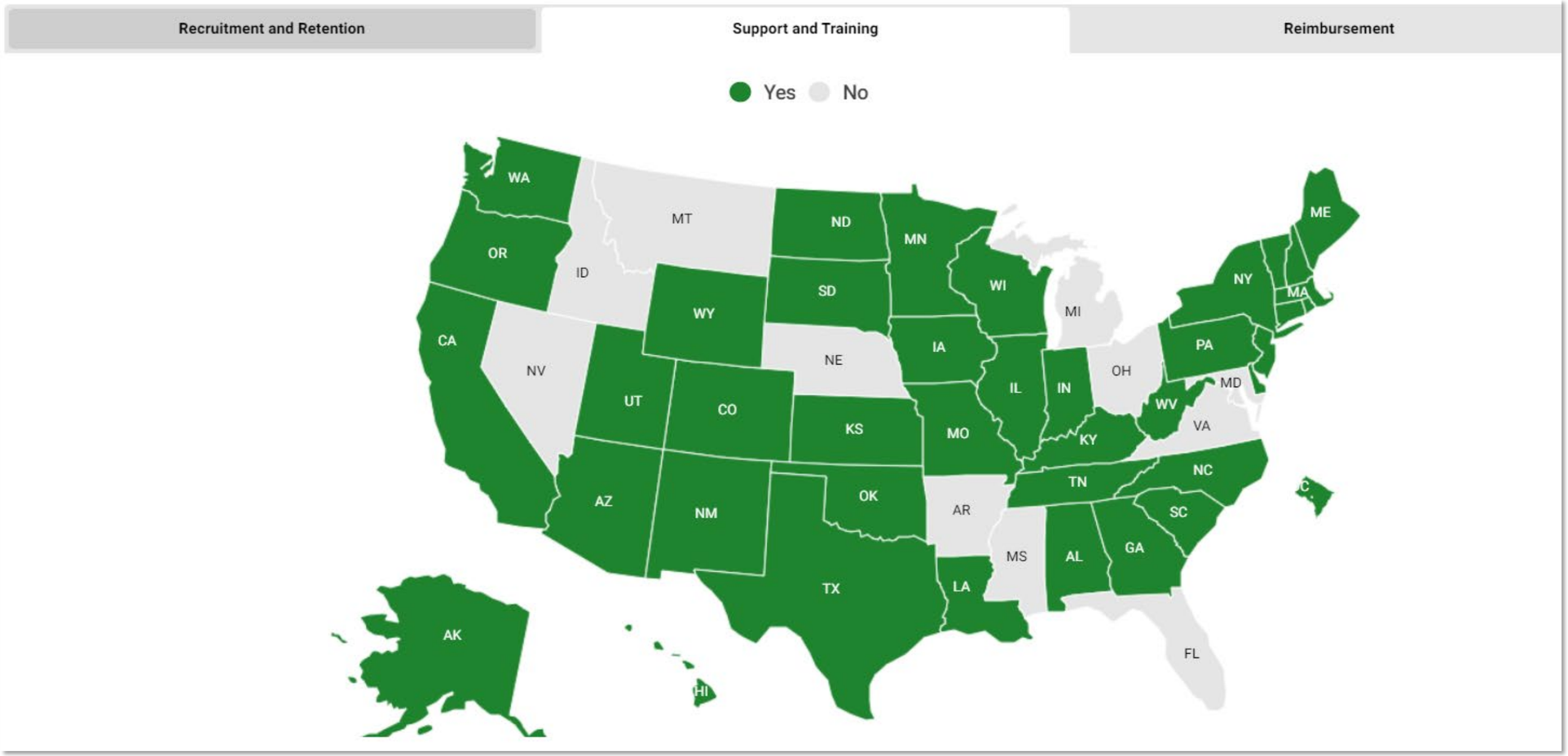
Training standards for personal care aides vary widely across and within states.



SOURCE: https://phinational.org/advocacy/personal-care-aide-training-requirements/

Momentum for Change:
American Rescue Plan Act HCBS Spending Plans



SOURCE: https://nashp.org/states-use-american-rescue-plan-act-funds-to-strengthen-home-and-community-based-service-workforce/

WisCaregiver Careers

A professional workforce advancement program.

WISCONSIN DEPARTMENT *of* HEALTH SERVICES

UNIVERSITY *of* WISCONSIN GREEN BAY

Background

Direct Care Workforce Crisis

1 in 4 direct caregiver positions are vacant

20,000 additional home care workers needed by 2024

>50% Wisconsin's annual caregiver turnover

WisCaregiver Careers

Components of the Direct Care Workforce Project

- MFP Supplemental and ARPA HCBS
- State of the Workforce (SoTW) Surveys
- Certified Direct Care Professional (CDCP) program
- WisCaregiver Connections, a platform connecting job seekers with employers
- Innovation Grants

WisCaregiver Careers

Curriculum

- Online self-paced - FREE
- Estimated 30 total hours
- 14 competencies

University of Wisconsin Green Bay

WisCaregiver Careers

Caregiver Recruitment

- ARPA funded vouchers to cover training for ~10,000 Certified Direct Care Professionals
- ARPA funded sign-on and stay-on bonus ($250) and retention bonus ($250)

WisCaregiver Careers

Ladders and Lattices

- Wisconsin DQA – Approved CNA training, Crosswalks to Assisted Living, Personal Care.
- Wisconsin HOSA
- Regional Career Pathways
- Youth Apprenticeship

WISCONSIN DEPARTMENT *of* HEALTH SERVICES

Work Settings

Various HCBS options:

- Non-medical home care
- IRIS (self-directed) - One-on-One Care
- Adult family homes
- Community-based residential care facilities
- Residential care apartment complexes

WisCaregiver Careers

WisCaregiver Connections - Workforce IT Platform

- One stop workforce portal
  - Job postings
  - Auto-match employers with job seekers
  - Candidate profiles
  - Credentialling details
  - Training opportunities
  - Employer and other key stakeholder resources
  - Educator and student resources
  - Resource library, and more.

Caregiver Recruitment – Marketing Campaign

- Branding WisCaregiver Careers
  - Dedicated website
  - Social Media
  - Videos
  - Print ads
  - Radio
  - Listserv
  - And more …….

- Green Bay Packer Partnership

National Recognition

- PHI - Will Wisconsin's Direct Care Program Change the Field?
- Badger State aims to recruit 10,000 home care workers with on-line training program
- Real Problems, Real Solutions to the Long-Term Care Crisis
- As Worker Shortages Loom, Some States Move to Train Paid Caregivers
- Free program offers streamlined path to direct care professional certification

PHI QUALITY CARE THROUGH QUALITY JOBS

wp

McKnights

WisCaregiver Careers

AARP

Resources

- Website: https://www.dhs.wisconsin.gov/caregiver-career/index.htm
- Student/Provider recruitment website: https://www.wiscaregivercdcp.com/

  Competencies: https://dhs.wisconsin.gov/publications/p03320.pdf
- Program fact sheet: English(PDF) | Hmong(PDF) | Spanish(PDF)
- Innovation Grants: https://www.dhs.wisconsin.gov/arpa/hcbs-grantsopportunities.htm

WisCaregiver Careers

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Insights from North Carolina: The WECARE Project

WECARE's Origin Story

Essential Jobs, Essential Care-NC

Essential Jobs, Essential Care™"" is PHI's signature multi-state advocacy initiative that works closely with state leaders to advance policy reforms on the direct care workforce. From 2020-2022, PHI worked closely with the NC Coalition on Aging to design and co-lead a 3-year advocacy initiative focused on improving these essential jobs

Continued support is thanks to the Z. Smith Reynolds Foundation.

NC COA
COALITION ON AGING

PHI
QUALITY CARE THROUGH QUALITY JOBS

WECARE: Workforce **E**ngagement with **C**are Workers to **A**ssist, **R**ecognize, and **E**ducate

- Partners: Duke University (project lead), NC Coalition on Aging, National Domestic Workers Alliance-NC, PHI, and Appalachian State University (evaluation)
- Funding: *Money Follows the Person* funds awarded and administered by the Center for Aging Research and Educational Services (Cares) at the UNC-Chapel Hill School of Social Work
- Main aim: Use a collective impact framework to develop and test a **training, credentialing, and job quality model** for improving direct care jobs in NC (focusing on HCBS)

Duke | SANFORD SCHOOL of PUBLIC POLICY

PHI QUALITY CARE THROUGH QUALITY JOBS

NC COA COALITION ON AGING

NATIONAL DOMESTIC WORKERS ALLIANCE

Appalachian STATE UNIVERSITY

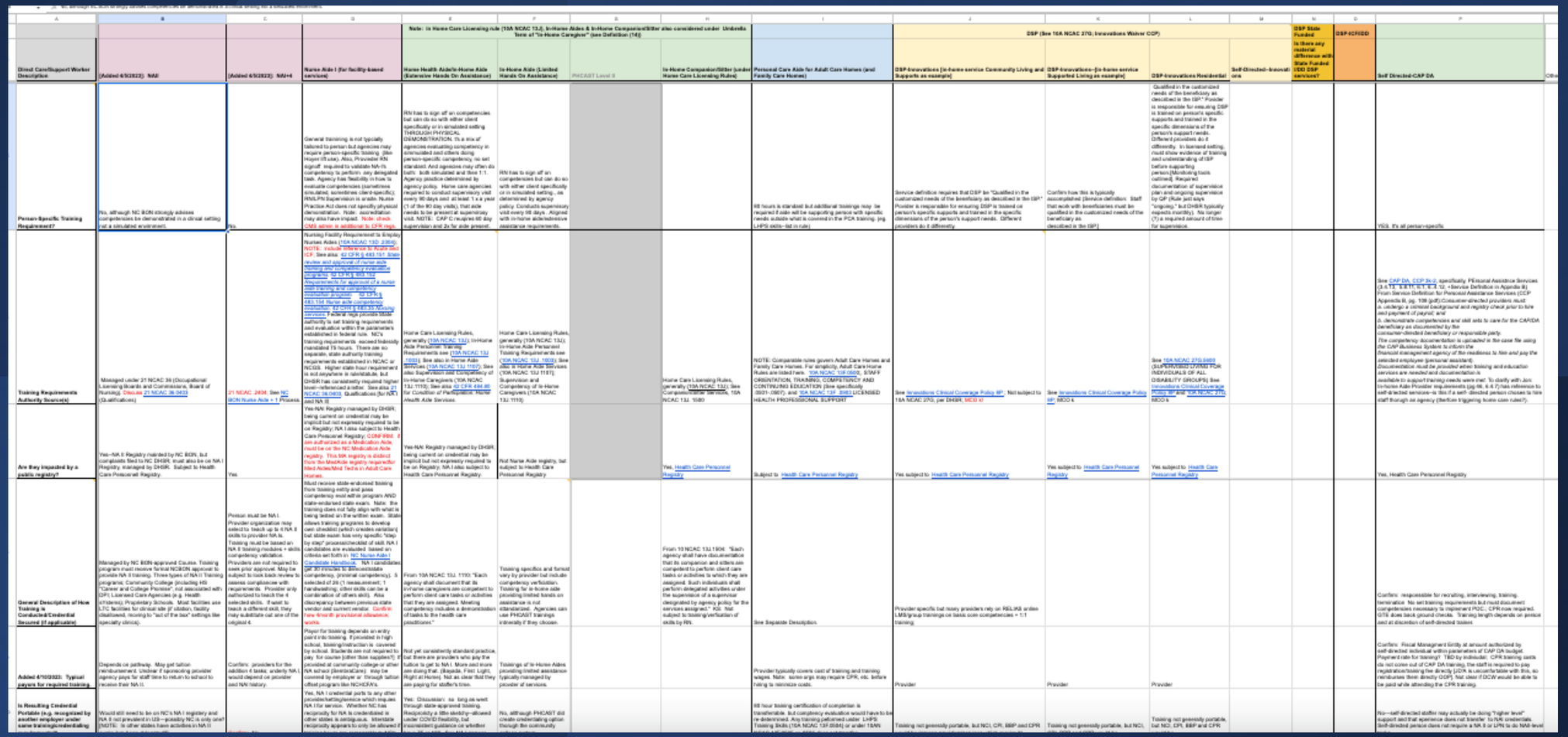
Additional Partners and Community Members

WECARE Project Goals

1. Identify direct care core competencies and curricula reflecting competencies
2. Optimize a training and credentialing approach for direct care workers in NC
3. Identify high-road HCBS employers and tools to support direct care workers
4. Implement an awareness and community outreach effort
5. Pilot the training, credentialing, and support model from # 1 and # 2

The WECARE Training Crosswalk Analysis

Working with partners and subject matter experts to analyze and compare training content, format and regulatory requirements for comparable but distinct direct care workforce categories through a person-centered training lens:



- Nurse Aide I and II
- In-home Aide (NA I)
- In-Home Aide—Limited
- Personal Care Assistant (Adult Care Home)
- Direct Support Professionals under Innovations waiver
- Support under Self-Directed Supports
- Does not include all direct care worker categories in NC

The WECARE Core Competency Analysis

COMPETENCY THEMES IDENTIFIED ACROSS ALL COMPETENCIES REVIEWED IN ENVIRONMENTAL SCAN	CMS DSW Core Competencies	Nurse Aide I (for facility-based services)	Home Health Aide/In-Home Aide (Extensive Hands On Assistance)	In-Home Aide (Limited Hands On Assistance)	PHCAST Level II	Personal Care Aide for Adult Care Homes (and Family Care Homes)	DSP-Innovations [in-home service Community Living and Supports as example]	DSP-Innovations--[in-home service Supported Living as example]	DSP-Innovations Residential	Self Directed-CAP DA	Listening Sessions to Date-- Direct Care Workers: Identified Themes
Communication	x	x	x		x	x	x	x	x		X
Job duties	x	x	x	x	x	x	x	x	x		X
Person centered services	x	x	x		x	x	x	x	x		X
Background	x	x	x		x	x	CONFIRM (Behavioral Support Trainings)				X
Cultural competency	x						x	x	x		
Safety	x	x	x		x	x	x	x	x		
Ethics	x	x	x		x	x	x	x	x		X
Consumer growth and wellbeing	x	x	x		Confirm	x	x	x	x		X
Professional development	x				x		x	x	x		X
Professionalism	x	x	x		Confirm (Finding and Keeping DCW Job?)		x	x	x	*[Must] demonstrate competencies and skill sets to care for the CAP/DA beneficiary as documented by the consumer-directed beneficiary or responsible party.*	
Consumer and FCG role											X
Self care					x (Coping Skills)						X
Planning											

Working with partners and subject matter experts to examine training requirements through the lens of established core competency sets, including CMS' HCBS Core Competency Set.

A Few Things the WECARE Team Has Heard...

"I didn't feel prepared at all, I felt thrown in with the client."
-direct care/support worker

"I was looked at as a housekeeper and I wasn't expecting that as a Home Health Aide."
-direct care/support worker

"We often build our 'core competencies' from our regulatory system requirements. We should start with the relationship between person using services and the direct support worker."
-provider and trainer

"We want a personality fit over a service delivery fit."
-person using direct support services

"There is a disconnect between the level of expectations and the level of compensation."
-family member

"People sometimes start doing the work and they realize it's a lot more challenging than what they thought it was going to be—that it's not just caregiving or babysitting. I think that's why we lose a lot of people---they're not trained and they don't know what to expect. People look at the online ads for a "caring person" and they think that's the extent of the job—that you're going to just sit with the person for a while."
-direct support worker/manager

Preliminary Observations

-> Crosswalk is first comprehensive resource on training and credentialing requirements for direct care workers in North Carolina.

-> Findings have been immeasurably strengthened through ongoing and in-depth community partner engagement and input.

-> Strong training models exist in our state, thanks to previous demonstration projects and current standards/practice (e.g. 120 hours for NAI role, home care aide specialty role).

-> Training and credentialing requirements for direct care workers are exceedingly complex, overall: numerous roles/programs, multiple authorities and oversight, several different registries.

-> There is very little portability of credentials across settings/programs.

-> There are limited incentives for employers or workers to pursue additional training/credentials (e.g., geriatric aide), because no additional funding.

Preliminary Observations, cont’d.

-> Lack of flexibility in training requirements: relevant experience cannot count toward training/credential.

-> There is inconsistent application of training requirements; staff supporting the same person may be subject to different requirements depending on service.

-> There is uneven integration of person-centered/person-specific training.

-> Core competencies re: cultural competency, role determinations, self-care and planning appear least represented in current training landscape.

-> In-home aides providing limited assistance appear to be the area with the most opportunity for support.

-> From listening sessions: "Relational" core competencies (communication, respect, etc.) were identified as high priorities.

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Statewide Home Care Training & Credentialing: Michigan

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IMPART Alliance

Jake McDonald
Senior State Policy Advocacy Specialist, PHI

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Guiding Principles: Requirements for Success

- Coordinated, strategic, inclusive, statewide leadership and a plan to address a statewide problem rooted in historical and systemic structures. Ultimately, the plan needs to lead to economic security and respect for DCWs.
- Strong relationships across all stakeholders, built on ongoing communication, respect, and trust
- A Common Definition of DCW
- Agreement to advocate for all DCWs on joint initiatives vs. one segment of DCWs
- Understanding that the reasons, and the solutions, for the DCW shortage are interrelated and therefore need to be addressed simultaneously.

Who are Direct Care Workers (DCWs)?

- Provide essential services through behavioral health, community mental health and long-term care systems to support older adults and individuals with long-term disabilities or post-acute care needs in a range of settings including private homes, group homes, assisted living facilities, nursing homes, and community living supports settings.

- Go by many titles including, but not limited to, certified nursing assistants, home health aides, Home Help providers, hospice aides, personal care assistants, direct support professionals, self-directed home care workers, and home care companions.

- Distinguished by core tasks shared by most DCWs that generally include assisting with hands-on personal care, activities of daily living, instrumental activities of daily living, vocational assistance, rehabilitation, and community living supports.

- Are paid primarily through Medicaid but may also be covered by private insurance, Older Americans Act funds, Medicare, directly by individuals, or other funding sources.

Why is there a DCW Shortage?

Lack of economic security due to:

- Low wages & benefits
- Lack of guaranteed hours versus high caseloads
- Lack of training
- Lack of career advancement options
- Lack of societal value placed on direct care work
- Institutional & historical racism, sexism, agism, and discrimination against immigrants and persons with disabilities

Three Primary Strategies to raise economic security, equity, and respect

- Increase Wages & Benefits
- Professionalize the DCW Workforce by establishing:
  - → Competencies, Professional, and Ethical Standards
  - → Training Guidelines & make training accessible and affordable
  - → Credentials
  - → Career Pathways
- Cultural Change - Increase the value placed on direct care work

MDHHS DCW Advisory Committee
Competency, Education & Credentialing Workgroup

GOALS

Competency Guidelines for skills needed to work across all settings, payors, programs and populations served

- Professional and Ethical Standards
- Education and Training Guidelines
- Career Pathways including 3 new, stackable categories of DCWs each with their own credential
- Credentials that are competency based – not tied to training.
- Career success models

Three New Categories of DCWs
under Consideration

Stackable Levels each with associated competencies & credentials

- Direct Care Associate
- Home and Direct Care Specialist
- Certified Direct Care Worker

Value Added

- Are based on person-centered principles
- Identify baseline competencies that all DCWs should have
- Establish a credential that recognizes the important skills and work of DCWs who are often referred to as “Companions”, as well as for those who provide invaluable IADL support in home settings. Neither of these currently exist
- Establish credentials that align with all the state supported DCW Competency Guidelines

New DCW Categories and how each level maps to the State-Supported Competencies

	State-Supported Competencies	***Level 1:*** ***Direct Care Associate***	**Level 2:** ***Home & Direct Care Specialist***	**Level 3:** ***Certified Direct Care Worker***	**Possible Specialty Certificates**
1	Role of a DCW	Introduction to DCW	Specific Client Populations		→ End of Life → Advanced Dementia → Autism → Mental Health → Limited English Proficiency → CPR, Emergency Response → Mental Health Crisis → Medication Administrator → Vital Signs → Medication Administration → Job Coaching → Transfer Lifts → Advanced Intellectual & Developmental Disabilities (I/DD) → Advanced Mental Illness → Advanced Trauma → Self-Determination
2	Professionalism	DCW Ethical Code Client and Worker Rights Privacy/Confidentiality/HIPAA	Case examples related to IADLs	More advanced case examples related to ADLs and practicum	
3	Person-Centered Thinking and Practice	Intro to Person Centered Thinking (PCT) & Relationships Importance of trust and feeling safe	Person Centered IADL Support Case examples. Demonstrating ability to build trust	PCT ADL Support Advanced cases examples and practicum	
4	Communication	Effective communication strategies; Professional boundaries; Communicates with supervisor & team as needed	More advanced case examples, client population specific, IADL related; specialty communication; use of technology	More advanced case examples, ADL related, practicum	
5	Evaluation and Observation	Reporting changes in physical, mental, or behavioral condition	Reporting changes, advanced, population specific	Reporting change, advanced, ADL specific, practicum	
6	Crisis Prevention and Intervention	Mandatory reporting, Critical thinking; Emergency situations, Introduction to Trauma	Responding to urgent problems, mental status & behavior changes	Crisis Intervention Trauma II	
7	Safety	Infection Control & Bloodborne Pathogens I; Abuse & Neglect; Risks & Safety Promotion, Knows when to call 911	Body Mechanics; Infection Control II. Knows how to respond to different risks. PPE Use.	Advanced critical thinking Dementia II Mental Illness II Substance use	
8	Participant Empowerment	Focus on abilities, provides choice. Understands Dignity of Risk	Caring for diverse populations. PCT IADL support	Person-centered ADL support; I/DD II, Mental Illness II	
9	Health and Wellness	Intro to Dementia, Intro to Mental Illness, Intro to I/DD, Meaningful Activities	IADLs – cleaning, shopping, meal planning. Medication support	Body Systems Skin and wound care	
10	Independent Living Skills	Works in partnership with person & team	IADLs - Home Care, Meals; assess for environmental challenges	ADL Skills – bathing, transfers, dressing, etc.	
11	Family & Interpersonal Relationships; Community	Therapeutic Relationships Grief, Loss & End of Life	IADLs to support participation in family and community	ADLs to support participation in family and community; Habilitation	
12	Cultural Competency	Diversity & Cultural Awareness Understanding own biases	Cultural Competency, case examples, IADL related	Advanced Cultural Competency	
13	Education, Training, and Self-Development	Stress Management Self-care	Use of technology; career options; seeking feedback	Leadership roles/options	
14	Documentation	HIPAA, Documentation	Reporting change in condition	Reporting ADL changes, Practicum	
15	Organizational Participation	Knows policies; team player	Participates in agency meetings	Leadership roles/opportunities	

Measurable Tasks under each Competency

Competency	*Knowledge*	*Recommended Measures*	*Skills*	*Recommended Measures*
1. Understanding the Role of a DCW (CMS requirement: respecting residents' rights)	1.a. Define DCW 1.b. Identify work settings 1.c. Describe effective teamwork performance by the DCW 1.d. Identify participant rights 1.e. Identify DCW rights and responsibilities	1.a-e. Post-quiz (For example: multiple choice, matching, true and false) 1.a-e. Explain each concept verbally or in writing	1.1. Blend participant rights into DCW supports 1.2. Blend DCW rights and responsibilities into supports	1.1-1.2 Respond to relevant scenario (For example: role play or written response to the prompt, "Give 2 examples of blending participant rights into supporting the person with a personal care activity") 1.1-2. Ongoing inclusion of these skills in performance of supports and services
2. Professionalism &Ethics	2.a. Define terms: professionalism, ethics, legal, HIPAA, confidentiality 2.b. Describe professional and ethical standards 2.c. Describe professional boundaries when working with individuals and families 2.d. Identify need for stress management and personal wellness approaches.	2.a-d. Post-quiz 2. a-d. Explain each concept verbally or in writing	2.1 Apply legal and ethical standards to supports 2.2. Identifies, communicates, and adheres to professional boundaries with individuals and families	2.1-2. Respond to relevant scenario 2.1-2. Ongoing inclusion of these skills in performance of supports and services

Concrete and Hopeful Progress

1. **Widen the Pipeline**: Identify talent sources including underserved and underutilized populations and strategies to successfully recruit from these pools.
2. **Increase Affordable DCW & Trainer training opportunities** for new and incumbent DCWs that can be delivered virtually and align with the 15 competencies adopted by the MI DCW Advisory committee. Develop and pilot related Master Trainer and Train-the-Trainer programs
3. **Sound Competency Assessments:** Develop and Pilot
4. **Competency-based Credentials** for new DCW levels under consideration
5. **Well-articulated career pathways and success models** that provide advancement opportunities within DCW and to other specialties.
6. **A DCW credentialing system** that:
   - Ensures DCWs are competent to perform their assigned asks.
   - Is recognized by all payors and programs across all settings and populations for maximum portability, reciprocity, continuity and quality of care, administrative efficiencies, and cost containment.

The Main, Long-Term Objectives

- Competencies that are relevant to the job
- Competency-based credentials that are recognized by all payors and programs across all settings and populations for maximum portability, reciprocity, continuity and quality of care, administrative efficiencies, and cost containment.

Short-Term Objectives & Next Steps

- Focus first on the new categories of DCWs and their associated competencies and credentials
- Establish a process for determining competency assessments
- Establish at least one credential during the grant period that can be tested
- Determine the best place to house new credentialing system
- Make recommendations related to best practices, including those that affect training and hiring requirements
- Meet remaining project goals including those unrelated to competencies and credentialling such as marketing for culture change, and
- Continue advocacy on all other fronts – wages/benefits, culture change, etc.

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Panel Discussion

Thank you!

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