

Colorado's Direct Care Workforce

State-Level Training Models

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Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**

Direct Care Workers



Workforce Challenges

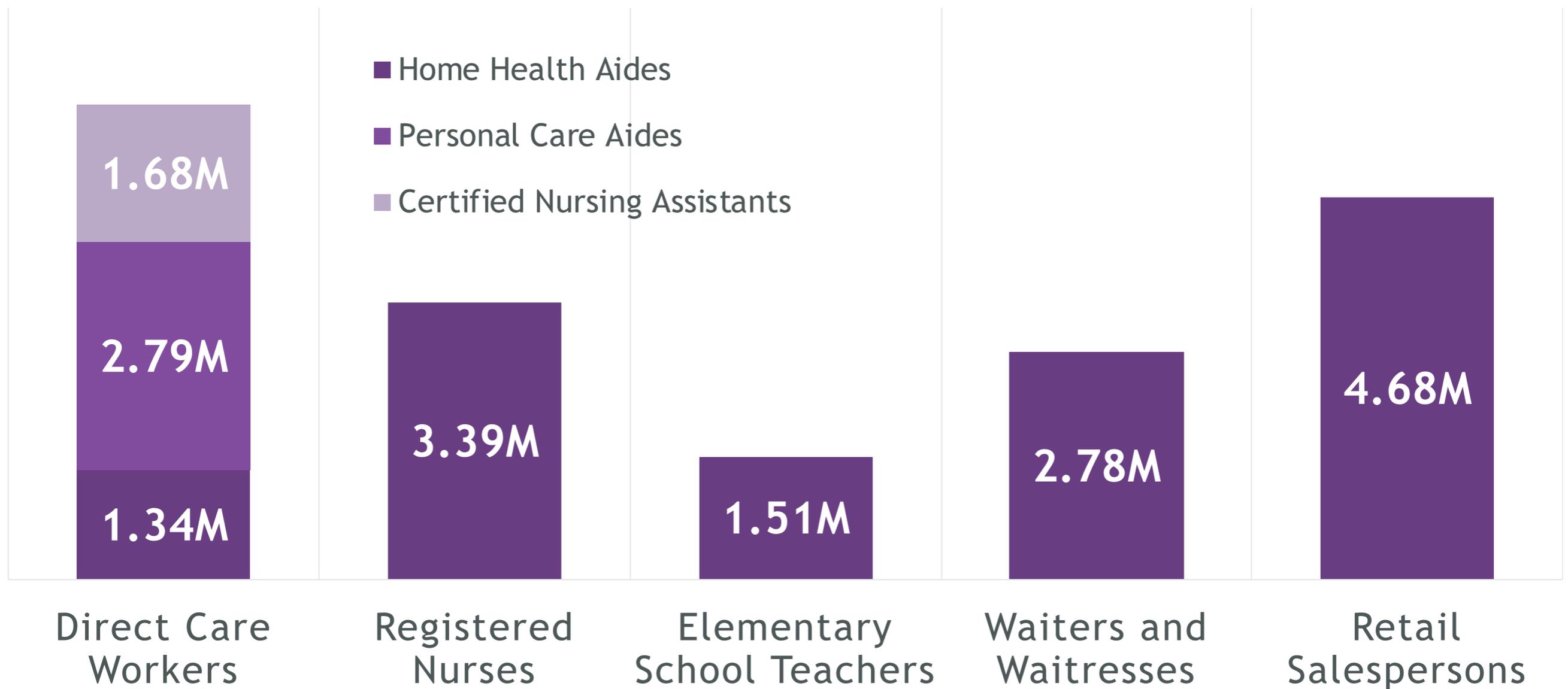
Triple Threat

Expanding
Demand

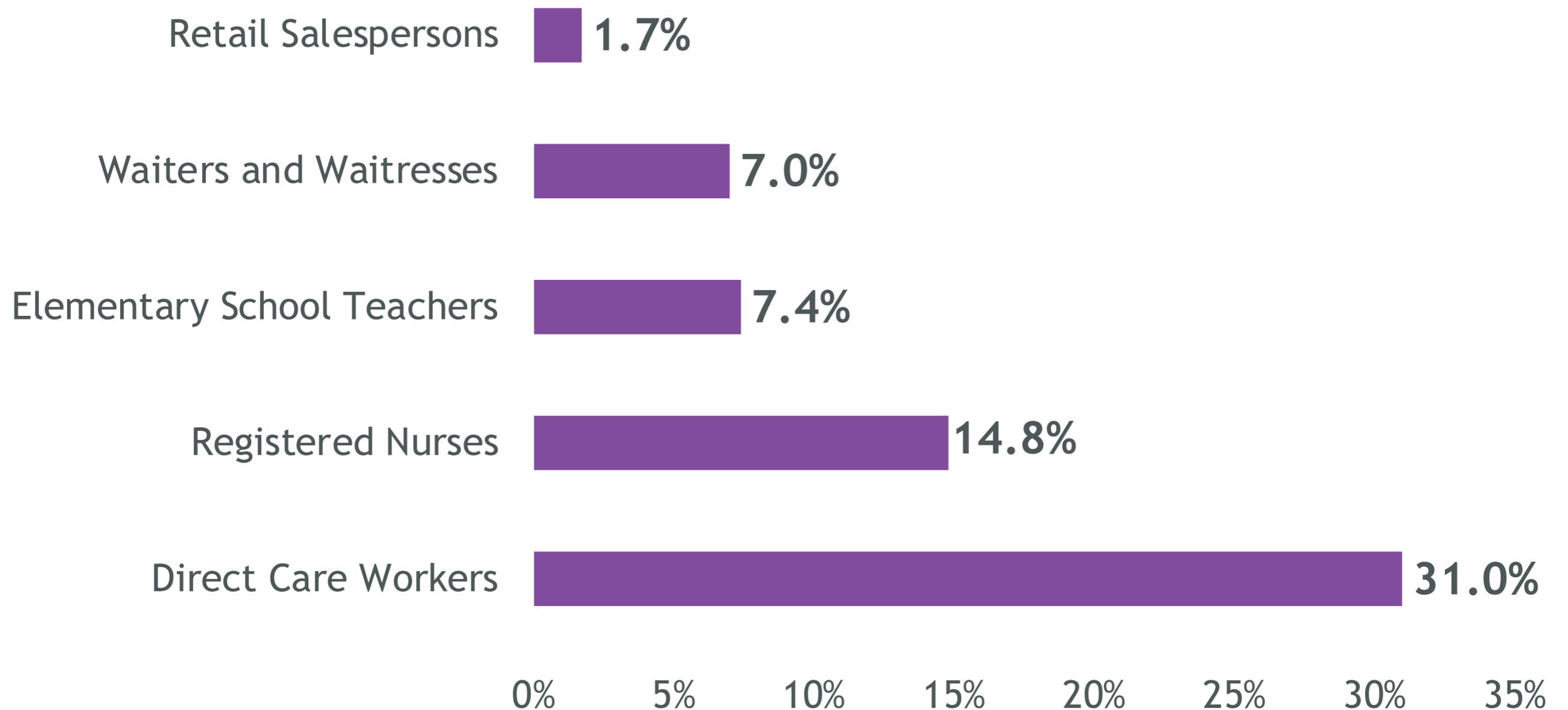
Limited Supply

Improving
Economy

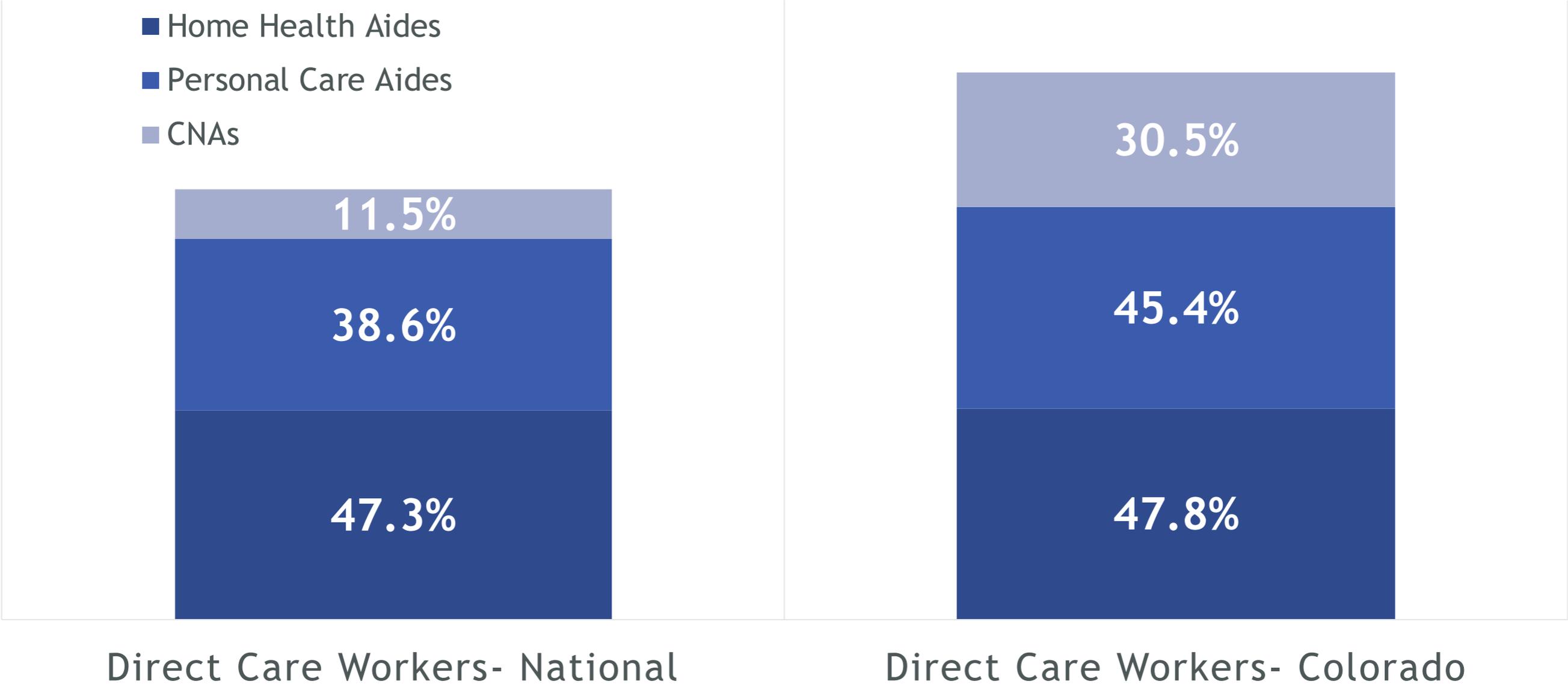
National Workforce Numbers (in millions), Anticipated 2026



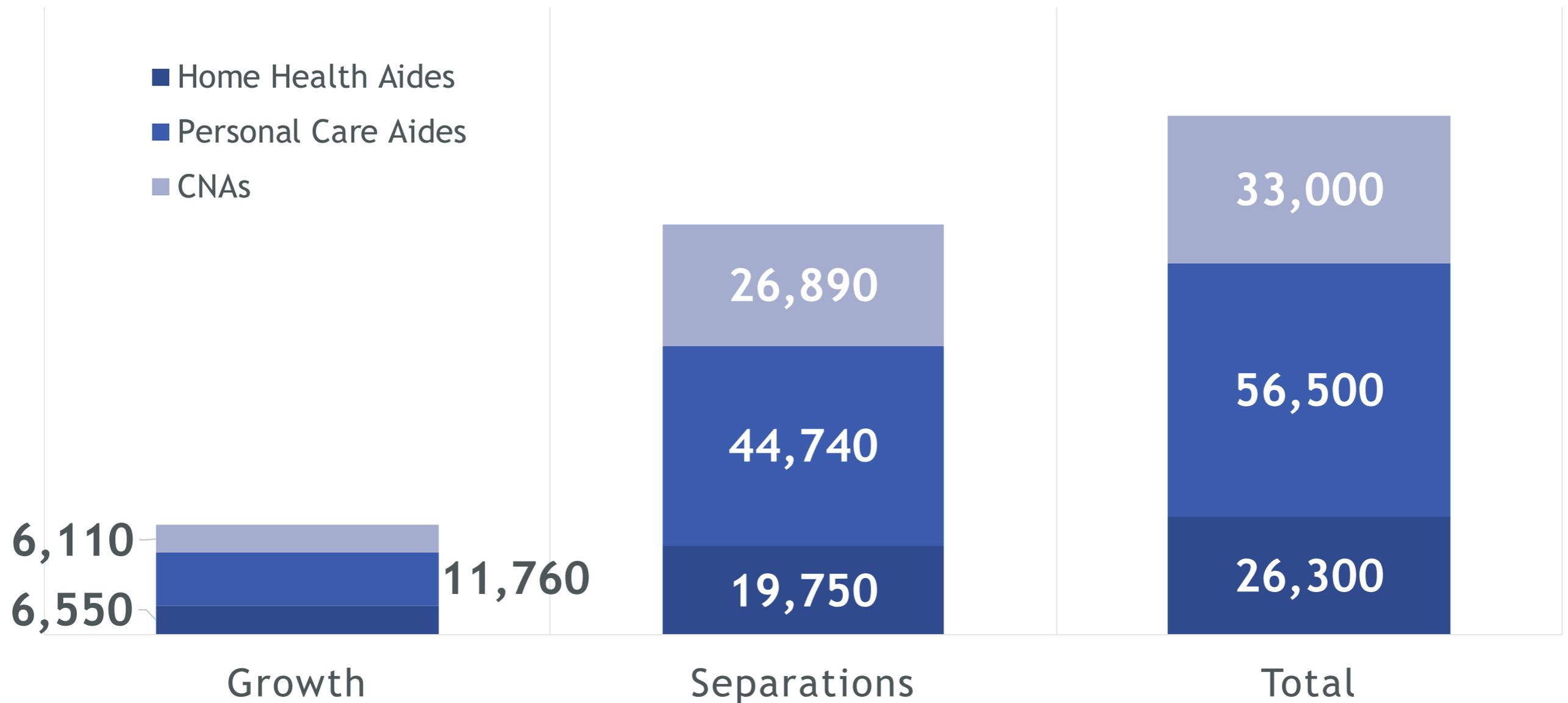
National Workforce Growth, Anticipated 2016-2026



Workforce Growth (2016-2026), National & Colorado

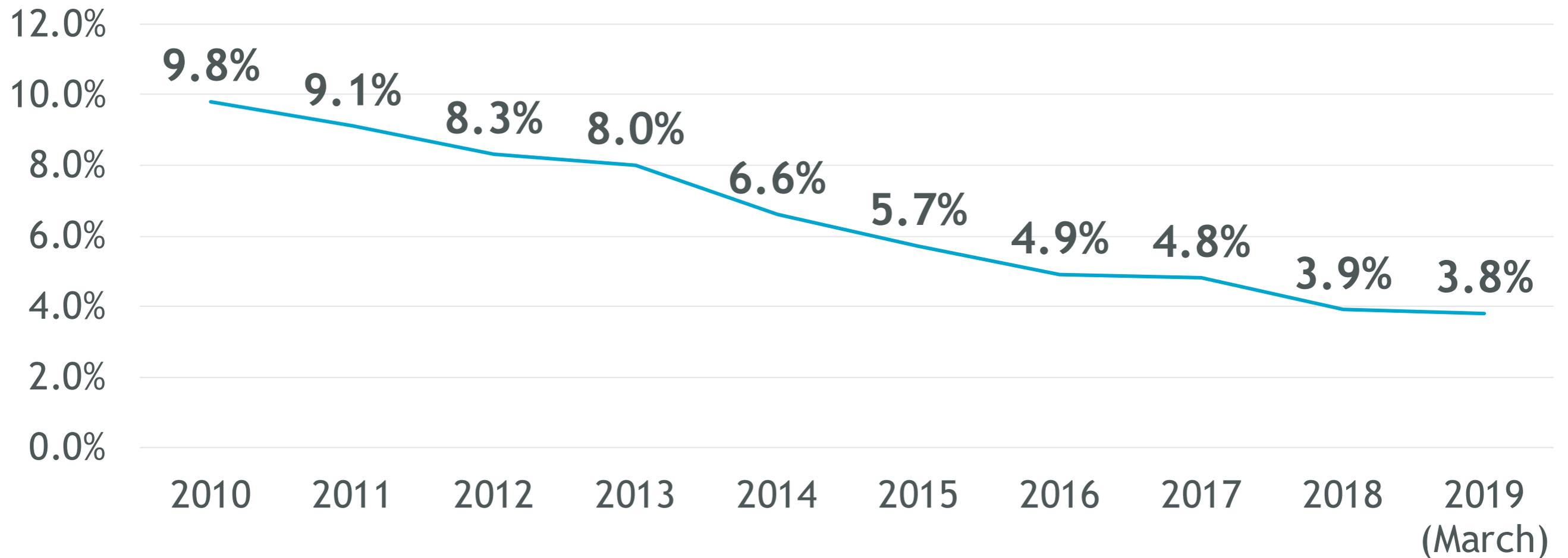


Job Openings (2016-2026), Colorado



Improving Economy

Falling Unemployment Rate, Colorado



Healthier Economy=More Job Options

State Minimum Wage Increases for 2018



Colorado

2018 = \$10.20

2019 = \$11.10

Not pictured on this map:
Washington D.C.
Rate: \$13.25
Change: \$.75
Effective: 7/1/18



Colorado Direct Care Worker's Wages

	Personal Care Aides	Home Health Aides	Certified Nursing Assistants
Mean Hourly Wage	\$12.70	\$12.97	\$15.68
Mean Annual Wage	\$26,410	\$26,980	\$32,610

Estimates for May 2018

Limited Supply

Demographic Shift- Fewer Women Available

**Fewer Women
Entering the
Workforce**



**More Women
Pursing
Professional
Jobs**

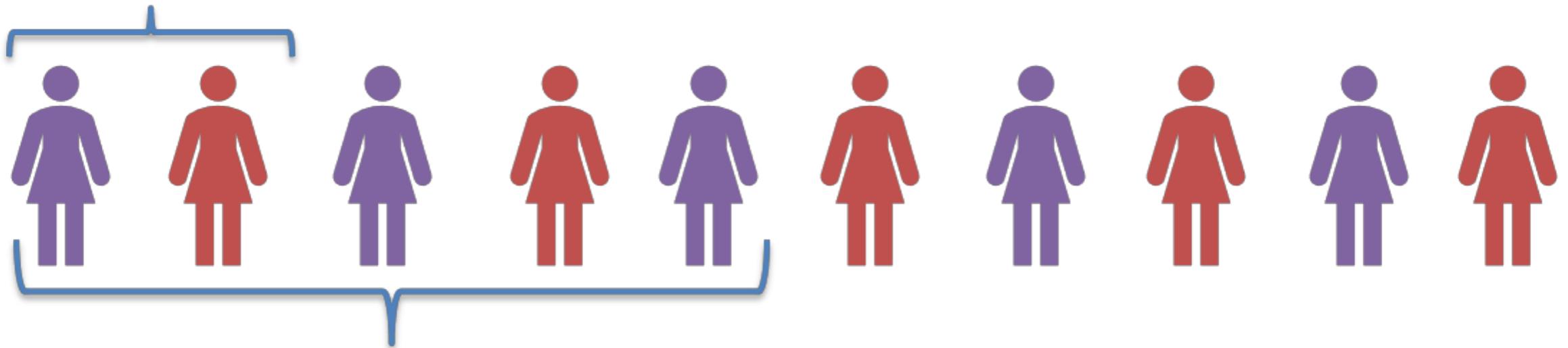
Toossi, 2013; Pew Research Center, 2014

Limited Supply

Low Recruitment and High Turnover

Turnover for home care aides reaching as high as 82%

Currently looking for a new job



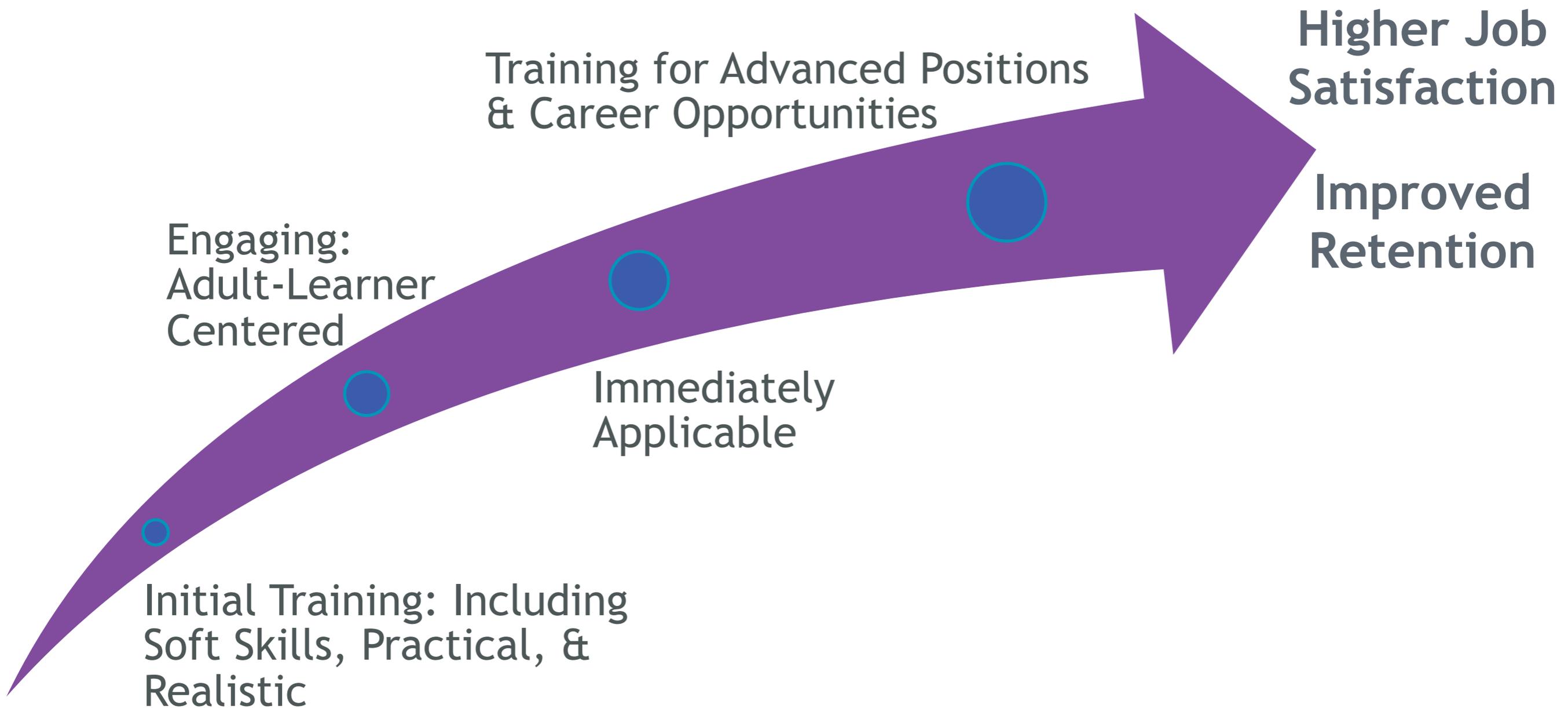
Very or somewhat likely to leave in the next year

Factors Contributing to Turnover



Training & Advancement: Background

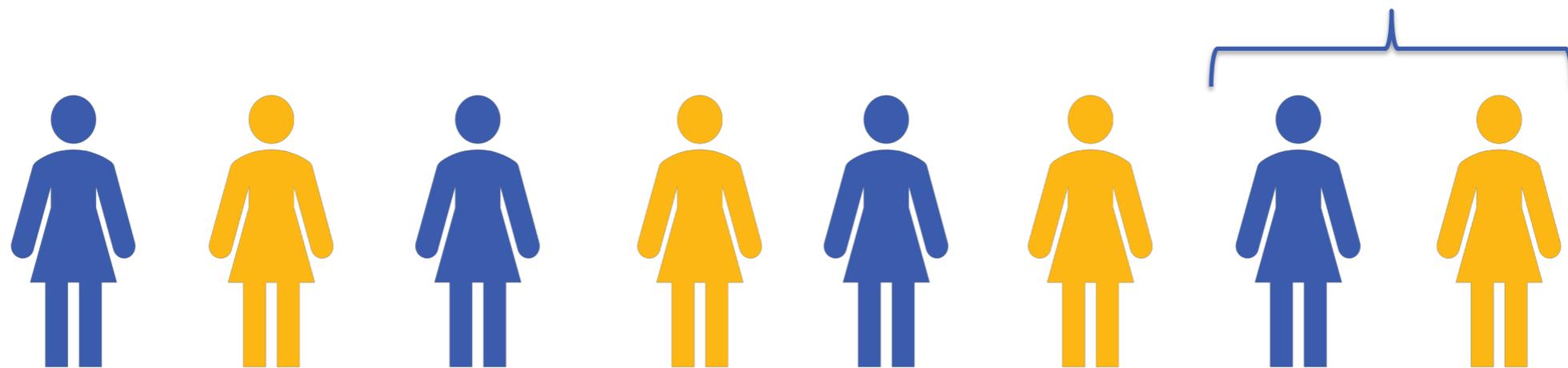
Why Training Matters



Why Training Matters

DCWs Often Report
Limited Career
Advancement
Opportunities

*Left job to pursue
careers that had greater
potential for
advancement*



Challenges or Barriers to Training

DCWs: Industry

- State to State Variability
- Required and Monitored vs Recommended
- Inconsistent Quality
- Lack of Transferability of Training
- Training Content and Mode Varies

Challenges or Barriers to Training DCWs: Agencies/Facilities

- Training Costs
- Availability of Training Staff
- Shift Coverage
- Tracking Training & Duplication
- Clinical Training Components

Challenges or Barriers to Training

DCWs: Workers

- Personal Life Barriers
- Wage Loss to Attend
- Barriers to Access & Success (Cost, knowledge about training programs, educational background, language)
- Limited Advancement Opportunities

Types of Workers

Type of Worker	Traditional Setting(s)	Employer	Training Required By
Certified Nursing Assistants	Skilled Nursing Facilities; Hospitals	Facility	Federal and State
Home Health Aides	Consumers Home	Home Care Agency (typically Medicare/ Medicaid certified)	Federal and State
Home Care Workers or Personal Care Aides	Consumers Home	Home Care Agency	State
Consumer-Directed Personal Care Aides	Consumers Home	Consumer	State

HHAs and CNAs

HOURS OF TRAINING REQUIRED BY SELECT STATES				
State	CNA Training	CNA Clinical	HHA Training	HHA Clinical
Colorado*	75	16	75	16
Arizona*	120	40	75	16
Illinois	120	40	120	40
Oregon	155	72	75	16
New Jersey	90	40	76	16
Washington*	85	50	85	50
Wyoming**	75	16	91	16

PHI, 2018; *Home Health Aide must be Certified Nursing Aides and have completed the CNA training and competency evaluation;
 **Certified Nursing Assistants can become dual-certified as Home Health Aides with additional training



Direct Care Worker Competencies

Competency Lists	Core Competencies
Community Support Skill Standards (CSSS): Tools for Managing Change and Achieving Outcomes	1. Participant Empowerment; 2. Communication; 3. Assessment; 4. Community and Service Networking; 5. Facilitation of Services; 6. Community Living Skills and Support; 7. Education, Training and Self Development; 8. Advocacy; 9. Vocational, Educational and Career Support; 10. Crisis Intervention; 11. Organizational Participation; 12. Documentation
PHI Competencies for Direct Care Workers	1. Role of the Direct Care Worker; 2. Consumer Rights, Ethics, and Confidentiality; 3. Communication, Problem-Solving and Relationship Skills; 4. Personal Care Skills; 5. Health Care Support; 6. In-Home and Nutritional Support; 7. Infection Control; 8. Safety and Emergencies; 9. Apply Knowledge to Needs of Specific Consumers; 10. Self-Care
National Alliance for Direct Support Professionals' (NADSP) Direct Support Professionals Competencies	1. Participant Empowerment; 2. Communication; 3. Assessment; 4. Community and Service Networking; 5. Facilitation of Services; 6. Community Living Skills & Supports; 7. Education, Training & Self-Development; 8. Advocacy; 9. Vocational, Educational & Career Support; 10. Crisis Prevention and Intervention; 11. Organizational Participation; 12. Documentation; 13. Building and Maintaining Friendships and Relationships; 14. Provide Person Centered Supports

Competency Lists, cont.	Core Competencies, cont.
Department of Labor Employment and Training Administration's Long-term Care, Supports, and Services Competency Model	1. Personal Effectiveness Competencies; 2. Academic Competencies; 3. Workplace Competencies; 4. Industry- Wide Technical Competencies; 5. Industry-Sector Technical Competencies; 6. Management Competencies/ Occupation-Specific Competence
Administration for Community Living's (ACL) Long-Term Services and Supports Workforce Competency Mode	1. Personal Effectiveness Competencies; 2. Basic Education Competencies; 3. Workplace Competencies; 4. Industry-Wide Technical Competencies; 5. Industry-Sector Technical Competencies; 6. Occupation-Specific Requirements
Centers for Medicare and Medicaid Services (CMS) Direct Service Workforce Core Competencies	1. Communication; 2. Person-centered Practice; 3. Evaluation and Observation; 4. Crisis Prevention and Intervention; 5. Safety; 6. Professionalism and Ethics; 7. Empowerment and Advocacy; 8. Health and Wellness; 9. Community Living Skills and Supports; 10. Community Inclusion and Networking; 11. Cultural Competency; 12. Education, Training, and Self-Development
LeadingAge's Personal Care Attendant Competency Model	1. Technical Skills; 2. Applied Understanding; 3. Interpersonal Skills; 4. Self-Directed Care

Training & Advancement: Models

Examples of State Training

Consumer Directed: WA

Career Ladders & Transferable Trainings: MA & ME

Advanced Positions: NY & CA

Private Pay/Grey Market: AR

Active Workforce Initiatives: IA & TN

Washington State

Required Training by Type of Worker

Training Requirement	Consumer-Employed PCAs	Agency-Employed PCAs	Other Health Professionals*	Paid Parent Providers (Physical Disabilities)	Paid Parent Providers – (IDD)	Respite Workers
Safety Training	2 Hours	2 hours	None	2 Hours	2 Hours	2 Hours
Orientation	3 Hours	3 Hours	None	3 Hours	3 Hours	3 Hours
Basic Training	70 Hours	70 Hours	None	30 Hours	7 Hours	30 Hours
Continuing Education	12 Hours	12 Hours	12 Hours	None	None	12 Hours

https://phinational.org/wp-content/uploads/2017/11/wa_case_study_pca_training_standards_2017.pdf

Massachusetts

Worker	Tasks	Initial Training	In-Service Training
Personal Care Attendant	Assistance with IADLs & ADLs	3 hr orientation- offered as a group or can be done with consumer (consumer-directed)	No requirements- free training available
Homemaker	Assistance with IADLs	3 hr orientation; 37 hrs of training within first 6 months	full-time 6 hrs; part-time pro-rated
Personal Care Homemakers	Assistance with ADLs	40 hrs of homemaker training plus 20 hrs of personal care training by an RN, includes 3 hrs of practicum	full-time 6 hrs; part-time pro-rated
Home Health Aide	Assistance with ADLs & skilled supports	75 hrs, including a practicum of 16 hrs covering specific topics outlined in CoPs	12 hrs/year
Supportive Home Care Aide	Assistance with ADLs for special populations	75-hr HHA training plus 12 hrs of training in either track (Alzheimer's SHCA or Mental Health SHCA)	12 hrs/year

Massachusetts: Other Work

Initiatives and Workgroups

Extended Care Career Ladder Initiative (ECCLI), 2000

Personal and Home Care Aide State Training Program (PHCAST)

- [Career Lattice](#)

Department of Higher Education- Nursing and Allied Health Initiative

- [Allied Health Advisory Group](#)- Created 'Direct Care- Allied Health Workforce Plan'

MA Health Care Collaborative- HealthCare Support Subgroup

Innovative Recruitment and Training Projects

- HEART Training Program; Partnership for Training Refugees in Lowell; SCSEP Training for HHAs

Maine

Training Requirements for Personal Support Specialists (PSS)

- Students that complete the PSS training may provide care to consumers in assisted living, residential care, adult day and home care settings
- The PASS training includes 15 modules and is a minimum of 50 classroom hours
 - Additional hours of training may be required depending on the needs of students
 - Students must pass module exams and a final exam and demonstrate the ability to perform identified skills competently

Transferability

- Students who start a CNA training within 2 years may receive credit for six modules of the PSS training
- Students who enroll in the Behavioral Health Sciences associate degree program are eligible to receive credit toward their degree

New York

New York State: “Advanced Home Health Aide” Law

- Allows Home Health Aides to perform certain advanced tasks under the supervision of a nurse
- Must complete additional training
- Example of advanced skills: medication administration including injecting insulin

New York City: “Care Connections”

- Advanced role for Home Health Aides called Care Connections Senior Aides (full-time positions)
- 3 month training, apx 200 hours (6 wks of classroom and 7 wks of on-the-job): Communication, chronic disease, reporting client information, and utilizing telehealth
- Senior Aides work with & support other HHAs; have added responsibility; increased pay

<https://workingnation.com/one-companys-solution-filling-coming-demand-home-care-providers/>

https://health.ny.gov/facilities/home_care/advanced_home_health_aides/

California

IHSS+ Home Care Integration Training Program

- Partnership between the CA Long-Term Care Education Center, L.A. Care Health Plan, and SEIU Local 2015
- Training for IHSS providers (consumer-directed caregivers)- 888 providers graduated between May 2017 and May 2018

Training Content

- Competency-based curriculum; 10 modules, 35 hours of classroom training plus 8 hours of take home assignments (runs for 10 weeks)
- Includes competency checks to demonstrate skills at the midpoint and end
- Training offered in six languages
- Focus is on teaching providers how to take on advanced roles including: monitor, communicator, coach, navigator and care aide and the skills to integrate into the consumer's care teams

<https://cltcec.org/l-a-care-ihss-year-one-report/>

Arkansas

Per the Arkansas Department of Health, all caregivers who provide services in the state to those age 50 and older for compensation must receive training as an In-Home Assistant

The training course must be 40-hours in length and address a list of core competencies outlined by the department (no set curriculum):

- Example of competencies- body mechanics, communication skills, and nutrition
- At least 16 hours must cover physical skills and competent demonstration of the skills

Exemptions are allowed, for examples, those with at least 1 year experience working in a LTC setting, a licensed professional, certain family members or guardians

<https://www.sos.arkansas.gov/uploads/rulesRegs/Arkansas%20Register/2014/may14Reg/007.05.13-008.pdf>

Iowa

Direct Care Workforce Taskforce formed in 2006

Direct Care Worker Advisory Council convened in 2010

Goal:

Implement a universal competency-based curriculum, “Prepare to Care”, with additional add-on trainings to move along the ladder (see Career Pathway link)

- Direct Care Associate- 6 hours
- Community Living Professional- 6 + 33 hours (39 hours total)
- Personal Support Professional- 26 + 48 hours (74 hours total)
- Health Support Professional- 54 + 27 hours (81 hours total)

<https://phinational.org/resource/training-standards-for-personal-care-aides-spotlight-on-iowa/>

[https://iowapreparetocare.training-](https://iowapreparetocare.training-source.org/sites/default/files/u1706/P2C%20Career%20Pathways%20and%20Training%20Modules%20Description%202016%2003%2023%20hng.pdf)

[source.org/sites/default/files/u1706/P2C%20Career%20Pathways%20and%20Training%20Modules%20Description%202016%2003%2023%20hng.pdf](https://iowapreparetocare.training-source.org/sites/default/files/u1706/P2C%20Career%20Pathways%20and%20Training%20Modules%20Description%202016%2003%2023%20hng.pdf)

Tennessee

Through TennCare initiative- Quality Improvement in LTSS

Goals:

1. Competency-based training, corresponding with the CMS core competencies set;
2. Required demonstration of competence (through a statewide network of assessment centers);
3. Micro-credentialing, to recognize incremental training achievements (i.e., “competency badges”);
4. A credit-bearing framework for those who seek further education;
5. Portability of credentials using a statewide registry;
6. Mentorship as an intentional element across all jobs; and
7. Clear career pathways.

<https://www.youtube.com/watch?v=BjVFRwWM36E&feature=youtu.be>

<https://www.tn.gov/tenncare/health-care-innovation/long-term-services-and-supports.html>



Questions?

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Thank You!

