



**Washington State
Long-Term Care Worker Training
Workgroup**

Established by ESSHB 2284

Final Report
Executive Summary

December 1, 2007

Materials related to the preparation of this Report are available at
<http://www.governor.wa.gov/ltctf/workgroup.htm>

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Introduction

This report provides recommendations regarding Long Term Care (LTC) Worker Training in response to legislation passed in the 60th Regular Session of the Washington State Legislature as Engrossed Second Substitute House Bill (ESSHB) 2284, signed into law by Governor Gregoire in 2007. ESSHB 2284 created a Workgroup, composed of individuals representing organizations with LTC experience and workforce expertise to make recommendations regarding training requirements for long-term care workers working in all home and community-based long-term care settings.

The Workgroup was charged with making recommendations relating to the:

- Appropriate number of basic training hours;
- Content of basic training curricula; and
- Development of criteria associated with certification of new long-term care workers.

The workgroup will report these findings and recommendations to the Joint Long-Term Care Task Force, the Governor and the appropriate legislative committees by December 1, 2007.

Background

ESSHB 2284 defined the long term care workers to whom the recommendations will apply in Section 2(11):

(11)(a) "Long-term care workers" includes all persons who are long term care workers for the elderly or persons with disabilities, including but not limited to individual providers of home care services, direct care employees of home care agencies, providers of home care services to persons with developmental disabilities under Title 71 RCW, all direct care workers in state-licensed boarding homes, assisted living facilities, and adult family homes, respite care providers, community residential service providers, and any other direct care worker providing home or community-based services to the elderly or persons with functional disabilities or developmental disabilities.

(b) "Long-term care workers" do not include persons employed in nursing homes subject to chapter 18.51 RCW, hospitals or other acute care settings, hospice agencies subject to chapter 70.127 RCW, adult day care centers, and adult day health care centers.

The Workgroup established a Charter for their work and, as guided by ESSHB 2284, agreed upon the following objectives:

The Workgroup shall evaluate current training requirements for long-term care workers with respect to the quality of care provided to the vulnerable people across all home and community-based long-term care settings. The Workgroup shall make recommendations relating to the:

1. Appropriate number of basic training hours;
2. Content of basic training curricula; and

3. Development of criteria associated with certification of new long-term care workers.

The workgroup shall examine cited deficiencies of care in various long-term care settings, and shall evaluate training needs based on medical versus social models.

The Workgroup also developed a Preamble of guiding principles as the foundation for decision-making regarding the recommendations set forth in this report.

PREAMBLE

1. An underlying premise of Washington State's long-term care system is the value of consumer choice across a full continuum of care with the right to accessible, quality care.
2. The level and content of basic training should be focused upon the client with respect to client care needs, health status, choice and flexibility.
3. An appropriately trained and motivated long term care workforce contributes to the quality of long term care services.
4. There is a need for increased workforce diversity throughout the long term care system.
5. LTC worker training should acknowledge customer diversity and strive to achieve a greater understanding of the relationships between culture and health.
6. The long term care workforce has diverse work-life expectations such as career-advancement and quality job performance
7. The long-term care workforce has variable learning styles, and can benefit from flexibility in training settings, modalities, accessibility and methods.
8. Long term care training should prepare workers/caregivers to perform in as many long term care settings as possible with economic security and safety.
9. The care and support provided by unpaid long term caregivers should not be disrupted, but enhanced and stabilized by any changes to long term care worker training and certification.
10. The long-term care workforce should be increased and enhanced to meet current and future needs. New policies and requirements should not result in decreasing the available workforce or the services available to consumers.

Methodology

The Workgroup utilized an array of resources in the development of this report. Specifically, an intensive effort to obtain stakeholder input was launched:

- Two - ½ hour periods at each of the 8 Workgroup meetings;
- Three public panels during 3 separate Workgroup meetings dedicated to LTC Providers, Consumers and Workers;
- 34 stakeholder survey interviews;
- Three public forums conducted across the State; and
- Multiple written feedback sources.

Research reports on each of the mandated topics were presented at each of the Workgroup meetings. Presentations were made by experts in the fields of workforce development and LTC training and relevant technical and research papers were discussed. Also, current training curricula from the Aging & Disabilities Services Administration (ADSA) and other ancillary sources were reviewed by the Workgroup. However, the absence of evidence-based information did not allow for thorough analysis of the impact of LTC training on quality, worker turnover, care deficiencies and cost. This required the Workgroup to rely more heavily on expertise and judgment, which was not an optimal decision-making environment for some members.

LTC Workers/Caregivers and Consumer Demographics

Washington is a leading state in home and community-based programs and services. Washington State's LTC home and community based workforce consists of caregivers employed in a variety of settings serving a diverse population with individualized long term care needs. The data that was available to the Workgroup largely profiled caregivers who are paid through ADSA to care for Medicaid eligible persons as individual providers. It did not reflect the entire LTC workforce as defined in ESSHB 2284 (Please refer to Appendix D - Comparison of WA LTC Worker Training across Specialty and Setting).

According to ADSA, the largest segment of the provider workforce is comprised of individual providers who are hired and supervised by the care recipient in their homes. Among the individual providers:

- 65% are family members of the care recipient;
- Earn an average wage of \$9.86/hr plus benefits;
- A majority of workers provide services less than 40 hours/week.

As of March 2007, ADSA, Home and Community Services (HCS) served nearly 73% of the consumers receiving home and community based LTC, while ADSA, Division of Developmental Disabilities (DDD) served the remaining 27% of consumers receiving personal care. This amounted to 37,902 individuals, receiving LTC services. Please note that this number does not include the total number of Washington residents receiving home and community based LTC services.

Recommendations

As part of the Workgroup Ground Rules for meeting conduct, the Workgroup elected to make recommendations based on consensus in order to provide a more inclusive, albeit demanding, means of considering multiple perspectives. This encouraged a significant amount of dialogue and openness in discussion that allowed for multiple points-of-view to be voiced. The Workgroup started with evaluation of the current training curriculum and hours.

Required Curriculum Content for Basic Training

After much discussion and deliberation, the Workgroup determined that required Basic Training should consist of two parts:

- 1) Core training, including orientation and safety training; and
- 2) Population or Setting Specific training.

Basic Training includes a set of competencies to be achieved by all LTC workers (Core Training) and a separate set of competencies that are tailored specifically to the setting or population receiving the services (Population or Setting Specific training).

Population or Setting Specific LTC components of training include training and competencies specific to persons working in: Individual Provider (IP) and Agency Provider (AP) home settings, Adult Family Home (AFH), Boarding Home (BH), Home Care (HC), and Developmental Disabilities Supportive Living (SL). Population specific topics include working with people with developmental disabilities, dementia, traumatic brain injury and mental health issues. In addition, varying learning methodologies were outlined for consideration for use with each of these competencies.

The Workgroup identified specific competencies for each of the above categories of Basic Training. There were several training areas upon which the Workgroup could not achieve consensus as to where the competencies should be covered, or whether they were to be considered basic training content. However, all of the recommended training competencies that were selected by the Workgroup for inclusion in Basic Training were current training topics generally covered in some measure in the Revised Fundamentals of Care (RFOC).

Please refer to Appendix F for further review of corresponding training materials, current training materials source and comparison to the Revised Fundamentals of Care (RFOC) Alternative Curriculum Checklist.

It should be noted that there was a general consensus among the workgroup members that current training requirements for workers in DD Supported Living were more than adequate to meet the competencies listed.

Basic Training Curriculum Considerations:

Considerations for changing the basic training curriculum included:

- Any changes to the curriculum must improve the current training content, process and quality of caregiving;
- The ability to “test out” of the training requirements must be available;
- The training content should be relevant to the needs of the person receiving care;
- The training content should be flexible to accommodate all of the various types of LTC settings; and
- There is a core set of trainings in which all LTC workers/caregivers should be competent and a specialized set of training based on consumer need.

Learning Methodologies

While the Workgroup was not required by ESSHB 2284 to make recommendations regarding the method of learning competencies or receiving training, multiple stakeholders, providers and learning experts gave input and suggested that learning takes place by means other than classroom training and these learning methods should be considered in the required curriculum content and training hours discussion. The Workgroup examined the learning methods by which training could take place and be counted as “required training hours”, depending upon the curriculum content. The learning methodologies selected by the Workgroup are intended as recommended options from which to choose when and where applicable to allow for flexibility in training delivery and individual learning styles. They are not intended as a required set of training methods.

The recommended learning methodologies are listed in Appendix E, however, the following are several examples:

Excerpt of Recommended Learning Methodologies

| Learning Methodologies | Definition |
|--|--|
| 1. Classroom | Learners participate in classroom setting using listening, visual, and written skills and activities to gain knowledge and awareness. |
| 2. Skills Lab | Learners demonstrate that competencies are mastered to an acceptable level in the presence of a supervisor or authorized instructor. |
| 3. Role Playing | Learners engage in experiential or simulated learning through relevant roles and predefined settings to practice skills in a safe environment to foster greater understanding of requirements by performing them. |
| 4. Client/Caregiver Experience | Learners obtain competencies by discussing caregiving experiences and practices in groups, or one-on-one, to gain insights into expectations and to expand knowledge regarding a client's function/condition-based needs and preferences for care. This could include onsite visits to client setting and/or panel of mentors and guest speakers in classroom. |
| 5. Client Health Professional Training | Learners are directed by clients and/or their health care professionals (physical therapist, occupational therapist, etc.) in their preferred methods and care requirements one-on-one in setting. |
| 6. On-the-Job Training | Learners gain one-on-one training and experience from the client/person receiving care, an assigned supervisor, RN, LPN, NAR, CNA, responsible family member or parent, or authorized instructor on the job with opportunity for feedback and performance evaluation. |

Required Training Hours for Basic Training

Currently, individual providers and persons working in adult family homes and boarding homes must complete the 34 hour RFOC curriculum within 120 days of employment, or successfully complete a challenge test. They also must complete ten hours per year of continuing education. Additional training requirements vary for adult family home and boarding home workers. A distinct set of training requirements apply to workers in supportive living programs serving persons with developmental disabilities. A narrower set of worker orientation requirements apply to workers working for home care agencies that do not participate in the Medicare or Medicaid programs. Finally, parents who care for their developmentally disabled sons or daughters as individual providers complete a six hour training program, rather than the 34 hours RFOC course. Please refer to Appendix B - Comparison of WA LTC Worker Training across Specialty and Setting for a thorough review and description of current training content, hours and governance.

After analysis of existing training requirements, models from other states, and desired curriculum content, the Workgroup deliberated regarding a new required number of hours for basic training. While not achieving consensus on a specific number for these recommendations, the following distinctions could be made:

- There was favorable support from most Workgroup members for more training hours than are currently provided under the RFOC;
- More than half of the Workgroup members supported at least 85 hours of required basic training;

- Other Workgroup members supported a specific range of hours between 45 and 90 hours of basic training; and
- One member opposed any changes to current required hours.

In addition, there was agreement that basic training could include other than traditional classroom hours, and that workers should have the opportunity to pass a “challenge test” in lieu of the overall required training or in lieu of training on a particular topic.

Increased Training Support:

Support for increasing training hours included:

- Increased training hours are necessary to provide opportunities to practice or experience hands-on learning of classroom skills;
- Various learning methodologies are necessary for adult learning and may require that more time is devoted to LTC basic training;
- Additional hours may allow for relevant training tailored to the needs of the person receiving care;
- Evidence exists to demonstrate that there is a positive relationship between LTC worker retention and quality of care; and training is one component of retention;
- Increased training hours are necessary to provide career development opportunities and support long-term workforce development; and
- Additional training may assist to professionalize the workforce.

Increased Training Concerns:

Concerns with increasing training hours included:

- The additional cost to the State to provide additional training;
- Increasing hours of training may create barriers to recruiting new workers to the LTC profession;
- Additional training may present accessibility and/or cost issues for rural areas;
- Lack of empirical evidence that current training requirements have resulted in a reduced quality of care or decreased worker retention; and
- Additional training is not necessary and the current level is adequate.

Challenge Testing

As stated previously, the Workgroup also reached consensus regarding “testing out”, i.e. the ability to take challenge tests for competencies, as an alternative to satisfying hours of training related to the competency. Individuals may also be able to successfully complete challenge testing based upon previous training received or caregiving experience.

Many factors and issues were analyzed by the Workgroup; they are discussed further in the final report.

Required Certification Criteria for Basic Training

The Workgroup adopted a fundamental approach to considering this recommendation by thinking about “certification” as a credentialing process. The charge of the Workgroup was to address the requirements of basic training. The Workgroup recommended that a person who completes or tests out of core training, and training specific to a particular population or setting (basic training), be recognized as having met the basic requirements to be a long-term care worker in Washington. Additional recognition and benefits should accrue to those workers who choose to take advantage of available opportunities for additional training.

The Workgroup noted that some long term care workers intend to make caregiving a career and seek opportunities to advance their careers. Others, such as paid family caregivers, may be interested in

providing care only to their family member for a defined period of time. The Workgroup agreed that the credentialing system should accommodate both of these groups of long term care workers. Thus, it envisions a designation for those workers who have satisfied required basic training, and additional credentialing opportunities for those who pursue further training and skill.

- There was also discussion and general support from the workgroup regarding including a minimum number of work hours for the purpose of credentialing.
- Current apprenticeship standards were also considered as models for the LTC Worker credentialing
- Additionally, the Workgroup supported maintaining current requirements as pre-requisites to include:

LTC Worker Pre-Requisites

1. 18 years of age,
2. Background check, and
3. Not listed on DSHS violations or revocation list.

Therefore, the Workgroup's intent is was to structure a credentialing process in such a way that an individual could move up, or articulate to other training programs or certified professions. To encourage portability of training between the home and community based sector and nursing home settings, the Workgroup supported allowing a worker who has passed a credentialing exam (such as the one included in these recommendations) the option of completing a competency evaluation to become a Nursing Assistant Certified (NAC) without first completing NAC training. This option is allowable under federal law but not currently practiced by the state of Washington.

To further encourage portability of any new requirements, current apprenticeship standards were also considered as models for the LTC Worker credentialing structure recommendation.

Credentialing Criteria Considerations:

Considerations for selecting credentialing criteria included:

- The LTC worker definition in ESSHB 2284 does not allow for a distinction between those long-term care workers who are on a career path and those who intend to limit themselves to caring only for family members, or those who work on an occasional and/or temporary basis;
- Credentialing should add value in terms of worker commitment, pride, and opportunity while still allowing flexibility for parent providers or non-career bound caregivers;
- Current apprenticeship standards were considered as models for the LTC worker credentialing structure;
- Testing or competency demonstration are key criteria of credentialing;
- Any adopted testing form should not weaken the existing competency evaluation processes in LTC training; and
- Design, implementation and administrative challenges associated with developing credentialing criteria.

Issues and Concerns

Throughout the course of the work and discussions of the Workgroup several areas of concern arose. The key concerns could be tracked to two operative issues which included:

1. An absence of available, valid data and meaningful information/benchmarks for comparison in Washington State; and
2. The broad definition of LTC Worker as established by ESSHB 2284.

Available Data and Information for Comparison:

The following are a summary of the issues related to available, valid data and meaningful information for comparison (benchmarks):

- The absence of a shared, centralized or standardized tracking and reporting of LTC training data, consumer, or worker demographics made analysis of the impact of LTC training on quality very difficult;
 - The most useful and currently existing data is caregiver and consumer survey data; and
 - Data from the ADSA CARE system, once accumulated, will be useful for more evidenced-based reporting in the future.
- Existing care deficiency data does not capture how poor quality of care negatively impacts consumers' quality of life, but does not necessarily endanger them. For example, when a caregiver uses a disrespectful tone of voice, rushes a person through a meal or briskly handles someone while bed-bathing, life-threatening conditions are not created. However, these behaviors could be improved with quality training.
- It was difficult to find evaluations of the direct impact of training upon quality of care. The Workgroup relied on the expertise of its members and input from presenters.
- Financial costs for additional training or content were also an issue. Modeling cost offsets related to improved quality or efficiency could not be definitively determined with the limited available data.
- Data compilation for Washington's entire LTC workforce (as described in ESSHB 2284) has not been performed.
- The available LTC deficiency data measures for management and oversight issues rather than training issues.
- The national data that is available on LTC is primarily from nursing or institutionalized settings and not similar to Washington's consumer driven model.

ESSHB 2284 Broad Definition of Long Term Care Worker

ESSHB 2284 includes 14 different types of LTC workers. The majority of these workers have variable requirements in the following areas:

- Required hours and substance of training;
- Orientation,
- Continuing education, and
- Supervision.

Some LTC provider groups, organizations and individuals requested either to be waived out of these requirements or to maintain the status quo, they include:

- Parent providers of adult children with disabilities;

- Parent providers also requested to exclude from the training requirements those respite or intermittent workers that provide LTC services primarily for parent caregiver relief.
- DD Supportive Living;
- Licensed Home Care Agencies – Private duty;
- Boarding homes owners; and
- Adult family homes owners

In addition, the state licensing agency and governing requirements under the Washington Administrative Code (WAC) are different for many of these workers. In some instances this includes training requirements.

Impacts on Care Recipients and Stakeholders

The following are the potential impacts of the Workgroup recommendations on:

Care Recipients:

- More training associated with more relevant, flexible content and credentialing opportunities may improve and professionalize the LTC Workforce, provide better quality training and lead to reduced worker turnover rates and additional career pathways;
- Increased costs for training may reduce LTC services or access to care;
- Increased training requirements may burden replacement LTC workers producing gaps in care; and
- Potential cost shifting for additional training may occur to private paying consumers, thus increasing the overall cost of LTC services.

Stakeholders

- Increased training requirements may be a barrier to entry for some individuals considering employment in the long term care sector;
- Increased training requirements and content may also provide more opportunities to advance careers and articulate to other professions;
- Increased training requirements and content may place significant burdens on those providers whose caregivers are included in the definition of LTC, but currently not required to participate in standard training.

Organizational and Fiscal Impacts

The organizational impacts that may be expected as a result of the recommendations within this report are those administrative resources, operational reconfigurations and oversight requirements. Potentially these include costs associated with the following:

- Governing WAC rewriting, including the resources and labor expended for the administrative oversight. This is a significant concern related to the large category of LTC workers now classified by ESSHB 2284 and the current training guidelines and variable agency oversight and administrative requirements;
- Revising training materials: reprinting changes in multiple languages, oversight, and staff retraining;
- Administrative structure development for credentialing, testing, monitoring and tracking new requirements with expanded learning methodologies, potential hours increases and content changes;
- Increase in case management functions coordinating replacement workers while caregivers are in training;
- Additional administrative resources (full-time employees) and funding will be required to implement the proposed changes; and
- Potential changes in the reimbursement structure may be required.