

Essential Jobs, Essential Care-NC



Update to MCAC,
December, 2023



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.



PHI's 5 Pillars of Job Quality



Fair
Compensation

Quality
Training

Quality
Supervision
and Support

Respect and
Recognition

Real
Opportunity

Thank You, Team Medicaid

For facilitating improved wages to the direct care workforce.

- Increases for Innovations Waiver direct care workers recently passed by NCGA.
- Sustaining COVID rate increases.

For meeting with EJEC team to explore possibility of a rate analysis and resulting strategy that:

- Adequately supports the successful recruitment and retention of direct care workers while also covering required programmatic, regulatory and administrative costs of providing services, including required nursing oversight of the direct care workforce;
- Reflects the fact that three groups of Medicaid providers share a direct care workforce cohort (Nurse Aide I) but are under three separate reimbursement structures;
- Reflects the future growth in LTSS population;
- Reflects the future growth in self-directed services;
- Prepares NC for the Medicaid Access Proposed Rule;
- Considers emerging and future strategies for strengthening recruitment and retention of direct care workforce; and
- Considers future value-based purchasing arrangements.

And Thank You for Supporting Direct Care Workforce Training Initiatives

- WE CARE
- AHEC's Home and Community-Based Services (HCBS)
Worker Certification Analysis



"It's the pay and training."



A multi-year project funded by the NC Money Follows the Person Demonstration Project/NC Medicaid to develop and test a **training, credentialing, and job quality model** for improving direct care jobs in NC (focusing on HCBS).

*Grant administered by the Center for Aging Research and Educational Services at the UNC Chapel Hill School of Social Work



**Additional State, Provider and Advocacy
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

Select Observations and Next Steps

(a more complete outline of activities to date and updated observations is provided in Appendix)

- Current training requirements for direct care workers serving people in home care may be outmoded and perpetuate institutional bias. Trainings most appropriate for HCBS are not systemically supported.
- Staff supporting the same person may be under different training and competency requirements, based on the service the person is utilizing, even if the person's support needs do not change.
- Under our current training and credentialing landscape, the relationship between a direct support staff and client/person using services is potentially disrupted as the person's needs increase.
- Lack of *flexibility in* and *portability of* training requirements: relevant experience or training often cannot count towards additional credentials or be transferred to a new employer.
- Current trainings need to more fully address competencies related to planning, role delineation and self-care.

Next Steps:

- Follow up briefings to be scheduled with DHHS, NC BON and workgroup members
- Pilot design

NC AHEC

**RECRUIT
TRAIN
RETAIN**

HCBS Worker Certification

Contractor will provide oversight and coordination in developing a plan that addresses certification as part of the recruitment and retention of the HCBS workforce.

- **Preliminary Certification Research: To determine the scope and impact of worker certification, Contractor will:**

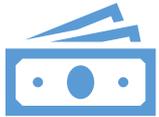
- Work with other organizations in North Carolina to recommend definitions of the categories and volume of workers that will be targeted by this initiative and the healthcare settings in which they operate.
- Describe benefits and concerns related to certifying HCBS workers, including recommendations to enhance benefits and mitigate potential concerns.
- Identify other organizations doing relevant work in North Carolina to understand the timing of their work and to integrate the outputs of their work into a plan of worker certification, whenever possible and appropriate

- **Implementation Support Plan: To support the development and implementation process, Contractor will include the following in the Final Report:**

- Interview and address questions and concerns of Department subject-matter experts and stakeholders as identified by Department.
- Describe other organizations doing relevant work in North Carolina and the timing, desired outputs and applicability of that work to the worker certification plan as part of the HCBS worker recruitment and retention plan.
- Identify potential methods of tracking HCBS worker recruitment and retention efforts, including HCBS workers who are certified under the plan.

- **Final Report: Contractor will deliver a Report including information gathered in a. and b. of this section and a recommended plan to establish HCBS worker certification in NC.**

Assumptions



Funding available to sustain recommended activities



Comprehensive and effective training programs for DCWs exist



The direct care workforce is fluid between settings



The solution to the DCW crisis is not unilateral



Themes

- Availability of content
- Existence of an umbrella system
- Trackability
- Wrap-around supports

FOR MORE INFORMATION

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Appendix: Additional WECARE Materials for Reference

Our Advising Partners

- Akalaka
- Association of Home and Hospice Care of NC
- Autism Society of North Carolina
- BAYADA Home Health Care
- Disability and Aging Advocates
- Duke University Health System
- Family Support Network of NC
- Friends of Residents of Long-Term Care
- Future Care NC
- NC Assisted Living Association
- NC AHEC
- NC Community Colleges
- NC Council on Developmental Disabilities
- NC DHHS
- NC DPI
- NCBON
- NC HCFA
- Sembra CNA School
- The Arc of NC
- Community members with lived experience including Matthew Potter and Jon D'Angelo

Key Principles

1. The direct care training and credentialing landscape should be designed to advance the provision of **high-quality, person-centered** long-term services and supports (LTSS) to older adults and people with disabilities in their own homes and communities.
2. Direct care training programs, structures, and requirements should support direct care workers' **career mobility and retention** with individual clients and in the direct care field, including through challenge-testing and bridge-training opportunities.
3. Long-term services and supports (LTSS) **financing structures should incentivize and reward direct care training and tenure**, including through paid training opportunities and bonuses/wage enhancements tied to training completion and attainment of credentials.

What Core Competencies are Reflected in Training?

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-- Dir 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
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		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		
Consumer and FCG role										(Must) demonstrates competencies and skill sets to care for the CAP/DA beneficiary as documented by the consumer-directed beneficiary or responsible party.	X
Self care					x (Coping Skills)						X
Planning											

Image for illustration only

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

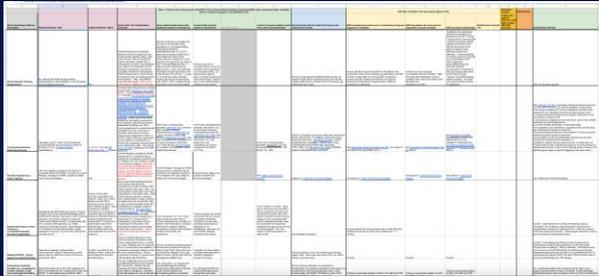
"There is a disconnect between the level of expectations and the level of compensation."

-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

So What Does All of this Do?



Personal Insights

Informs Future Training Policy and Design:

Compiles information about the NC direct care workforce training landscape that can inform future policy planning and recommendations.

Informs WECARE's future work to develop/establish a unified entry-level training and credentialing framework (based on previous and existing efforts in NC and nationally).

Framework tested through a pilot study, with the overarching goal of creating strong, HCBS entry-level training and career pathways options that are portable and (our policy hope) tied to wage increases.

Preliminary Observations

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

Preliminary Observations, cont'd.

General Observations:

- Staff supporting the same person may be under different training and competency requirements, based on the service the person is utilizing, even if the person's support needs do not change.
 - Example: The staff of a person who qualifies for both CAP-DA and Innovations will be under different training requirements depending on the service used.
- The in-home aide providing *limited assistance* service under the Home Care Rules provides a critical entry point into the direct care/support workforce yet receives little systemic support related to training and competency building.

Preliminary Observations, cont'd.

Observations under Principle One:

- 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), but current training requirements may be outmoded and may perpetuate institutional bias. Trainings most appropriate for HCBS are not systemically supported.
 - Example: NA I credential is required to support individuals requiring extensive assistance under Home Care licensing rules. However, NA I training assumes a facility setting and does not address those dynamics unique and specific to home care. Competency assessments can only be conducted in facility settings.
 - Example: NA I candidates are not allowed to work in home care performing NA I-related roles under RN supervision, as is allowed in facilities.

Preliminary Observations, cont'd.

Observations under Principle One, (cont'd):

- There is uneven integration of person-centered training, with levels and quality varying by provider and service.
- There is uneven integration of person-specific training, with levels and quality varying by provider and service.
 - Example: Home Care training does not require any person-specific orientation.
- From listening sessions: "Relational" core competencies (communication, respect, etc.) were identified as high priorities.
- Core competencies re: cultural competency, role determination (e.g. effectively clarifying and navigating "who does what" between workers, family members, etc.), self-care and planning appear least represented in current training landscape.

Preliminary Observations, cont'd.

Observations under Principle Two:

- Lack of *flexibility* in training requirements: relevant experience cannot count towards additional credentials.
 - Example: A direct care worker/support professional (DCW/DSP) with experience supporting a particular individual may not count that experience towards securing the subsequent credentials that Home Care rules require as the person's needs increase. This results in people losing support workers who already know them.
 - Example: No path forward for non-CNAs who were competency verified during COVID.

Preliminary Observations, cont'd.

Observations under Principle Two (cont'd):

- There is very little *portability* of training or credentials across settings/programs.
 - Example: The training a DCW/DSP receives as an in-home aide providing limited assistance does not transfer if the DCW/DSP transitions to another employer.
 - Example: Training a DCW/DSP may have received under self-directed service model does not transfer to another employer.
 - Example: Training received under Innovations waiver is not credited towards the in-home aide requirements under Home Care.
- Staff training under self-directed options provide highly flexible, person-specific and person-centered training opportunities. But the skills learned under this model are not formally recognized by other services.

Preliminary Observations, cont'd.

Observations under Principle Three:

- There is little relationship between DCW/DSP training and wages in HCBS settings. Securing additional, necessary training/credentials (e.g., geriatric aide), does not result in systemic wage or rate adjustments.

Discussion with State Team

- Are there particular observations that resonate with the State Team?
- Are there observations that need to be clarified (or added)?
- Discussion of efforts underway to examine and address training portability, “stackability” and flexibilities.
- Discussion of efforts underway related to creating a unified competency model.
- Discussion of efforts underway to more closely tie training to wage increases.
- Discussion of priorities for pilot development.
- How to best keep dialogue going?

Year 2 (SFY 2024) Project Goals

Year 2 Project Goals	Q1	Q2	Q3	Q4
Care Worker Fellow base building and outreach	x	x	x	x
In-depth interviews with recipients, care workers, agency leads		x	x	x
Finalize mapping of training, credentialing, and competencies	x			
Assess options for a unified training/credentialing pilot	x	x		
Continue outreach but with identifying best practice employers		x	x	
Pilot development		x	x	x
Continued formative evaluation	x	x	x	x

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