

# Essential Jobs, Essential Care-NC



## Update to MCAC, September 2023

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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



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**



**“It's the pay and training.”**

**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, Contactor 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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**Additional WECARE Materials for Reference**



# 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
Job duties	x		x	x	x	x	x	x	x		X
Person centered services	x		x		x		x	x	x		X
Background	x		x		x	x	CONFIRM (Behavioral Support Trainings)				X
Cultural competency	x						x	x	x		
Safety	x		x		x	x	x	x	x		
Ethics	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

## 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.

## 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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