

# Commonwealth of Pennsylvania

## Recommendations for a Training and Certification System for Direct Care Workers

### Introduction

In its report to the Pennsylvania Center for Health Careers: *Addressing Pennsylvania's Direct Care Workforce Capacity: Primary Recommendations for Quality Jobs and Quality Care*, the **Direct Care Workforce Workgroup** recommended that the Commonwealth undertake an immediate initiative to:

“Establish a credentialing body to determine training standards and credentials for direct-care workers and the organizations that train those workers. At the same time, draft a statewide competency-based system—and secure stakeholder buy-in across settings—that the credentialing body would then implement.”

Within this initiative, the Workgroup recommended that the new system should address training and certification *across* long-term living work settings.

With this document, the Department of Labor & Industries proposes a **training and certification system** to support the training, credentialing and career advancement recommendations of the Workgroup. In addition to addressing the workgroup's recommendations, this system would be consistent with—but extend beyond— Chapter 2600 of the PA Code (regulating personal care homes), Act 69 (the Home Care Agency/Home Care Registry law), and Act 56 (the Assisted Living law).

In order to achieve the Workgroup's broad vision, outlined below are cross-setting recommendations for:

- Φ **System Infrastructure**
- Φ **Certification**
- Φ **Training and Competency Evaluation**
- Φ **Initial Implementation**

#### Definition:

A “direct-care worker” is defined here as an individual who is paid to provide "hands on" assistance with activities of daily living (ADL) to *elders* as well as *adult consumers with disabilities* and may also provide support with health-related tasks and/or other household and support tasks. These services may be provided in the consumer's own home, or in a nursing home, assisted living residence, personal care home or adult day health center.

There are many personal care workers who provide general household, companionship and some instrumental activities of daily living (IADL) support, but do not provide “hands-on” care. It is *not* recommended that such positions be credentialed as part of this system. In addition, this recommendation does *not* cover workers serving MR/DD consumers.

## Key Premises:

These recommendations are based on three key premises:

1. That the Commonwealth's system of training and certification be based on the philosophies of **consumer self-determination** and **person-directed care**;
2. That the system be "**competency based**" and thus recognize the worker's ability to apply a set of related skills in performing "critical work functions" *across a range of situations*. The value of this approach is that it focuses, objectively, on what a worker needs to *know and do* in order to perform a job proficiently—thus directing the focus away from classroom hours and passing tests, and emphasizing instead a worker's on-the-job performance;<sup>1</sup> and
3. That training programs and curricula included in this system of competency-based certification use **adult learner-centered methods** that maximize the trainees' chances of success.

## Recommendation

### Φ System Infrastructure:

1. **Cross-setting system:** The Commonwealth should establish a centralized, fully funded, *cross-setting* system of **training, certification and registration**, for all direct-care workers.<sup>2</sup>
2. **Training Program Eligibility:** A wide range of training entities should be eligible to apply for approval to operate direct-care training programs, subject to the requirements of this new system, including: Formal educational institutions, long-term care employers, public direct-care service providers, labor organizations and Taft-Hartley training funds, and for-profit and nonprofit organizations—in short, any organization wishing to operate direct-care worker training programs for nursing home and home- and community-based workers. These programs will be reviewed and approved by the administrators of the training and certification system.

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<sup>1</sup> This "competencies framework" can be used to determine: assessment of job readiness; curriculum development; performance evaluation systems; and credentialing incumbent and experienced workers for what they have already learned on the job. A competency-based approach is consistent with the federal law that covers nursing assistant testing and evaluation, as well as with the U.S. Department of Labor's competency-based long-term care Registered Apprenticeship programs.

<sup>2</sup> At this time, the Commonwealth of Pennsylvania *does* regulate training programs for facility-based nursing assistants, and operates a nursing assistant registry consistent with federal law. Recently, approval of training programs and competency evaluation programs was included in newly enacted legislative initiatives. One regulating personal care home (Chapter 2600 of the PA Code) was implemented in April of 2006, and another licensing home care agencies and home care registries (Act 69) and its related draft regulations (currently under development). However, neither of these initiatives includes a statewide worker registry for workers across all long-term living settings.

3. **System administration:** Administration should be located and fully staffed in one state government department. Since the Department of State’s Bureau of Occupational and Professional Affairs currently provides administrative support to numerous professions, it may be the appropriate department.<sup>3</sup> The functions of the department should include:
  - a. Administration of **entry-level admission assessments** for all direct-care workers (such as criminal background checks) consistent with federal nursing home regulations as well as all state regulations;<sup>4</sup>
  - b. **Approval and certification of training programs**, curricula and trainer credentials; possibly through delegation to the Department of Education or the Department of Labor and Industry.
  - c. Establishment of a publicly available **database of approved training providers** – could use L&I certified training provider list;
  - d. Establishment of a system of **competency evaluation**, possibly using a private vendor;
  - e. Granting of **credentials and certifications** to competency-evaluated workers;
  - f. Establishment and maintenance of a **registry of “credentialed,” and “certified” direct-care workers**; and
  - g. Management of the **training and certification system budget**.
  
4. **Governing Board:** This system should be governed by a Board comprised of consumers, direct-care workers, employers, labor, higher education, WIB representatives and representatives of the state departments that regulate long-term living work settings.

Φ **Certification:**

The Commonwealth should establish a formal, competency-based, direct-care worker certification system to maximize worker portability and flexibility across settings. As the long-term living system “rebalances” to provide services for nursing home-eligible consumers into the community, the Department strongly recommends the importance of *parity of requirements* for all workers serving across both facility- and community-based settings.

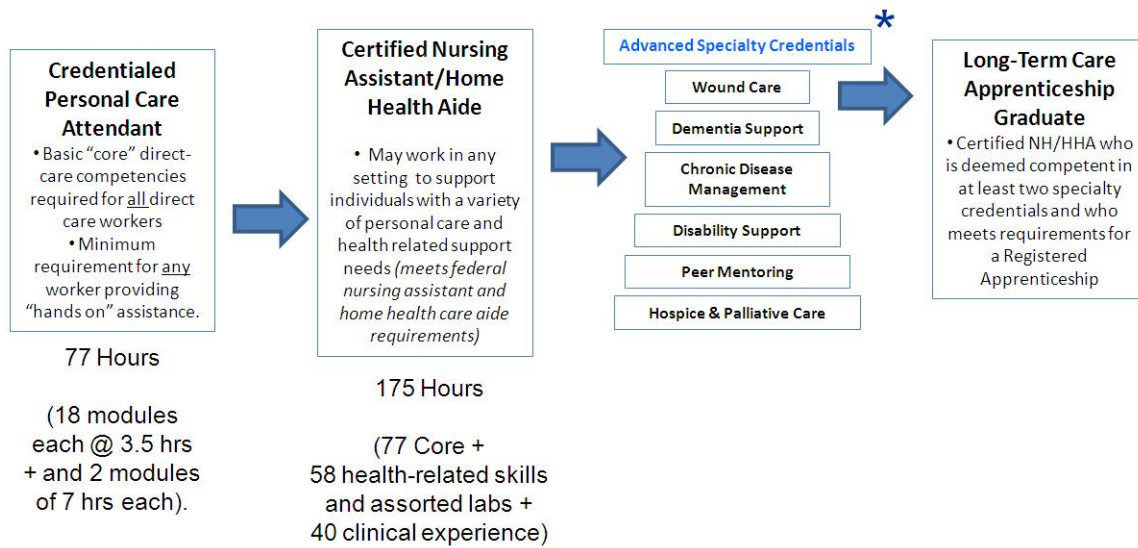
As part of this system, the Department also recommends the establishment of a voluntary program of *Long-Term Care Worker Registered Apprenticeship*, based on existing federal US DOL apprenticeship standards. This will create a career path for workers across all long-term living sectors and include both entry-level and advanced specialty credentials. As part of this system, the Pennsylvania State Apprenticeship Council should develop standards based on federal guidelines for voluntary implementation by employers within the Commonwealth.

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<sup>3</sup> Other potential departments include the Department of Education, which currently administers nursing assistant training programs, the Department of Health which operates the nursing assistant registry and is writing regulations for non-clinical home care, the Department of Welfare which regulates personal care homes, the Department of Aging which administers the nurse aide competency evaluation process and adult day care programs, and the Department of Labor and Industry.

<sup>4</sup> For example: Chapter 2600 of the Pennsylvania Code on Personal Care Homes, Pennsylvania law on abuse and neglect, forthcoming regulations to implement Act 69 of 2006 governing Home Care Agencies/Home Care Registries; Act 56 regulations and other relevant regulations.

The following competency-based structure is proposed:<sup>5</sup>



- 1. Credentialed Personal Care Attendant (Level 1):** Direct-care workers will demonstrate competence in a basic set of core skills that are common to all settings. Workers who demonstrate competence in these non-clinical skills will be awarded a *credential* and will be listed on a state registry. This credential will fill the *activity of daily living* training requirements of Act 69 Home Care Agencies/Home Care Registries, Chapter 2600 of the Pennsylvania Code on Personal Care Homes, and the training requirements of the Act 56 Assisted Living Law. (estimated **77 hours**)
- 2. Certified Nursing Assistant/Home Health Aide (Level 2):** Direct-care workers who demonstrate competence in all basic core skills, health-related skills and the skills needed for both in-home and nursing certification will be certified as nursing assistants/home health aides. They will have a fully portable *certification* that qualifies them to support consumers in *any* long-term living setting within the Commonwealth. (estimated 77 hours of core personal care competencies, additional 58 hours of health-related skills and associated labs to comply with federal OBRA requirements for nurse aides, and 40 hours of clinical experience = **175 hours**)
- 3. Advanced Specialty Credentials:** Certified Nursing Assistants/Home Health Aides will be able to receive specialty credentials. Examples of potential skill areas include working with consumers with physical disabilities, hospice and palliative care, dementia care, chronic disease management and peer mentoring.<sup>6</sup> Upon completion of

<sup>5</sup> Currently, 26 states and the District of Columbia require additional hours for CNA training beyond the federal minimum requirement of 75 hours. Four require 150 hours or more; 12 states and the District of Columbia require 120 hours or more. Increasing the required training hours is consistent with a recommendation of the Pennsylvania Department of Education, which regulates such training in the Commonwealth.

<sup>6</sup> Actual specialties will be determined by the Governing Board based on needs identified by consumers, workers and providers.

training and competency evaluation these credentials will be listed on the state registry.

4. **Long-Term Care Apprenticeship Graduate:** Certified Nursing Assistants/Home Health Aides who take additional training *and* demonstrate competence in two advanced specialty credential areas will be eligible to complete all the requirements of a *U.S. Department of Labor Registered Apprenticeship*. Completion of such an apprenticeship will create a credential that is nationally recognized by the Department of Labor. The home health aide and certified nursing assistant occupations both have current Registered Apprenticeship guidelines that are consistent with the system outlined here. Apprenticeship requires completion of at least a year of on-the-job learning that includes a minimum of 150 hours of related classroom instruction.

With the exception of the Long-Term Care Apprenticeship,<sup>7</sup> note that an individual can enter and graduate from a training program for either level of competency—from Personal Care Attendant or Certified Nursing Assistant/Home Health Aide. That is, the individual will not have to be employed at any prior level before being certified at the higher level, but also could gain training while employed.

## Φ Training and Competency Evaluation:

### 1. Worker Training and Competency Evaluation

An individual may demonstrate competence in the skills described above in one of three ways:

- a. She/he may **complete training** in an approved curriculum that covers all the required competencies and **complete a competency evaluation** before employment. The training curriculum includes an early introduction to the direct care services workplaces. Upon employment she/he will receive an orientation to that specific work and workplace. The competency evaluation is a combination of testing and reviewing hands-on work.
- b. She/he may be employed and **receive an approved phased training** over a four-month introductory period. During this time she/he may perform tasks for which trained.
  - Before the individual begins work, she/he will be provided an orientation training that includes: the role of the worker in the specific setting, safety, infection control, communication and basic skills required for her/his initial tasks.
  - The remaining curricula may be taught in modular form through a combination of classroom and on-the-job learning, supported by a peer-mentor. Once the entire training is complete, she/he may be evaluated for competence and receive the appropriate credential.

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<sup>7</sup> A Long-Term Care Apprenticeship requires on-the-job training and experience.

This approach could be combined with a Department of Labor approved apprenticeship program if it is so desired.

- c. An individual with related work experience may **request competency evaluation** in skills she/he is already competent in. If competence is demonstrated in all the foundational skills, the appropriate credential will be granted.<sup>8</sup> At the time of implementation of this system, individuals who are employed as personal care workers in any setting will be required to take the competency test or take the training program. This competency testing of incumbent workers will be phased in over a two-year period. Those who do not pass the competency test will be required to complete the training program. Individuals who are already trained or tested nursing assistants, or trained and tested home health aides may continue employment in their current setting without further training or competency testing. Nursing home nursing assistants would either have to demonstrate competence (test in) for home care competencies or take training and test.

## 2. *Approval and Certification of Training Programs*

All training programs should be reviewed initially and then at least once every two years, to ensure program quality and the quality of training providers. Training providers should also be expected to have established linkages with service providers for clinical experience and placement. This process will be overseen by the Governing Board and the work may be sub-contracted to the Department of Education, Labor and Industry, or the Office of Long-Term Living. Training curricula should be approved prior to use, to ensure that they cover the appropriate competencies, and that they use adult learner-centered methods appropriate to the skills, knowledge and attitudes being taught. This evaluation will include curriculum review as well as observation of training sessions. Trainers should also be approved to ensure that they have experience and skills in adult learner-centered training approaches, and that they meet federal requirements for the supervision of nurse aide training programs. A model core curriculum was developed by PHI in January, 2008.

## 3. *Approval and Certification of Competency Evaluation Providers*

Competency evaluation providers should be reviewed and certified, to ensure that they use a variety of strategies appropriate to the competency being evaluated.

## 4. *Annual In-Service*

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<sup>8</sup> Pennsylvania currently allows competency testing for previously trained and tested nursing assistants who have not worked for the past 24 months, for nursing students, and for trained and tested nursing assistants from other states as part of state reciprocity.

We recommend that direct care workers be required to complete 16 hours of in-service training per year, with 50% of those hours devoted to communication and problem-solving skills.<sup>9</sup>

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<sup>9</sup> The DCW Workgroup did not finalize a recommendation for the distribution of in-service hours to Credentialed Personal Care Attendants and Certified Nursing Assistants/Home Health Aides.

