

# Preparing New York's Home Care Aides for the 21st Century

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*Overcoming Fragmentation,  
Inadequate Training, and  
Limited Quality Control*

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### About this Report

This report is part of a series of papers that provide an in-depth study of the home care workforce in New York State. The initiative is supported by a grant from the United Hospital Fund, a health services research and philanthropic organization whose mission is to shape positive change in health care for the people of New York. The United Hospital Fund has a long history of support for analysis in the field of long-term care, with several studies of home care in New York City.

This paper is the second in this series. The first paper, *New York's Home Care Aide Workforce—A Framing Paper* (see [www.PHInational.org/policy](http://www.PHInational.org/policy)), provides a context for understanding the major issues that shape these jobs: wages, benefits, training, and opportunities for advancement. This paper examines the current system for training of home care aides, and makes recommendations for developing a workforce development system that can meet the needs of the 21st century. The final paper, *Improving Wages for New York's Home Care Aides*, outlines factors that have suppressed wages for home health aides and a series of actions designed to improve both wages and the quality of the care by changing employer and payer practices. All three papers can be found at: [www.PHInational.org/policy](http://www.PHInational.org/policy).

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### About PHI

PHI ([www.PHInational.org](http://www.PHInational.org)) works to improve the lives of people who need home and residential care—and the lives of the workers who provide that care. Using our workplace and policy expertise, we help consumers, workers, employers and policymakers improve long-term care by creating quality direct-care jobs. Our goal is to ensure caring, stable relationships between consumers and workers, so that both may live with dignity, respect and independence. Visit PHI PolicyWorks ([www.PHInational.org/policy](http://www.PHInational.org/policy)) for a comprehensive look at the nation's direct-care workforce.

### About the Author

Carol Rodat, PHI director of New York policy, has over 20 years of policy experience, having worked first in the field of child welfare policy for the Child Welfare League of America in Washington, D. C., and then as executive director of Hospital Trustees of New York State, where she initiated one of the first quality improvement projects in the state's hospitals. From 1993 to 2004, she served as president of the Home Care Association of New York State, a statewide not-for-profit organization active in state and federal home care policy.

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# Introduction

For thousands of women in New York, the quickest route to employment is to enroll in a home care aide training class. Within 40 hours, a student can complete personal care aide training, and within 75 hours, she can complete the home health aide training.\* These minimal requirements

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***Though home care training provides a quick route to employment, New York's training "system" is far from simple to understand or navigate.***

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have made it possible to maintain a workforce of over 200,000, despite constant turnover and the need to continually recruit new aides.

Though home care training provides a quick route to employment for many low-income women, New York's training "system" is far from simple to understand or navigate. The collection of varied training policies and programs, overseen by

a variety of state agencies, poses numerous obstacles for employers, women seeking employment, and for consumers in search of qualified assistance.

Recent efforts to modernize the state's home care aide curriculum and create more opportunities for home care aides to cross settings and advance their careers have not been fully realized. The system remains overly complex, unnecessarily fragmented, and far from transparent. As a result, there has been little quality control and in recent years the training system has been tainted by fraud.<sup>1</sup>

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This paper, which examines the training and credentialing requirements for home care aides as well as the training delivery system, amplifies the discussion provided in an earlier paper, *New York's Home Care Aide Workforce—A Framing Paper*. By providing a detailed picture of the current system, and recommendations to improve the quality

and efficiency of home care training, this paper gives policymakers a deeper understanding of the complexities of the system, the obstacles to providing quality training, and some initial steps toward creating a unified and improved training system.

\* This paper addresses home care aide training for workers who care for elders and people with disabilities through New York's various long-term care programs regulated by the Department of Health and Department of Aging. This paper does not address training for workers in programs run by the Office of People with Developmental Disabilities.

# Part I: The Current State of Home Care Training in New York

## Home Care Aide Entry-Level Training and Employment Requirements

Home care aides have numerous occupational titles: personal care aides (PCA), home health aides (HHA), home attendants, personal assistants, personal care staff, and resident care aides (for details see *New York’s Home Care Aides—A Framing Paper*). These occupational titles have more to do with the type of clients the aide serves—and the setting in which services are provided—than the actual tasks the aide performs. In many instances the tasks performed are the same. Nonetheless, these different “occupations” often have different training requirements.

**Training Hours.** The state establishes the training requirements for each occupation, in compliance with any relevant federal regulations. Among home care aides, the only occupation regulated at the federal level is “home health aide.” To serve Medicare and Medicaid clients, home health aides must have a minimum of 75 hours of pre-employment training. Though some states require home health aides to have more training, New York does not. There are, however, individual training programs that provide more than the 75-hour minimum, with some providing as much as 150 hours of entry-level training.

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***New York requires those who provide assistance with personal care tasks to have 40 hours of training.***

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Though the federal government has no minimal training standard for personal care aides, New York requires those who provide assistance with personal care tasks such as dressing, bathing, and toileting (Personal Care Aide II, also known as “home attendants” in New York City) to have 40 hours of training. Personal care aides who provide

only homemaker or housekeeping services (Personal Care Aide I) are not required to have formal training.

In recent years, New York has established a new personal care occupation, titled “Resident Care Aide.” These aides work in Assisted Living Residences (ALR). As of July 2010, RCAs are required to have 40 hours of training that is similar but not identical to that required for PCA certification. (More information about the RCA position and the current training requirements are found in Appendix A.)

**In-service training.** In addition to entry-level training, personal care aides (throughout the rest of the report “personal care aide” is used to refer to the formal position of Personal Care Aide II) and home health aides have annual in-service requirements, a portion of which are dedicated to mandatory competencies and related content updates (e.g., HIPAA, emergency preparedness). These in-services are intended to refresh the aides’ knowledge of critical skills such as infection control and maintaining client confidentiality but may also introduce them to new knowledge or skills—for example, the needs of a specific client population. In-service requirements are minimal in terms of hours: 12 hours for home health aides and 6 hours for personal care aides.

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Table 1 summarizes the minimum number of training hours required for each of the occupational titles that comprise New York’s home care aide workforce.

**Table 1: Training Requirements for Personal Care and Home Health Aides in New York State**

Occupation	Setting/Client	Minimum Training Hours	Special Training Requirements or Allowances	Annual In-Service Requirement	Trainer Qualifications
<b>Personal Care Aide I</b> <sup>2</sup> (aka “homemaker”)	Private homes of elders and people with disabilities, primarily in NYC	Determined by local Departments of Social Services	Training not required for aides providing household functions only		
<b>Personal Care Aide II</b> (aka “home attendants”)	Serve elders and adults with disabilities in private homes, adult homes, assisted living residences, adult day health programs, congregate care residences, Assisted Living Programs	40 hours	Entire training program shall be completed within three months after the date of hire except in programs licensed by the New York State Education Department (SED) (aka “home attendants”), which may run on a semester basis.	3 hours semi-annually, or 6 hours annually	Training must be directed by an RN, social worker or home economist, with at least a Bachelor’s degree in an area related to the delivery of human services or education. Personal skills training must be taught by an RN.
<b>Resident Care Aide</b> <sup>3</sup>	Assisted living residences, adult homes, Assisted Living Programs	40 hours	New York State Department of Health (DOH) recommended curriculum outline, with training left up to employer.	12 hours	
<b>Personal Assistant</b>	Adults with disabilities, in their homes and workplaces. Generally the term used to describe a PCA in a consumer-directed program.	No minimum	Personal Assistant is trained by the consumer and is allowed to perform clinical tasks that would otherwise be reserved to a registered nurse under the State’s Nurse Practice Act.		

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Occupation	Setting/Client	Minimum Training Hours	Special Training Requirements or Allowances	Annual In-Service Requirement	Trainer Qualifications
Home Health Aide		75 hours in DOH approved program  84–95 hours in State Education Department approved program	Trainees in a NYS DOH-licensed program must complete the training, including all practical training and competency testing, within 60 days.  16 of the 75 hours must be supervised practical training, at least half of which must be in a patient’s home or other health care setting under the direct supervision of an RN or LPN. The other 8 hours for demonstrating skills can be in a lab setting. A nursing home may not be used as the health care setting.	12 hours	RN with 2 years nursing experience, at least 1 year of which was in home health services.

Source: Personal care aide requirements at 18 NYCRR 505.14(e) Personal Care Aide Training Programs. New York State Education Department (SED) training requirements available through the agency’s website: [www.nysed.gov](http://www.nysed.gov). Resident Care Aide requirements at 10 NYCRR Chapter X, Part 1001(c)(2); Home Health Aide requirements at Title 42 Code of Federal Regulations, Chapter IV, Part 484.36 and 10NYCRR 700.2.

**Requirements for Entering a Training Program.** Candidates for home care training must meet only minimal requirements. The New York State Department of Health (DOH) offers guidelines for choosing candidates, but each training program develops its own screening procedures. The DOH *recommends* candidates who:

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***Candidates for home care training must meet only minimal requirements.***

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- Have “a sympathetic attitude toward the sick,”
- Show emotional maturity and an ability to deal with the demands of the job,
- Are 18 years of age or older, and
- Are able to read, write and carry out directions.

The State Department of Education recommends for the programs they regulate that trainees have, at a minimum, an eighth-grade reading level.

To enter a training program, candidates must have a physical exam that demonstrates they are in good physical health and that their state-required health screening tests and immunizations are up to date. Before being employed, trainees must also pass a criminal history record check

and produce personal identification<sup>4</sup> that verifies that the trainee is a legal resident of the United States.<sup>5</sup>

**Requirements for Trainers of Home Care Aides.** The DOH, following federal law, requires that training for a home health aide be delivered by an RN with at least two years of experience, one year of which must have been spent in home health care services.

Requirements for personal care aide trainers are more flexible. The training must be *directed* by an RN, a social worker, or a home economist who has at a minimum a bachelor's degree in an area related to the delivery of human services or education; however, an RN must conduct the training in personal care skills.

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***There is no requirement that trainers have any background or training as educators.***

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Though the state requires an RN to oversee the clinical aspects of home care training, there is no requirement that trainers have any background or training as educators. This gap can seriously undermine the quality of training delivery.

**Trainer and Student Ratios.** The DOH requires a student-to-trainer ratio of 20–1 in classes training personal care and/or home health aides. Some training programs use training assistants to supplement the staffing and provide more support for trainees.

### Curriculum and Teaching Methods

**State Core Curriculum.** The *Home Care Curriculum*<sup>7</sup> is the basic manual developed by the New York State Department of Health (DOH) to guide organizations that provide training for home care aides. Originally called the *Home Care Core Curriculum*, the manual was first developed in 1986,<sup>8</sup> revised in 1992, and updated to the current version in 2006. The manual covers the 40-hour training necessary for personal care aides.

For home health aide training, the *Home Care Curriculum* is supplemented with an additional 35 hours of training, which is outlined in the *Health-Related Tasks Curriculum*. The latter document includes, in addition to the training content:

- Home Health Aide Scope of Tasks, including permissible and non-permissible activities
- Requirements for competency evaluation for home health aides
- Content material that supplements the standard curriculum<sup>9</sup>
- Procedures and information necessary for obtaining DOH approval for a training program

**Curriculum Content.** The *Home Care Curriculum* is composed of 12 modules (see box on page 8), which introduce trainees to the varied types of clients and settings for long-term care as well as the range of skills needed to provide personal care and other support. Each module is divided into units, each of which has a set of objectives, suggested teaching methods, evaluation methods, and the minimum training time required to teach the material. The minimum times allocated for

each unit add up to the minimum training hours required by state and/or federal law.

Of the 40 hours of content, 16 are designated as "Basic Core." This content, which includes

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***The "Basic Core" has been identified as necessary for all direct-care workers***

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### Home Care Curriculum Teaching Modules

Introduction to Home Care  
Working Effectively with Home Care Clients  
Working with the Elderly  
Working with Children  
Working with People who are Mentally Ill  
Working with People with Developmental Disabilities  
Working with People with Physical Disabilities  
Food Nutrition and Meal Preparation  
Family Spending and Budgeting  
Care of the Home and Personal Belongings  
Safety and Injury Prevention  
Personal Care

### Health-Related Tasks (additional content areas required for HHA certification)

Orientation to Health Related Tasks  
Performing Simple Measurements and Tests  
Complex Modified Diets  
Assisting with a Prescribed Exercise Program  
Assisting with the Use of Prescribed Medical Equipment, Supplies and Devices  
Assisting with Special Skin Care  
Assisting with a Dressing Change  
Assisting with Ostomy Care

many of the personal care skills, infection control, and written documentation, has been identified as necessary for all direct-care workers, regardless of the setting in which they provide care. The original intention of identifying a “Basic Core” was to design the state’s direct-care curriculum so that this material would provide an initial foundation on which more advanced training would build. A trainee would take another 26 hours of training to become a personal care aide, and could follow that training with the additional 35 hours to become a home health aide. Additional modules could be added to become a CNA. Thus far however the “Basic Core” has not served this function because training programs integrate this material throughout the course—they do not always teach it as the first 16 hours of training. Moreover, they do not structure the training so that the full 40 hours of personal care aide training is taught first.

The *Home Care Curriculum*, and the companion *Health-Related Tasks Curriculum*, are not full-fledged teaching guides. These documents provide only an outline of the content areas that trainees are expected to master (see box on page 9 for an example of a module’s teaching objectives). Organizations that seek approval to deliver home care aide training must develop their own curricula and teaching guides based on the learning objectives, content outlines, and specified times in the state curriculum. Most programs use a textbook such as Mosby’s

*Textbook for the Home Care Aide* to teach the core content. In addition, the training organization may create supplemental handouts and bring in expert speakers to present on specific topics (e.g., a nutritionist might lecture on special diets or a hospice nurse might lecture on caring for dying patients).

**Training Methods.** The primary method of teaching recommended in the Home Care Curriculum is lecture, along with demonstration of personal care skills. Current educational research, how-

ever, suggests that this method of teaching is often not successful with adult learners, particularly those with learning barriers. Typically, home care aide trainees fall into the latter category—they may be immigrants not proficient in English, they may have dropped out of school before developing strong reading and writing skills, or they may have learning disabilities that made formal education a challenge throughout their lives.<sup>10</sup>

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***An adult learner-centered approach has been shown to be far more effective than traditional didactic teaching.***

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### Sample Objectives from Home Care Curriculum Module V: Working with People Who Are Mentally Ill

1. List 4 behaviors that indicate mental health
2. Discuss different coping mechanisms and techniques to handle stress
3. Compare mental health and mental illness
4. List 3 factors that are believed to cause mental illness
5. List 2 ways of treating mental illness
6. State guidelines for observing and reporting unusual behavior
7. Describe different ways the Home Care Worker can help care for the mentally ill client
8. Describe ways that the Home Care Worker can maintain safety for the mentally ill client

### Adult Learning Principles

#### *Adults Learn Best When*

- They feel respected
- The learning environment feels safe and supportive
- The content is relevant to their needs
- Learning activities are varied to account for different learning styles and challenges
- Lessons encompass the three learning domains—knowledge, attitudes, and skills
- Opportunities are provided for practicing skills and applying knowledge in realistic situations

For these types of learners, an adult learner-centered approach has been shown to be far more effective than traditional didactic teaching. This approach is based on an analysis of how adults learn (see box, *Adult Learning Principles*, below). It involves engaging learners through multiple learning activities—small group activities, role plays, learning games, brainstorming, dialogue—that build on what learners already know from their life experience.

Adult learner-centered training requires the trainer to take on a new role, best described as a learning facilitator. The instructor poses questions, guides inquiry through various activities, and gives feedback rather than lecturing to passive students. Most home care aide trainers, however, have no background in pedagogy and are not prepared to take on this role without training themselves.

### Competency Evaluation and Credentialing

**Competency Evaluation.** To graduate from a home care aide training program, trainees must demonstrate competency in both knowledge and skills. To test for knowledge and understanding, an RN administers written and oral exams, provided by the Department of Health, in the classroom setting following each unit of instruction. The RN must also observe trainees as they demonstrate their ability to perform all personal care skills, with the appropriate respect for the patient and with knowledge and understanding of universal infection control proce-

dures. For PCA training, this competency testing is done in a laboratory setting.

The DOH guidelines specify that in the home health aide training programs, specific tasks must be demonstrated by the home health aide, and observed and evaluated by the RN during a 16-hour period of “supervised practical training,” 8 hours of which can be in a lab setting and 8 hours of which must be in a patient-care setting. The tasks that must be demonstrated include those related to: personal care (i.e., bed, sponge, tub or shower baths; skin, tub or bed shampoos; nail and skin care; oral hygiene; toileting and elimination); rehabilitation, including safe transfer techniques, normal range of motion and positioning, assistance with use of crutches, walkers and Hoyer lifts and prescribed exercise programs; and taking temperature, pulse, respiration and blood pressure.

**Certification.** After successfully completing an approved PCA and/or HHA program, and demonstrating skills competency, a trainee is awarded a certificate of completion, which qualifies

the holder for employment. There is no standard written exam for PCAs or HHAs similar to the CNA licensing exam.

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When a candidate applies for a position as a PCA or HHA, employers will re-test their competencies if they have not been trained in their own program. If the aide does not show competency in all areas, remedial training and retesting is allowed, as long as the aide has previously completed an approved training program.

A home health aide's certification lapses if she does not work as an aide for 24 consecutive months.

**Competency Testing in Lieu of Training.** In certain cases, experienced health care workers may be able to pass a competency evaluation rather than completing an entire training to receive home health aide certification. The DOH allows competency testing in lieu of training for the following individuals:

- A nursing assistant with one year of full-time experience in a general hospital within the past five years;
- An individual with documented home health aide or nurse aide training and competency evaluation from an out-of-state program;
- A home health aide with documented home health aide training and competency evaluation who has not been employed as a home health aide for 24 consecutive months; and,
- A nursing student who has completed fundamentals of nursing coursework in nursing school.

**Dual Certification: Personal Care and Home Health Aide.** The DOH has approved 206 dual certification programs, where a trainee can receive certification for both PCA and HHA occupations. These programs require the trainee to first complete the 40-hour PCA training and demonstrate competency to receive the PCA certificate. Trainees then complete the additional 35 hours of training required for Home Health Aide certification in order to receive the second certificate.

If an individual receives a Home Health Aide certificate without a PCA certificate, she may still work as a PCA. However, a trainee who enters a home health aide training program and fails to complete the 75 hours is not automatically certified as a personal care aide, even if she has completed 40 hours of training. This is because programs that are not dually certified may not follow a sequence in which the 40-hour PCA training is followed by the 35 hour health-related tasks curriculum. If a trainee drops out before completing the whole program, she may not have completed all the right modules or have been tested for competency in all PCA-related tasks.

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***A personal care aide can upgrade to home health aide certification but may be required to repeat training in areas already mastered.***

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**Upgrading from PCA to HHA.** A personal care aide can upgrade to home health aide certification by attending a program that is approved to provide the upgrade. The PCA is only required to attend a program that provides the 35-hour health-related tasks training, but the trainee must demonstrate competency in all skill areas required for a home health aide, including those required

for PCA certification. In practice, trainees cannot always find programs that offer only the 35-hour program, and thus, they may be required to repeat training in areas they have already mastered.

**Dual Certification for CNAs.** Although a certified nurse aide usually receives between 100 and 120 hours of training in New York provider-based training programs, much of which is similar to that of a home health aide, her training does not qualify her to provide home-based services. She must receive additional training in those areas of responsibility that are needed in home care, such as handling the patient's money, shopping or maintaining a safe home environment, prior to being deemed competent for home care services. Since training programs don't often provide this limited training, a CNA may have to complete an entire HHA program to receive dual certification.

### The Home Care Registry

In 2008, following revelations that home care training programs had been selling certificates to individuals who did not complete training programs, New York established a Home Care Registry. The registry houses information on all trainees who begin personal care aide and/or home health aide training programs—including the date the trainee completes or drops out of the program. Employers are required to check the registry to ensure that all new hires have completed an approved training program. All currently employed aides must be entered into the registry by September 25, 2010.

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***Aides who enter a home health aide program but fail to complete the 75 hours are unable to receive a personal care aide certificate.***

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**Certificates of Completion.** When a trainee completes a personal care aide or home health aide training program, she receives her certificate of completion from the registry. However, as was described previously, aides who enter a home health aide program but fail to complete the 75 hours are unable to receive a personal care aide certificate, even if they have completed 40 hours of training.

The registry allows only those training programs that are dually certified to train both personal care and home health aides to generate both certificates for an aide, and then only when the aide has been "registered" as entering, completing and demonstrating competency in a personal care aide training program as well as the home health aide training program.

**Information in the Registry.** To ensure an up-to-date list of qualified aides, training programs must enter each training class in the registry. In addition to identifying each trainee and his or her completion or drop-out date, the training program must enter the instructor's name and show that the program has met the required 1-20 instructor-to-student ratio.

Once the registry is fully operational, it will also designate whether the aide is "approved" or "disapproved" for employment. This determination will be based on whether or not a) the aide has worked within the last 24 months (otherwise her certificate will lapse), b) the aide has been reported by an employer for having mistreated or neglected a client or misappropriated funds, or c) the aide has been arrested and convicted of a crime.<sup>11</sup>

DOH requires the employer hiring an aide to ask the job candidate to disclose all criminal charges and convictions. If the aide has been arrested, she will need a disposition stating that the charges have been dismissed or adjudicated on file in order to be employed for direct care.

If the potential employee was ever convicted of a Class A felony, or a conviction within the past ten years of any class B or C felony or certain class D and E felonies, the aide is automatically disqualified from employment. Certain felony and misdemeanor convictions that are ten years or older may be reviewed. In those instances, an aide may have to petition the District Attorney’s office and appear in front of a judge to secure a “certificate of relief of liability,” which, if granted, will allow her to work as a home care aide.

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***Employers must use the registry to ensure that every new employee has completed an approved training program.***

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**Employer Requirements.** Employers must use the registry to ensure that every new employee has completed an approved training program and has a certificate. They must also record the aide’s hire date and update the aide’s information over time (e.g., a name change).

It is also important that employers record when an aide leaves their employ. Otherwise, if an aide is arrested, the registry will send automatic notifications to all employers who are listed.

**Consumer Access to the Registry.** The public can view the registry to determine if an aide has completed a state-approved training program and has been determined by DOH to be suitable for employment. Consumers may view the aide’s employment history, but there is no information on whether the aide’s past performance was satisfactory—the only information would be related to findings that might bar the aide from employment. Consumers may view only limited information related to Criminal History Record Checks. For example, no information is available regarding pending investigations or crimes that do not bar an aide from employment.

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***Consumers may view the aide’s employment history, but there is no information on whether the aide’s past performance was satisfactory.***

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**Limits of the Registry.** Although the registry establishes several safeguards to prevent fraud in home care aide training, its utility remains limited and its operation and has left the industry with additional costs. Most importantly, it has led to unnecessary and costly retraining of aides. DOH has no repository of training data, so when a program shuts down there is no way for employers to verify that the aide has legitimate training

credentials; employers fearful of liability or charges of Medicaid fraud feel they have little choice but to retrain the aide. This practice is particularly harmful for the aides themselves, as they are deprived of earning wages while being re-trained. The state could remedy this problem by forming a central repository of the aide training records and requiring that programs that close transfer all of their records to the state’s repository.

### **New York State’s Home Care Aide Entry-Level Training Programs**

**Types of Training Programs.** New York has several types of home care aide training programs, overseen by two separate licensing authorities.

- The Department of Health (DOH) licenses training programs operated by health care providers.

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- The State Education Department (SED) licenses two types of programs:
  - Training programs run by proprietary training schools
  - Training programs run by secondary and post-secondary schools (e.g., Bureau of Cooperative Educational Services [BOCES] or community colleges)

The DOH has responsibility for the curriculum requirements for all of the training programs, regardless if they are overseen by DOH or SED. The SED, however, oversees the Nurse Practice Act, which defines the tasks that can be delegated by a nurse to unlicensed personnel, including home health aides and personal care aides. As a result, SED also has a substantial role in defining the curriculum content.

The vast majority of the state’s training programs are those licensed by DOH and operated by the health care providers. SED training is similar, although the home health aide training requires slightly more training hours. Table 2 compares some of the key features of DOH and SED licensed programs.

**Table 2: Comparison of DOH and SED Aide Training Programs**

DOH Licensed Aide Training Programs					
Training Program	Division, Bureau, Department Responsible	Minimum Hours	Tuition or Fees	Limit on Time Required for Completion	Certificate Validity
<b>Personal Care Aide II</b>	Bureau of Long-Term Care, Division of Residential Services, Bureau of Workforce Resources	40	Fees limited to \$100 for supplies and materials, which belong to the student	Training programs must complete training in 60 days.	Indefinite
<b>Home Health Aide</b>	Bureau of Long-Term Care, Division of Home and Community-Based Services	75	Fees limited to \$100 for supplies and materials, which belong to the student	Training must be completed prior to employment; training programs must complete training within 60 days.	Aide must work as a home health aide within the last 24 months in order to retain certification.

*Continued on p. 15*

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SED Licensed Home Health Aide Training Programs					
Training Program	Division, Bureau, Department Responsible	Minimum Hours	Tuition or Fees	Limit on Time Required for Completion	Certificate Validity
<b>Personal Care Aide II</b>	Proprietary training programs: Bureau of Proprietary School Supervision	40 or more	May charge tuition and fees.	No specific limit.	Indefinite
	Secondary Schools: Professional Education Program Review Office	At least 40, although hours run through the school year		No specific limit	Indefinite
	Post-Secondary Schools: Professional Education Program Review Office	At least 40	May charge tuition and fees; some students have grants or vouchers; some students pay out of pocket	No specific limit	Indefinite
<b>Home Health Aide</b>	Proprietary Training Programs: Bureau of Proprietary School Supervision	84	Tuition and fees may be charged	No specific limit	Aide must work as a home health aide in the last 24 months in order to retain certification.
	Secondary Schools; Professional Education Program Review Office	Length of semester or school year or years (could be as many as 450 hours)		No specific limit	Aide must work as a home health aide in the last 24 months in order to retain certification.
	Post Secondary Schools: Professional Education Program Review Office	95-150, with supervised practical training of 30 hours in a home, or 20 in an institution and 10 in a home	Tuition and fees may be charged and individual training grant vouchers or other tuition assistance may be received from VESID or workforce system	No specific limit	Aide must work as a home health aide in the last 24 months in order to retain certification.

Despite the fact that Licensed Home Care Services Agencies (LHCSAs), Certified Home Health Agencies (CHHAs), Long Term Home Health Care Programs (LTHHCPs) and hospices may train home health and personal care aides if they meet the requirements for approval, it is primarily LHCSAs that operate the DOH training programs. This is because the agencies regulated by Medicare must meet strict requirements, and are subject to penalties if these are violated. For example, a program that receives Medicare funding—a CHHA, LTHHCP or hospice—can lose the ability to train if they:

- Employ an aide that does not meet the federal requirements;
- Have been fined more than \$5000 in civil monetary penalties;

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### ***It is primarily LHCSAs that operate the DOH training programs.***

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ing, either because they have closed their LHCSA or because they wish to ensure better training for the clients they serve.

**Numbers of Approved Training Programs.** There are several websites that list approved training programs: each of the licensing agencies’ websites, DOH ([www.health.state.ny.us](http://www.health.state.ny.us)) and SED ([www.nysed.gov](http://www.nysed.gov)), list their approved training programs, while the new Home Care Registry ([https://apps.nyhealth.gov/professionals/home\\_care/registry/home.action](https://apps.nyhealth.gov/professionals/home_care/registry/home.action)) provides a combined list of these programs. The list on the Home Care Registry, entitled “The New York State Department of Health and The New York State Education Department–Approved Education and Training Programs,” however, is not consistent with the agency lists. In addition, the registry list does not designate which programs are training personal care aides vs. home health aides, which programs are approved for dual training, or the languages in which the programs are taught. Only SED provides a list that designates the languages.

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### ***All training program approvals are granted for three years.***

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training program must have held at least one class within the three-year period in order to be reapproved.

#### ***New York State Department of Health Licensed Training Programs***

The New York State Department of Health website, as of September 2010, indicates the following numbers of approved personal care and home health aide training programs:

##### **NYS DOH Licensed Training Programs**

Home Health Aide: 332 sites operated

Personal Care Aide: 341 sites operated

Dual training sites: 206 sites

Approximately 157 organizations operate the 332 home health aide training programs, while 159 organizations operate the 341 PCA training sites.<sup>12</sup> In each case, one company may have more than one site in a town, or multiple towns in which they train aides. Almost 100 personal care training programs are identified as “closed” at the DOH list of “Approved Education and Training Programs.”

#### ***New York State Education Department Licensed Training Programs***

The programs licensed by the New York State Education Department are small in number. The SED lists the following approved proprietary training programs—all operating in New York City—on its website:

- Have been suspended from receiving Medicare payments; or
- Charge trainees tuition in excess of \$100.

There have been instances in which CHHAs and hospices have decided to do their own train-

All training program approvals are granted for three years. Requests for re-approval must be submitted to the DOH regional office in which the program is based, or to NYSED, at least six weeks before the expiration. Programs may continue training until they receive renewal approval. A

### NY SED Licensed Proprietary Training Programs<sup>13</sup>

Home Health Aide: 38 programs

Personal Care Aide: 27 programs

Upgrade PCA to HHA: 11 programs

### NY SED Licensed Secondary and Post-Secondary Programs

These programs may be run by a BOCES, a city school district, or a community college that has an adult education program. Total number is estimated by staff at SED at 25,<sup>14</sup> with some combining home health aide and personal care aide training.

The NY SED website lists on its Nursing Programs page (<http://www.op.nysed.gov/prof/nurse/nurseprogs.htm>) the following regions as approved to operate a home health aide training program under the Professional Education Program Review unit in the Office of the Professions.

Central New York: 2 sites, PCA and HHA (Mohawk Valley Community College)

Genesee Valley: 6 sites (Corning and Finger Lakes Community College)

Metropolitan NYC: 1 site (LaGuardia Community College)

Mid-Hudson: 1 site (Westchester Educational Opportunity Center)

Northeast: 1 site (Fulton-Montgomery Community College)

Some of these programs appear on the consolidated registry list, under “Home Health Aide Programs Approved by the Professional Education Program Review Office,” and some do not. In addition, two of the community colleges, Mohawk Valley and Corning, are approved to offer personal care aide as well as home health aide training.

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***Upstate it may be more cost-effective to run the training programs through SED-licensed entities.***

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NY SED staff report an increase in the number of applications for new adult home care aide training programs upstate, the result of home health agencies needing more home health aides and turning to the local BOCES or community colleges to run the training programs. Given reports of very small training classes in employer-based

training programs, it may be more cost-effective to run the training programs through SED-licensed entities.

The Home Care Registry list may become more accurate over time, given that it is used to print the training certificates. However, the number of training programs and the constant changes they make, including decisions not to offer training, may defy the ability of the two state licensing agencies to keep up-to-date lists. The Help Desk for the registry is handled through DOH as NY SED reports no ability to provide technical assistance to the programs they license.

### The Costs and Financing of Entry-Level Training

**Training Costs.** There is little valid information on the cost of training a personal care or home health aide. Estimates for the home health aide training vary from \$500 to \$1200 per person,

depending on the number of aides in a training class, length of the training, number of trainings, and other considerations such as accessibility of the required setting for the clinical supervision component of the training. In addition to the costs of training the aides, there are the costs of state oversight via the survey and certification and training program approval processes. The more training programs in operation, the greater the number of entities that must be reviewed along with the attendant costs.

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***Since few Medicare-certified programs operate training programs, Medicare does not reimburse much of the aide training in New York.***

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**LHCSAs Absorb Training Costs.** Medicare and Medicaid reimbursement formulas allow for the cost of training home care aides; however, since few Medicare-certified programs operate training programs, Medicare does not reimburse much of the aide training in New York. LHCSAs, which provide most of the home care aide training, receive payments from either local social service departments that contract for personal care aide

services, or from CHHAs and other home care programs that contract for home health aides.

In the case of local social service departments, the LHCSA submits its actual cost for providing services, including training aides, and the social service department calculates the rate of reimbursement. In New York City, this rate takes into consideration the cost of training; however, upstate the rate may not cover the cost of training, leaving the employer to bear the additional costs.

In the case of the CHHAs, prices for home health services are negotiated in a competitive market and, in many cases, are far too low to cover the full cost of training.<sup>15</sup>

**SED Programs and Individual Training Grants.** Up until recently, the proprietary training programs, which are concentrated in New York City, attracted enrollees receiving Individual Training Grant (ITG) vouchers through Workforce One Career Centers (also known as “One Stops”). ITG vouchers are provided to unemployed workers who participated in career evaluation with a Workforce One career advisor. The vouchers fund occupational skills training for occupations in high demand.<sup>16</sup>

More recently, the New York City Workforce Investment Board's (WIB) Department of Small Business Services made a decision to stop providing ITGs for training in either the personal care or home health aide occupation, having determined that the annual wages for these two occupations do not meet the required standard of \$22,200—the city-wide median wage for entry-level occupations that require a high school diploma or less. The New York City WIB now works from a list of occupations “in demand,” and neither of these occupations is on this list, despite the WIB's recognition that Home Health Care Service jobs are the second largest industry group in the state after “Elementary and Secondary Schools.”<sup>17</sup>

Trainees may pay out of pocket for training at the SED proprietary programs. Whether there is sufficient use of these programs to sustain them, without ITG funding, remains to be seen.

**Additional State Funding for Recruitment and Retention.** In 2000, after considerable complaints from health care providers that they faced a crisis due to a shortage of health care workers, the New York State Legislature approved additional funding for home care and other health care

providers to be used for recruitment and retention, including training costs. Since that time, additional Medicaid funding has been found<sup>18</sup> to support training as well as retraining of staff for new jobs or skills needed as information technology has spread and computers have entered the health care arena. Many of these dollars, however, have been either eliminated or eroded by state budget cuts.

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***Nursing homes that operate CNA training programs submit vouchers directly to the DOH to cover the cost of training.***

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### **Financing of Home Care vs. CNA Training.**

Unlike LHCSAs that must cover the cost of training primarily from their contracting revenues, nursing homes that operate CNA training pro-

grams submit vouchers directly to the DOH to cover the cost of training.<sup>19</sup> They may receive up to \$165 per trainee. The state also reimburses nursing homes for the first time written and clinical testing fee of \$115 and for the bi-annual recertification fee of \$40. Proprietary schools do not receive this reimbursement since they may receive Individual Training Grants for CNA training. However, if a CNA is employed by a nursing home within two years of receiving training at a proprietary school, the employer may submit the CNA’s receipts for training and testing and be reimbursed for some or all of these costs. The nursing home is expected to pass this reimbursement on to the CNA to cover her out-of-pocket expenses, although there is no specific process to determine if this happens.

## **Career Paths**

**An Articulated Training Pathway.** Beginning in 2002, the Department of Health began looking at how to create a clearer career path for direct-care workers, so that training would support greater flexibility and movement between occupations. A workgroup was established to update curricula for direct-care workers of all occupational titles in response to the changing needs of the health care environment. The workgroup included participants from all continuing care settings—nursing homes, adult homes, home care agencies—and

public agency stakeholders such as the New York City Human Resources Administration and the State Education Department. The workgroup was charged with examining the system for training, competency evaluation, and teaching the “people skills” needed by the direct-care workforce.

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DOH asked the workgroup to emphasize knowledge, values, and key concepts and to identify common threads in each level of the training

so that mobility might be created for the workers. Redundancy in training was to be eliminated and career ladders were to be created, if possible, within and between settings, thereby creating greater flexibility for employers. Finally, the workgroup was asked to try to have advanced training readily available.

The DOH also spelled out specific constraints: no additional reimbursement, adherence to federal regulations regarding *minimum* training hours, and adherence to the same minimum

number of hours for training previously established: 40 hours for personal care aide, 75 for home health aide, and 100 for the certified nursing aide (CNA.)

What was originally designed to be a unified process soon separated into three distinct groups: one focused on updating the language and tasks in the curriculum for nursing home workers, a separate effort for adult homes, and one for the home health aide and personal care aide who would work in home and community-based settings. The target date for completion and implementation of the revised curricula for direct-care workers was January 2003. The final product was not finished until 2006, reflecting a protracted and at times divisive process that managed to modernize the curriculum language, but failed in many of the other objectives. The

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***The goal of creating a rational and seamless progression for workers was never reached.***

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goal of creating a rational and seamless progression for workers was never reached as the organization of the work fragmented, separating the needs of institutions and residences from those of home and community-based services.

In 2007, the DOH attempted again to revise and simplify the home care aide and nursing assistant

curricula. A new workgroup evaluated the matrix of tasks that was used in the previous revision effort with an eye to establishing and testing for competencies so that “universally trained” workers could attain jobs in different settings, without having to be retrained. By this time, health care organizations had diversified and desired flexibility in the use of workers.

Despite several months of discussions, the group achieved little consensus, managing primarily to clarify the following challenges to the stated objectives:

1. The wide disparity in wages between aides working in institutions—hospitals and nursing homes—and those working in home and community-based settings, the latter receiving hourly wages that could be \$5 or more less and fewer benefits;
2. The fear that an easily accessed career ladder would deplete the home care workforce because wages in that sector are so much lower than for aides in institutions;
3. The recognition that the “core” was integrated throughout each curriculum, making it difficult for a trainee to avoid being retrained in skills and tasks for which they’d achieved competency;
4. The recognition that not all of the adult homes and assisted living facilities had adopted the 16-hour core curriculum; and
5. The fact that nursing homes are reimbursed by the state for training and competency evaluation costs using actual costs up to a maximum by region unlike home care which depends largely upon the subcontracting rates which have no specific recognition of either training or competency testing costs.

**Senior Aide.** A less systemized effort within the home care industry has focused on how to provide additional training and advancement opportunities for home care aides committed to the field. Several home care agencies have sought to provide their home health aides with more advanced skills to address the needs of clients with more complex needs. These agencies have developed advanced curricula that train their aides about the specific diseases and conditions of the clients—and their support needs. Examples of these programs include advanced training to become a “Geriatric Specialty Aide,” “Rehab Aide,” and to care for people with Alzheimer’s

and dementia. Aides have also received training in the use of remote monitoring equipment, or telehealth technology, which is increasingly being used with New York's home care clients, particularly in rural areas where the workforce is limited.

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***These advanced training programs do not provide a real "career path" as they are not recognized industry-wide.***

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These advanced training programs, however, do not provide a real "career path" as they are not recognized industry-wide. A senior aide may receive an incremental wage increase, but she does not have a credential that a new employer would recognize.

Though advanced training has been shown to have value,<sup>20</sup> the financing for home care would likely need to change in order to support the additional training. Paying on an hourly basis for care encourages agencies and aides to maximize hours of care in order to achieve maximum revenues for the agency as well as sufficient wages if you're an aide. Paying instead for an episode of care, if appropriately sensitive to the acuity of the patient, might encourage advanced training and begin to integrate the aide into the care team in order to achieve better outcomes in the most cost-effective manner possible.

## Part II: Challenges to Improving Quality and Efficiency

### A Fragmented, Overgrown System

The state's home care training system is overgrown and fragmented, leading to variability in quality and system-wide inefficiencies. Over 300 companies operate homecare training programs at over 800 different locations across the state.<sup>21</sup> More than 90 percent are operated by home care providers who in turn can employ the workers they train; these programs are licensed by the NYS Department of Health. The balance is proprietary free-standing programs licensed by the NY State Education Department, along with secondary and post-secondary programs.

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***Over 300 companies operate home-care training programs at over 800 different locations across the state.***

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This large number of independently operated programs, regulated by two different agencies and six different bureaus, has created a fragmented "system" that is really not system at all. The fragmentation undermines quality, creates regional imbalances in the availability of training, and increases costs.

Beginning in 2007 the regulatory structure and oversight for these programs has been subject to intense scrutiny due to an investigation by the Office of the Attorney General ("Operation Home Alone"), which led to findings that some home health aide training programs have been issuing invalid certifications.

While important regulatory reforms are underway, including the implementation of a state-wide home care aide registry, significant structural problems remain:

- Having two separate licensing entities—the New York State Department of Health and the New York State Education Department—with different training requirements, fragments the system and undermines quality. And, with limited staff, both agencies lack the oversight capacity necessary to fully monitor this highly fragmented system.
- The state doesn’t analyze workforce capacity, leaving supply and demand mismatched. Many more training programs are available in New York City than upstate, where regions with small populations have difficulty supporting training programs. This means that it is harder to find trained personal care aides and home health aides upstate, at a time when consumer demand is rising sharply.
- The Home Care Registry has a number of weaknesses, including the fact that it does not provide a means of judging the quality or scope of an aide’s training. Because there is little or no access to older training records, fully competent aides may have to be retrained. The registry is also an added cost for employers who are responsible for entering data on trainees and employees.
- Workers have no way of ranking the state’s confusing array of training programs by criteria

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***Without a way to compare the various training options, the potential trainee has no way to evaluate which route may be best.***

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such as training quality or the availability of access to supports and services for trainees (e.g., public benefits, housing, child care, and legal assistance) that enable them to successfully enter the workforce. Without a way to compare the various training options, the potential trainee has no way to evaluate which route may be best or what the trade-offs are for choosing one form of delivery over another.

- Wide disparity exists in the quality of home care training with most programs providing only the bare minimum in hours, using didactic teaching methods that weaken the quality of the education received by participants, and using nurses with little or no pedagogical background to conduct the training. With the need to train increasing numbers of aides, training programs face even greater pressure to minimize, not maximize, training.

### **Lack of Articulated Path for Advancement**

Direct-care workers lack clearly articulated, industry-recognized avenues for advancement. Creating meaningful opportunities for advancement is critical to the goal of stabilizing and strengthening the state’s home care workforce. Currently, numerous incongruities hinder advancement. For example:

- The state’s direct-care curriculum and training programs do not provide a simple understandable pathway from personal care aide, to home health aide, to certified nursing assistant. The core basics in the Home Care Curriculum, which are common across all of these occupations, are not always taught as the initial foundation of direct-care training, but are integrated with other material, decreasing its utility as a “core.” Personal care aides who want to become home health aides often have to repeat the 40 hours of training they have already completed, as they may not know which programs have altered the curriculum to allow them to simply add the needed 35-hour health-related tasks training.

- The new resident care aide position requires training similar but not identical to that of a personal care aide, leaving resident care aides unable to serve clients outside of assisted living residences.
- Entry-level training is inadequate to prepare workers for home care clients with complex conditions, including Alzheimer’s and other forms of dementia. Providers are offering this training through in-service programs or “advanced aide” opportunities, but the reality is that entry-level aides need these competencies.
- Additional specialty training in dementia, palliative care, rehabilitation, or managing chronic diseases may provide aides with the title “Senior Aide” but there is no shared industry-wide recognition for this increase in skills and experience, such as a recognized credential with associated compensation increases.

## Part III: Recommendations

### 1. Encourage Streamlining and Effectiveness

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***New York has no means for determining the need for training programs.***

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**Create a Central Source of Information.** There is no single source of information on aide training or mechanism to evaluate the options. This hampers potential trainees as well as those in need of home care services. Of equal importance is the fact that New York has no means for determining the need for training programs since it has little information

on its aide workforce capacity. The first task is to identify the current capacity as well as the need.

**Align State Oversight.** New York should consolidate its training system downstate and ensure that the upstate programs are meeting the needs of the trainees and the employers. Where change is needed in order to increase capacity upstate, DOH and NY SED should work together to ensure that the programs being offered will build workforce capacity and are connected to employment opportunities.

**Consolidate Training in the Best Training Programs.** New York has far more training programs than it needs in New York City and fewer than it needs upstate. However, all geographic areas of the state could benefit from the consolidation of training of home care aides in “Centers of Excellence” programs that would recruit and select trainees with a recognition of their learning deficits and needs, train them using adult-learner principles, and provide them with additional supports and services for at least the first year of employment.

New York has a robust employer-based training system downstate, which has trained and employed thousands of home care aides. Training is maximized when it is accompanied by a smooth and supported transition to a good job. Consequently, there is little reason to continue the free-standing proprietary training programs other than the rationale that the aide who is trained by one of these programs can exercise choice of employer. However, without information with which to compare one employer to another, workers have little chance of exercising that choice to their advantage.

The upstate training system is a mix of employer-based, secondary and post-secondary aide training. But there is little information that would enable anyone to compare and contrast these training programs to evaluate the quality of the education they provide or the work opportunities that result. At a minimum, the state needs to focus on promoting training opportunities upstate that not only expand the home care aide workforce but are effectively linked to employment. While the workforce development system contributes in some areas upstate, it could probably play a stronger role in recruitment and selection as well as providing training grants.

**Encourage Dual Certification.** Training should also be concentrated in those programs that are licensed to provide the aide with two certificates: personal care aide and home health aide. This approach maximizes opportunities for both aides and employers. It also supports continuity

between the aide and the client when the client's eligibility or condition changes.

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***Home care clients have more complex needs than in the past.***

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## 2. Improve Training Quality

**Update Training Content.** The health system that is being designed today will focus on chronic care

and disease management. Home care clients have more complex needs than in the past, yet entry-level training content has remained almost entirely focused on specific personal care and clinical tasks. Additional content should include:

- Use of remote monitoring technologies and electronic devices to record and access patient data.
- Better preparation in the communication and interpersonal problem-solving skills that improve caregiver-client relationships and in communicating about issues such as nutrition and falls prevention.
- Specialty content areas that meet the needs of specific populations: for example, Alzheimer's and dementia, chronic diseases, and challenging behaviors.

**Improve Training Delivery.** To meet the needs of trainees, many of whom face learning barriers, entry-level training programs should use adult learner-centered techniques that actively engage learners and use a variety of teaching activities that can meet diverse needs. To make this transition,

it is essential to train trainers (primarily nurses) in effective adult learner-centered teaching strategies.

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***The state should concentrate the training in those programs that can ensure a smooth transition to employment.***

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**Provide Supports in Addition to Training.** The employers who see the aide as a critical component of their home care service provide more training as well as other supports such as field assistants or peer mentors. The transition from the classroom to the first case can be challenging for a new aide and the state should concentrate the

training in those programs that can ensure a smooth transition with documented outcomes.

## 3. Define Career Ladders and Other Opportunities for Advancement

**Engage RNs in Support of Aides.** In order to take full advantage of their advanced training and experience, aides need to be working at the top of their license. But to accomplish this, the nurses who train aides as well as delegate to them need to be engaged. There are many circumstances in

which home care clients could have a well-trained aide perform tasks “permissible under special circumstances,” if the aide were appropriately trained. These instances need to be identified and explored as the basis for an expanded role for aides across settings as there are many cost-efficiencies to be found.

**Create Opportunities for Advancement.** There are programs that have created a Senior Aide through increased training and responsibility. These Senior Aides assist in the classroom, mentor new aides in the field, and take the most challenging assignments. These positions have been demonstrated to improve the satisfaction of the aides and the stability of the workforce. They now need to go to scale in New York—and provide aides with career steps that are meaningful beyond one workplace.

**Evaluate Creation of Medication Aide.** Although bound to be contentious, it is time that the state consider the creation of a Medication Aide in home care. At a minimum, an aide who has completed training in medication assistance could administer medications that have been “pre-poured” by a registered nurse. Aides already assist with medications in group homes that serve the developmentally disabled and assisted living residences. There is ample experience and evidence-based evaluation from other states that have instituted a Medication Aide to demonstrate the value of this change.

## Conclusion

Despite having a large number of training programs and requirements for personal care aide training, New York still has ample opportunity to improve the training and preparation of its

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***Advanced positions have been demonstrated to improve the satisfaction of the aides and the stability of the workforce.***

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home care aides. It has within its current system practices that are exemplary. It needs only to identify the training programs that employ these approaches and concentrate the training in those programs. New York should also encourage the creation of an advanced aide position along with expanded training that recognizes the diseases and conditions of the home care population. The opportunities exist to expand the role of the aide,

create a more competent aide workforce, and improve the quality of care.

# Appendix A

## Resident Care Aide Training Requirements

Resident Care Aide is a new personal care position, created by the Department of Health, to provide support for the residents of Assisted Living Residences. These aides are referred to in the March 2008 regulations issued for the development and operation of Assisted Living Residences (10NYCRR 1001.10(j)(3)).

In November 2008, the DOH outlined options for training resident care aides. At that time, the department stated, "Resident aides in ALR will be equivalent to personal care aides in home care with regard to scope of tasks as taught in the same basic training."

The full training guidelines for residential aides, however, were not issued until July 2010. At that time, the DOH posted the "Resident Care Aide Training Curriculum Guide" on its Health Commerce System, a website for licensed providers of health services. The regulatory guidance issued with the curriculum guide states that Resident Care Aides must receive 40 hours of personal care aide training. The curriculum guide however is not identical to the state's personal care aide (PCA) curriculum.

The Resident Care Aide Training Curriculum Guide includes the 16-hour "basic core" that is the foundation for PCA and home health aide (HHA) training, as well as modules that are specific to the role of the resident care aide (e.g., promoting residents' independence, assisting with the self-administration of medication, respecting residents' rights).

However, while the DOH recommends the curriculum, it does not require that the ALRs follow the recommended outline. To meet the training regulation, ALRs may:

- Hire aides who have completed an approved 40-hour PCA training, and then supplement the training with the additional training modules specific to the aide's role in an assisted living residence.
- Hire aides from PCA training programs that provide the supplemental resident care aide modules.
- Develop their own training programs. Notably, employers do not need to submit their training plans to DOL. According to DOL, these plans may be reviewed during the survey process.

As a result of creating separate training guidelines for RCAs, these aides may receive the same amount of training as PCAs (40 hours) but, if they have not completed a state-approved PCA training program, they will not be able to work as a PCA outside of the assisted living setting.

## Endnotes

- 1 In 2007, the New York State Attorney General, through Operation Home Alone, investigated New York's home care aide training programs. The AG identified multiple infractions of the regulations, including instances in which untrained aides were working in the field and unlicensed training providers were certifying aides without training.
- 2 There are two levels of personal care aides in New York State: Level I and II. A Level I personal care aide is referred to as a "home-maker" or "housekeeper" and only provides services that do not require the aide to touch the client. For example, a Level I can prepare meals but not feed the client. Level I training is left to the discretion of the Local Social Service District using aides for that purpose. The Human Resources Administration in New York City reports that the training for Level 1 is 6 hours.
- 3 See Appendix A for more information on Resident Care Aide training requirements.
- 4 A trainee's identity must be verified and documented by examining at least one of the following unexpired documents: Driver's license or identification card issued by a state or outlying possession with photo or information such as name, gender, height, eye color and address; identification card used by federal, state or local government agencies or entities with photo or identifying information; school identification card with photo; voter's registration card; U.S. Military card or draft record; military dependent's ID card; US Coast Guard Merchant Mariner card; Native American tribal document; driver's license issued by a Canadian government authority; U.S. passport or passport card; permanent resident card or Alien Registration Receipt Card; or, Employment Authorization Document that contains a photo. Information taken from New York State Department of Health DAL: HCBS 09-13, September 17, 2009.
- 5 NYCRR 10, Section 766.11
- 6 NYCRR 10, Section 505.14
- 7 New York State Department of Health, Home Care Curriculum, January 2007, at: [www.health.state.ny.us/professionals/home\\_care/curriculum/docs/home\\_care\\_curriculum.pdf](http://www.health.state.ny.us/professionals/home_care/curriculum/docs/home_care_curriculum.pdf).
- 8 The Home Care Core Curriculum of 1986 addressed personal care aide training, was updated in 1989 and mandated for use for basic training in 1992 at which time, the Department of Social Services clarified the permissible and non-permissible tasks of personal care aides. See DSS-4037EL (Rev. 9/89) and Transmittal No. 92 LCM-70, April 24, 1992.
- 9 Information on patient rights, prevention, and management of blood-borne disease transmission, HIV confidentiality and universal blood and body fluid precautions supplement the standard curriculum.
- 10 PHI. 2003. Training Quality Home Care Workers at: [http://www.directcareclearinghouse.org/download/PHI\\_Training\\_Overview.pdf](http://www.directcareclearinghouse.org/download/PHI_Training_Overview.pdf)
- 11 The Home Care Registry does not currently provide this information as it is not yet fully operational. Providers have until September 25, 2010, to enter all aides into the system. Once the registry is fully operational it will provide the message as to approval or disapproval for employment. Agencies may keep a list of aides who have been reported for mistreatment, neglect or misappropriation of funds for future registry reporting; however, it is not required at this time.
- 12 Data gathered on September 10, 2010.
- 13 Count taken from the "Active Proprietary Schools Having BPSS-Approved PCA or HHA Training Programs," updated 8/2/2010, at: [http://www.aewd.nysed.gov/bpss/otheragencies/documents/HHA\\_PCA\\_Schools.pdf](http://www.aewd.nysed.gov/bpss/otheragencies/documents/HHA_PCA_Schools.pdf)
- 14 The Home Care Registry list of "State Approved Training Programs" does not match the individual list on the NY SED site. Estimated number was made by SED staff.
- 15 Limited Licensed Home Care Services Agencies are not reimbursed for training costs but those operated by assisted living residences could incorporate the costs into the resident fees.
- 16 The DOH does not allow LHCSAs to receive individual training grants as they consider ITGs to be tuition payments, which are not allowed.
- 17 Occupations "in-demand," found at: <http://www.nyc.gov/html/sbs/wib/html/data/nyclmis.shtml>. Industry groups in "Gauging Employment Prospects in New York City, 2009," a publication of the NYC Labor Market Information Service.
- 18 New York applied for a Federal-State Health Reform Partnership under an 1115 waiver that allowed the state to receive up to \$1.5 billion, or \$300 million a year, to reduce excess acute care capacity and shift long-term care from institutional to community-based settings by reducing nursing home capacity and retraining the workforce. Three \$100 million payments have been made to home care providers for workforce recruitment, training and retention via their Medicaid rates. For more details, see: <https://www.cms.gov/MedicaidStWaivProgDemoPGI/downloads/New%20York%20FSHRP%20Fact%20Sheet.pdf>
- 19 Training costs ceilings vary from a low of \$450 per trainee to a high of \$589. Reimbursement for competency evaluation is capped at \$165 per individual for up to 3 tests or \$25 for each individual employed as a nursing aide as of June 10, 1989. See Section 505.9(e) of 18 NYCRR.

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- 20 Feldman, P. H., Ryvicker, M., Rosati, R., Schwartz, T., Maduro, G. 2007. HHA Partnering Collaborative Evaluation: Practice/Policy Brief. Prepared for the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Available on the Web at: <http://aspe.hhs.gov/daltcp/reports/2007/HHAPartrb.htm>
- 21 Count was made using 2010 updates from DOH and SED. However, the fact that programs are listed as training PCAs or HHAs does not mean that these programs are training at a given time as training classes depend on demand.



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