Personal and Home Care Aide State Training (PHCAST) Demonstration Program:

Report to Congress on Initial Implementation

U.S. Department of Health and Human Services
Health Resources and Services Administration

Contents

Executive Summary

Section 5507(a) of P.L. 111-148, the Patient Protection and Affordable Care Act (Affordable Care Act) requires a report to be submitted to the United States Congress on the initial implementation of activities conducted under the demonstration of the Personal and Home Care Aide State Training (PHCAST) Program. Authorized under Section 5507(a) of the Affordable Care Act, the PHCAST Program addresses a health workforce need for the training of competent direct care workers capable of handling the needs of an aging population. PHCAST supports six state demonstration programs in the development, implementation and evaluation of competency-based curricula and certification programs to train qualified personal and home care aides.

The Affordable Care Act appropriated $5 million annually for fiscal years (FY) 2010 – 2012 to fund the six demonstration grants and the required evaluation. Funding included grant awards and contracts as well as costs associated with grant reviews, grant processing, and follow-up performance reviews. Grants were awarded in FY 2010 for a 3-year project period. Annual grant amounts are approximately the same for all three years. Grantees have been awarded the first two years of funding. Funding for the third and final year is expected to be awarded by September 30, 2012. Grant awards are as follows:

Grantee	FY 2010 Award	Total 3-year award
California	$749,960	$2,242,738
Iowa	$748,054	$2,244,596
Maine	$747,632	$2,247,354
Massachusetts	$738,993	$2,233,504
Michigan	$650,061	$2,030,537
North Carolina	$578,745	$2,022,504

Participating states are required by statute to develop written materials and protocols for the delivery of core training competencies. The core competencies identified in Section 5507(a) include the following areas:

1. The role of the personal or home care aide (including differences between a personal or home care aide employed by an agency and a personal or home care aide employed directly by the health care consumer or an independent provider),

2. Consumer rights, ethics, and confidentiality (including the role of proxy decision-makers in the case where a health care consumer has impaired decision-making capacity),

3. Communication, cultural and linguistic competence and sensitivity, problem solving, behavior management, and relationship skills,

4. Personal care skills,

5. Health care support,

6. Nutritional support,

7. Infection control,

8. Safety and emergency training,

9. Training specific to an individual consumer's needs (including older individuals, younger individuals with disabilities, individuals with developmental disabilities, individuals with dementia, and individuals with mental and behavioral health needs), and

10. Self-Care

In addition to utilizing the core competencies in the development of Personal and Home Care Aide (PHCA) curricula, states are required to develop a certification test for PHCAs who have completed such training competencies.

These grantees bring a wide range of expertise in personal and home care service delivery experience to this effort. Through these funding efforts, best practices and key opportunities are highlighted.

A variety of sources were used to develop this report, including information about grantee programs gathered by reviewing program documentation and through discussions with grantees in group training, technical assistance calls and individual calls, as well as group discussions and individual consultations held during an all-grantee meeting.

This report fulfills a legislative mandate and provides an overview of the six state grantees, their training programs, and their target trainee participant pools. Key elements of the grantee programs, including their design processes, core curricula and competencies, program implementation, certification processes, continuing education, and evaluation plans are covered in this report. The final section discusses the grantees' progress toward program benchmarks and the challenges that have been encountered by grantees in implementing their programs. Early best practices, implementation challenges, and initial evaluation activities are also reviewed, along with key recommendations for the remaining grant years. Grantees' program details are included in Appendix A, including summaries of grantee programs, available curricula and supporting materials, and common performance measures.

I. Introduction to PHCAST Program

Today's growing population of elderly Americans, along with the number of individuals living with disabilities or other chronic conditions, is outpacing the number of workers with the knowledge and skills to effectively care for them. Direct care workers now provide an estimated 70 to 80 percent of the hands-on assistance to individuals with long-term and personal assistance needs. These individuals are increasingly being moved out of hospitals and skilled nursing facilities in order to be treated in their own homes or resident-based care homes. Personal and Home Care Aides (PHCA) are included in the direct care workforce and are projected by the Bureau of Labor Statistics to be the fourth fastest growing direct care occupation from 2008 to 2018. This represents an expected increase of 46 percent in the demand for these types of positions. However, there are currently few uniform training standards for direct care workers at the state level and there are no nationally recognized certifications.[1]

Personal and Home Care Aide State Training (PHCAST) Program

The Personal and Home Care Aide State Training (PHCAST) Program was authorized under Section 5507(a) of P.L. 111-148, the Patient Protection and Affordable Care Act (Affordable Care Act). This program supports state demonstration programs in the development, implementation and evaluation of competency-based curricula and certification programs to train qualified personal and home care aides.

Selection criteria and requirements for participating states, as defined by Section 5507(a) of the Affordable Care Act, require that the Secretary of the Department of Health and Human Services (Secretary) enter into an agreement with no more than six states for this demonstration project. Participating states are required by statute to develop written materials and protocols for the delivery of core training competencies. The core competencies identified in Section 5507(a) include the following areas:

1. The role of the personal or home care aide (including differences between a personal or home care aide employed by an agency and a personal or home care aide employed directly by the health care consumer or an independent provider),

2. Consumer rights, ethics, and confidentiality (including the role of proxy decision-makers in the case where a health care consumer has impaired decision-making capacity),

3. Communication, cultural and linguistic competence and sensitivity, problem solving, behavior management, and relationship skills,

4. Personal care skills,

5. Health care support,

[1] Occupational Projections for Direct-Care Workers 2008-2018. February 2010. Facts. Public Health Institute. Retrieved January 23, 2012 at: http://www.directcareclearinghouse.org/download/PHI%20FactSheet1Update_singles%20(2).pdf

6. Nutritional support,

7. Infection control,

8. Safety and emergency training,

9. Training specific to an individual consumer's needs (including older individuals, younger individuals with disabilities, individuals with developmental disabilities, individuals with dementia, and individuals with mental and behavioral health needs) and,

10. Self-Care.

In addition to utilizing the core competencies in the development of PHCA curricula, states are required to develop a certification test for PHCAs who have completed such training competencies.

The Health Resources and Service Administration (HRSA) awarded PHCAST demonstration grants to six states to establish training standards pursuant to selection criteria as stated in law. Part of the selection criteria included choosing participants to represent geographic and demographic diversity. States were also chosen based on existing training standards. Applicants who received awards were grantees from California, Iowa, Maine, Massachusetts, Michigan and North Carolina to reflect that diversity.

The existing standards in each participating state were required to be different from the standards of other participating states, and different from the core training competencies developed by the program. The six grantees are either working to develop new curricula, or revising existing curricula which best meets the needs of their workforce, PHCA students, and target patient populations. As a result, the PHCAST grantees demonstrate a variety of approaches to integrating the 10 legislatively mandated, core competencies into their piloted training programs. Likewise, the states vary in their titles and positions their training addresses (i.e., Personal Care Professional, Home Health Aide, Direct Support Professional), as well as their approaches to delivering the competency-based training throughout their states.

Funding

The Affordable Care Act appropriated $5 million annually for fiscal years (FY) 2010 – 2012 to fund the six demonstration grants and the required evaluation. Funding included grant awards and contracts as well as costs associated with grant reviews, grant processing, and follow-up performance reviews. Grants were awarded in FY 2010 for a 3-year project period. Annual grant amounts are approximately the same for all three years. Grantees have been awarded the first two years of funding. Funding for the third and final year is expected to be awarded by September 30, 2012. Grant awards are as follows:

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II. PHCAST State Grantee Profiles

Grantees in six states were awarded funding for the PHCAST program to conduct demonstration projects of competency-based training and certification programs for PHCAs. The six states, which are California, Iowa, Maine, Massachusetts, Michigan and North Carolina, are geographically diverse. Grantees vary in their institutional structure, representing institutions of higher education and state agencies responsible for health, human services, and the aging. Grantee programs vary considerably, as they were encouraged to customize their programs to meet the specific needs of their states and to provide a range of approaches to training direct care workers. However, all programs are incorporating the ten competencies specified in the legislation within their curricula, developing or adopting written and performance-based assessments to certify that their trainees have these competencies, and evaluating the effects of these efforts on training and care recipients. Complete profiles of the grantees' programs are included in Appendix A, and brief profiles are included here.

The California Partnership for Standards-Based Personal Care Training and Certification

California Community Colleges Chancellor's Office

The California grantee has developed a standardized competency-based curriculum that leads to a certification for Personal Care Aides (PCA). This curriculum is being implemented in three California community colleges and in long-term care workforce institutes. The curriculum includes the 10 mandatory competencies, in addition to proposed modules that address the specific needs of learners in California, such as computer literacy skills, career counseling, and disaster preparedness. Along with face-to-face components, on-line learning is being developed as a part of the curriculum delivery. Basic reading/writing skills were considered in the design and delivery of the curriculum, given that a large percentage of potential trainees speak English as a second language. Though a state certification program is the desired goal for personal care aides, legislative action is required for licensing or certifying any group of workers by the California Department of Public Health or Department of Social Services. The need for legislative sponsorship and support will most likely put the goal of state certification beyond the term of this grant period. A total of 1,290 participants, including both current caregivers and students who are planning on becoming caregivers, are expected to be trained during the three years of the project.

Iowa Personal and Home Care Aide Training Demonstration Project

Iowa Department of Public Health

The Iowa grantee is developing a statewide training and credentialing model based on the recommendations of the legislatively-directed Iowa Direct Care Worker Advisory Council. The Council was established in 2005 as a Task Force to address challenges of a growing elderly population and an impending direct care workforce shortage in Iowa. Two geographic regions are targeted in this demonstration project to align with workforce development regions in the state, one urban and one rural. The sample of direct care workers participating in the pilot project will represent a range of settings in which PHCAs are employed or provide services, including client homes, intermediate

care facilities, residential care facilities, supported employment, assisted living programs, and adult day programs. The project is developing competency-based modules in five key areas – Core Curriculum, Instrumental Activities of Daily Living, Home and Community Living, Personal Activities of Daily Living, and Personal Support. These broad areas will encompass the 10 legislatively required competency areas. The project also includes a collaborative effort to implement an information management system with the capability of issuing credentials and tracking workforce statistics. Project participants will receive an interim credential to be fully recognized by the state when the credentialing system is implemented statewide. It is estimated that 800 new and existing direct care workers will be trained by the end of the grant period.

Maine Personal Assistance Worker Training Program
Maine Department of Health and Human Services

The Maine Department of Health and Human Services is developing a competency-based curriculum and a coordinated training and credentialing system to prepare direct service workers in their choice of three entry-level positions. The curriculum includes a core curriculum and three tracks of specialized training - Personal Support Specialist, Direct Support Professional, and Mental Health Rehabilitation Technician. The program is being built as the foundation that will enable career progression, specialization, and cross-training. The Maine program is working towards implementing an effective infrastructure for project management and product development, as well as developing, piloting, and implementing a coordinated, competency-based system of training and certification. A sustainable delivery system and web-based portal will also be developed and implemented to promote easy access. The curriculum will be piloted through University of Maine at Augusta's 75 distance education sites located throughout the state and through face-to-face practical lessons. Maine proposes to pilot this system with new and existing workers. This program plans to train 130 direct service workers with specialization training in one of the three previously mentioned tracks.

Massachusetts Personal and Home Care Aide State Training Program
Massachusetts Executive Office of Health and Human Services

The overall goal of the Massachusetts program is to develop a core curriculum that can be integrated into the various diverse training programs related to direct care work being used within the state. The Massachusetts PHCAST core curriculum will consist of 10 competency-based modules that will provide training in a common set of skills and knowledge. The core curriculum will be pilot tested for this program with two direct care worker training programs:

- Bristol Community College/Bristol Employment Collaborative (BCC/BEC): currently revising their Personal Care Assistant curriculum and the
- Massachusetts Council (MA Council) for Home Care Aide (HCA) Services: currently revising their Home Care Aide curriculum.

Both training programs will incorporate the newly developed Massachusetts PHCAST core modules. The core curriculum will be expanded to other training programs during the grant period. Direct care worker recruitment will focus on special and under-served

populations and new training locations will be introduced in order to make available a range of training venues. The Executive Offices of Health and Human Services and Elder Affairs will utilize funds to directly improve and align the core competencies of the two pilot-curricula programs and assess opportunities to expand the core competencies. A minimum of 650 Home Care Aides and 170 Personal Care Aides will be trained with the Massachusetts PHCAST core curriculum modules throughout the three years of the grant.

Michigan's Building Training...Building Quality Program
Michigan Office of Services to the Aging

The Michigan program intends to fill a critical need by building and operating a sustainable "gold standard" training program for personal care aide and home care workforce in Michigan. The state's Office of Services to the Aging and its partners have created a core curriculum based on needed competencies to serve Michigan Choice participants who receive home and community-based waiver services. The Office of Services to the Aging is also working toward building the capacity of the state to deliver an adult learner-centered training for the entire Personal Care Aide (PCA) workforce by training 400 PCAs who are serving Michigan Choice participants during the grant period. In-service continuing education training will be offered to 1,300 PCAs on identified critical topics including, preventing abuse and neglect, home skills management, and dementia. Peer mentors will support new PCAs while in training and throughout the first six months of employment. Successful graduates of the initial training program will receive a certificate from sponsoring local waiver agencies. The demonstration program will ultimately build the capacity of the elderly and disability services provider system of the state to sustain the training after the federal funding ends.

North Carolina PHCAST Program
North Carolina Department of Health and Human Services

The North Carolina Department of Health and Human Services is developing, piloting, implementing, and evaluating a four-phased comprehensive training and competency program for direct care workers in long-term care settings. The training curricula focus primarily on direct care workers who intend to work in home and residential care settings, with training delivered through community college and high school education providers. The multi-phased approach of the program introduces potential trainees early on, to the nature of direct care work in order to reduce attrition and to provide training to non-professionals such as family members who are involved in care taking, but lack basic home care skills. The completion of all four competency phases of the training will represent a tripling of the current 120 hour average training for Nurse Aide I, and will strengthen the continuing education of incumbent workers as new curricula and materials become available to augment in-service training in all long-term care settings. The four phases include:

I. Introduction to Direct Care Work (job readiness skills, literacy, numeracy, keyboarding, and realistic job previewing);
II. Personal Care Aide (PCAs) (non-nurse aide personal care tasks and soft skill development);

III. Nurse Aide I (state listed aide with enhanced nursing-related care skills);
IV. Advanced specialty care courses (i.e., Geriatric Nurse Aide, Home Care Nurse Aide, Medication Aide).

All curricula will be piloted to enhance delivery and competency, with approximately 300 direct care workers being trained during the three years of the grant. The program also encompasses development of a certification process for phases three and four of the curricula.

PHCAST Grantee Program Partners

The PHCAST grantees have each assembled a diverse team of partners with whom they are collaborating to develop and implement their demonstration programs (see Table 1). Under Section 5507(a) of the Affordable Care Act, states are encouraged to consult and collaborate with community colleges and vocational colleges. All grantees are, or will be, working with community colleges in their states to deliver training programs concerning development of curricula and/or implementation. Five of the six grantees have collaborated with community colleges during the first year. In contrast, Maine is piloting their program primarily through the university system - with the University of Maine, Augusta's distance learning system - and will engage community colleges during Year 2 as the final delivery system is developed. One state, North Carolina, is piloting its curriculum in high school vocational programs in addition to community colleges.

Partners have been involved with the grantee programs through curricula development and program implementation activities. In terms of curriculum development, partners representing a range of related workforce organizations, state agencies, and private sector entities have been integrated into the grantee programs in an advisory capacity, providing input into curricula development and revisions, program administration, and the testing and certification of trainees. In terms of program implementation, many of the grantee programs represent a collaboration between public educational institutions and private workforce training organizations to ensure that the new competency-based curricula are piloted among a wide range of target populations (e.g., community colleges, high schools, distance learning, direct care worker agencies, in-service training). In addition, the majority of grantees are involving a broad base of stakeholder groups in program development efforts in order to solicit buy-in from their direct care worker sector for establishing competency-based core curricula throughout their states. Most states are also partnering with professional/industry associations for PHCAs (e.g., California Association for Health Services at Home, Iowa CareGivers Association, Direct Care Workers Association of North Carolina), to design curricula and recruit potential trainees. State work programs are also a key partner for several states (Iowa, Michigan, and North Carolina), in addition to other state agencies.

Table 1: PHCAST Grantee Program Partners and their Roles

Program Partners	CA	IA	ME	MA	MI	NC
Community Colleges	I	I	D	I	S	I
Universities/Academic Centers	I	I	I	S	I	D
High Schools						I
Other State Agencies/Bodies	D	D	I	I	I	I
Home Health Agencies/Residential Care Facilities	A	I	I	D	I	I
Work Investment Boards/Programs		S	I	S	S	D
Professional/Industry Associations	I	D	D	I	D	D
PHI	D			D	I	D
State Medicaid Agency					I	
System Transformation Task Force (MI Choice participants)					D	

Note: Partners roles designated as Implementing (I), Curriculum Development (D) and Stakeholder (S).

Target Participant Pools for PHCAST Programs

State grantees are targeting diverse participant populations. California has made program accommodations to assist in recruiting English as a second language (ESL) participants, including referrals for additional training in reading and writing. Grantees are also targeting specific populations. For example, Maine has reached out to a refugee population and Iowa is targeting both urban and rural populations. All state grantees are targeting both new and existing direct care workers to participate in their training demonstration programs.

In order to recruit a diverse population, states are using a variety of training partners and outreach techniques. Trainee outreach is being conducted through community colleges by those states in partnership with colleges to pilot their training (California, Iowa, Massachusetts, and North Carolina). Another method of outreach used by the grantees is through the employers of direct care workers, including home care agencies, waiver agents, and provider associations. The majority of states are also using workforce investment boards and programs to reach potential trainees. Likewise, most grantees using community colleges to conduct their pilot training, also offer training to existing direct care workers through employer and/or association-based training programs. The Maine and California programs include on-line training, to recruit individuals unable to travel to attend classes.

Grantee programs vary significantly in terms of required qualifications for potential trainees. California and Iowa grantees conduct pre-training screening in order to inform potential trainees about the nature of direct care work. California also tests potential trainees for reading and literacy skills in order to refer individuals to remedial classes if necessary. The first phase of training for the North Carolina program is intentionally very brief, allowing students to gain an understanding of the profession before choosing to move on to the later stages. Iowa and

Michigan have no criteria to participate in their training, other than an interest in increasing direct care knowledge and skills. Table 2 summarizes how grantees are targeting potential trainees.

Table 2: State Grantees' Target Participation Pools for Trainees

	Trainee Outreach	Program Targets	PHCAST Training Sites	Trainee Qualifications
CA	• Community-based organizations • In-Home Supportive Services (IHSS) Public Authority • Workforce Investment Boards & Occupational Programs • Community education centers	1,290	• Community Colleges • Statewide on-line/ hybrid program (in Years 2-3) • Multi-employer/ partner training	Complete: • Information/orientation session • Personal interview • Reading and math literacy test (includes referral to remedial ESL/literacy/math classes as necessary)
IA	• Community Colleges • Direct care worker employers	800	• Two regions – one urban and one rural • Community colleges (2) and partner employers • Employer sites (5)	• None
MA	• Mass Council and Bristol Community College (BCC)/Bristol Employment Collaborative (BEC) and their partners. • Unemployed, under-employed, or those seeking to advance to higher skills – currently developing recruitment that is responsive to needs of workers.	• Home Care Aide (650) • Personal Care Assistant (170) 820	• Home Care Aides by Mass Council Training Sites (15) • Personal Care Aides by BCC/BEC	• U.S. Citizens, non-citizen nationals, or foreign nationals who possess visas permitting permanent residence in the United States. • Those individuals seeking college credits through BCC/BEC need to have a high school diploma/GED and a minimum of an eighth grade reading level

	Trainee Outreach	Program Targets	PHCAST Training Sites	Trainee Qualifications
ME	• ASPIRE program participants • Members of Maine's refugee population (Portland & Lewiston)	• Personal Support Specialist (PSS) (60) • Direct Support Professional (DSP) (35) • Mental Health Rehabilitation Technician (MHRT)-1 (35)	• Initial pilot of curriculum delivered face to face in Year 2 • Pilot of online course through 75 University of Augusta distance learning sites in Year 3	• High school diploma/GED • Criminal background check
MI	• Home care agency employers • MI Choice waiver agents • Self-determination by MI Choice participants • Adult foster care homes and homes for the aged delivering MI Choice services	400	• 6 MI Choice Waiver Agencies in 4 regions. Core Development Pilot. The three-county region of Jackson, Lenawee, and Hillsdale, all counties of northern-lower Michigan; the counties of the Upper Peninsula; and Wayne County	• Recently employed or intent to be employed as a PCA
NC	• New students identified through Community Colleges and Allied Health programs • Existing direct care workers will be identified through state level provider associations	300	• Community Colleges (4) • Allied Health Programs in High Schools (4) • Home care agencies and adult care homes (8)	• 23 of state's 58 community colleges have implemented pre-nurse aide screening and testing to give students a more realistic portrait of the job. • Working towards standardizing screening process across community colleges.

III. States' Program Designs, Development, and Implementation

PHCAST grantees have integrated the core competencies into new or already existing curricula and are developing written materials and protocols, including the development of certification tests for personal or home care aides who completed such training competencies. Grantees were encouraged to design their demonstration projects to meet the individual workforce and client needs of their states, and therefore, the sequence and extent to which the core competencies are addressed within their curricula vary. Likewise, the total amount of hours spent on each of the competencies, and the instructional methods in which they are contextualized, also differ across states and largely depend upon selected target population for each grantee, and the delivery design. However, all six of the demonstration projects are developing training programs that will provide both content and skill-based instruction in the 10 core competencies for PHCAs (see Table 3). This section of the report will detail the different approaches grantees are taking when structuring their training programs, covering skills and competencies within their training curricula, and delivering training, certification, continuing education, and evaluation. Additional detail is provided in Appendix B.

Competency-Based Curricula and Training Programs

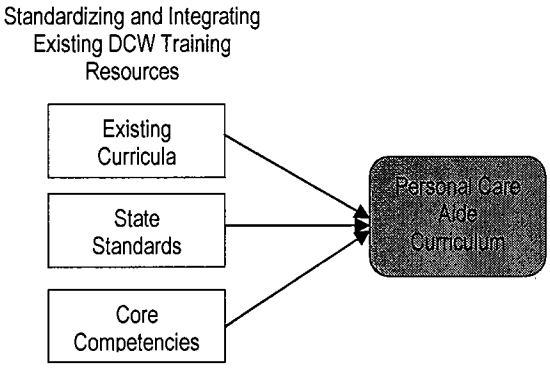
While all grantees are designing curricula based on the mandated core competencies, the six states have taken unique approaches in determining how these competencies are reflected within their broader training programs for direct care workers. There are numerous types and levels of training for direct care workers and many of the states are designing their competency-based curricula as a part of larger training systems/processes within their states.

The program models take four forms:

- Stand alone (California and Michigan) – revision of current standards to implement a state-wide PHCA curriculum
- Individual competency-based instruction modules (Massachusetts) – these modules can be incorporated in various training venues across the state
- Competency-based core curricula (Maine and Iowa) – to serve as the foundation to various direct care specialty positions
- Career ladder (North Carolina) – offers progressive direct care specialty training with a foundation in the core competencies

Two of the programs, California and Michigan, are implementing stand-alone competency-based curricula for Personal Care Aides and are currently not linking their competency-based basic training with other advanced training offerings. Curricula are being developed by revising and standardizing existing training and state standards, while integrating the core competencies to ensure that all PCAs receive uniform instruction.

Figure 1: Standardized, Stand-Alone Curricula for Personal Care Aides (California & Michigan)



The California grantee has designed a standardized competency-based curriculum ultimately intended to be offered at all 112 California Community Colleges and long-term workforce systems based on three different curricula currently being used by its partners.[2] A curriculum advisory group, including college faculty, representatives from the California Department of Social Services, the California Department of Public Health, SCAN Foundation, Public Health Institute (PHI), Direct Care Alliance, labor representatives, non-profit and for-profit organizations, and long-term care employers, conducted a thorough review and gap analysis of all three curricula to confirm all competencies were covered.

The standardized curriculum developed by the California program, comprise 23 modules that cover the required competencies. Additional modules address specific needs of learners in the state, including Computer Literacy Skills, Career Counseling, and Disaster Preparedness. Based on Department of Labor recommendations, California PHCAST developed two additional competencies which have been incorporated into the training, including Client Service Excellence (customer services) and Job Readiness Skills. The curriculum has been finalized and is currently being implemented.

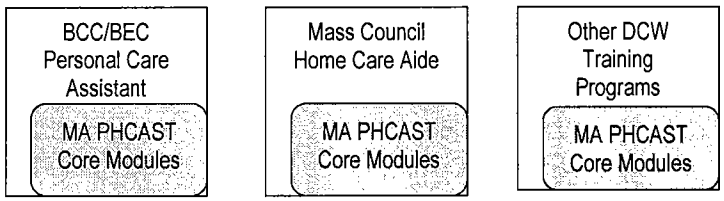
The Michigan program is adapting the existing open-source model Personal Care Services curriculum developed by PHI for the Pennsylvania Department of Labor and Industry, based on a competency model designed by PHI for the U.S. Department of Labor's High Growth Job Training initiative. This curriculum is grounded in an adult learner-centered approach and relies heavily on interactive learning activities to engage learners in multiple ways. At the core of a learner-centered educational program, is problem-based learning that builds on both working skills and life skills. The existing curriculum consists of 21 modules grouped into four sections: Introduction and Orientation to Direct-Care Work (Modules 1-2); Foundational Knowledge, Attitudes, and Skills (Modules 3-8); Person-Centered Care (Modules 9-19); and Other Issues that Apply Across Work Settings (Modules 20-21).

[2] Partners include: Mt. San Antonio College's In-Home Support Services (IHSS) program curriculum; California Association for Health Services at Home CAHSAH on-line home care aide training; and the Training Academy for Personal Caregivers and Assistants' (TAPCA) Basic Training Curriculum.

The curriculum adaptation process engages key stakeholders to ensure that the curriculum addresses both the mandated competencies and additional competencies identified by the group as crucial. The existing curriculum currently covers the majority of the legislatively required competencies, and has been revised to ensure that all required and identified competencies are covered. The number of hours for the total curriculum and for each competency will be finalized by the end of 2011.

In contrast to the stand-alone model used by California and Michigan, Massachusetts has developed individual competency-based instructional modules that can be adapted and incorporated into varied training venues across the state. These core modules are intended to be used throughout the spectrum of training for direct care positions and specialties. The grantee will initially be piloting the modules within the existing curricula for the Bristol Community College/Bristol Employment Collaborative Personal Care Assistant, the Massachusetts Council Home Care Aide Services, and Home Care Aide.

Figure 2: Competency-Based Instructional Modules across Different Training Venues (Massachusetts)



The Massachusetts grantee partner, the Massachusetts Council for Home Care Aide Services, is updating its existing Home Care Aide program, which was originally developed in 1998. The current curriculum follows a career ladder model with three levels, including:

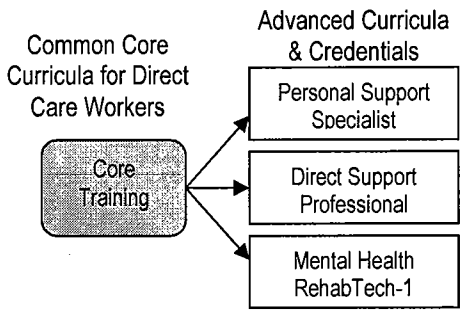
(1) Homemaker training with 40 hours of training and covering 13 units;
(2) Personal Care Homemaker with an additional 20 hours of training and two units; and
(3) Home Health Aide with additional 15-hour practicum.

For those completing the 75-hour Home Health Aide training program, the Council has a Home Health Aide competency examination process that includes both written and skills demonstration components. The Bristol Community College/Bristol Employment Collaborative is currently establishing a new community college-based curriculum that presents a unique opportunity to develop core competency strategies within a consumer-directed approach that could be replicated elsewhere in the community college system. The PCA curriculum will cover the following core modules over eight weeks: Specific Disabilities and Diseases, Getting to Know Your Employer, Communication Skills, Conflict Management, Work Readiness, Computer Fundamentals, Disaster Planning, and Providing Personal Care. The PCA Certificate Program also offers optional credit courses in areas of college preparation.

The Massachusetts project team has developed and implemented individual training modules phased into the existing curricula.

A third program model is being implemented by the Maine and Iowa grantees which involves the development of competency-based core curricula to serve as the foundation to various direct care specialty positions. Maine is developing a core curriculum for all direct care workers that will serve as a shared prerequisite to three specialty trainings: Personal Support Specialist, Direct Support Professional and Mental Health Rehabilitation Technician-1 (see Figure 3).

Figure 3: Competency-Based Core Curriculum within Specialty Training Credentials (Maine)



Maine's Core Curriculum will be designed with the goal of establishing career progression for workers that provide assistance with instrumental activities of daily living, personal care services, and health monitoring and maintenance, as well as opportunities for specialization, cross-training, and mobility across settings. The common core curriculum will serve as the foundational training for personal assistance workers in pursuing one of the three specialty jobs. The curriculum team began the project by examining the existing curricula for Personal Support Specialist (PSS), Direct Support Professional (DSP), and Mental Health Support Specialist (MHSS). This was done in order to identify common topics that will inform the content of the common core curriculum. The team developed a systematic approach to deconstructing each of the three curricula, sorting material, and reorganizing it into core and specialty topics. Materials not falling under the parameters of the core competencies were assigned to one of the specific job titles. The domains that emerged from this process were vetted through the Internal Working Group, which gave definitions and specificity to the competency framework. These important steps laid a foundation for common vocabulary and agreed-upon topics in the development of the competency model. The curriculum addressing these domains will be pilot tested once finalized.

The Iowa career lattice is slightly different from that of Maine in that it offers a basic credential as a Direct Care Associate after completing the core training in the competencies (Figure 4). This is based on a recommendation from Iowa's Direct Care Worker Advisory Council. Once the core training is completed, students may take a combination of advanced training modules that can lead to advanced specialty credentials.

The core curriculum of the Iowa program includes basic foundational knowledge and an introduction to the profession. This is required for all direct care professionals, except individuals providing services only to family or one individual. The curriculum also offers five advanced education modules that represent the functional activities of direct care workers, which can be taken according to the interests and specific job demands of the individual worker. The advanced education modules with the approximate hours of training include:

1) Instrumental Activities of Daily Living (IADL)-15-25 hours;

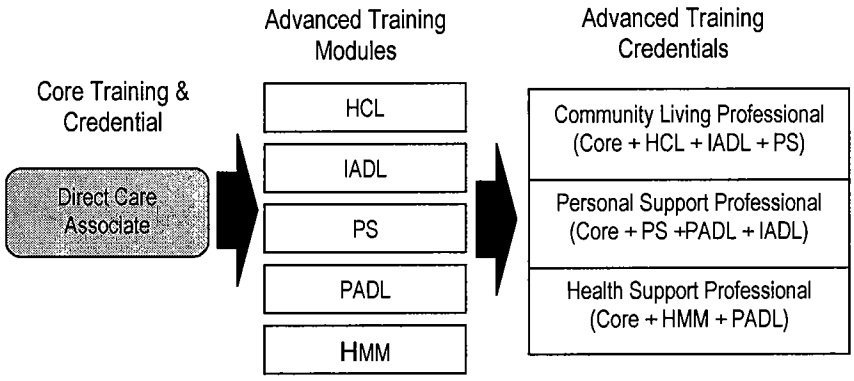
2) Home and Community Living (HCL) – 13 hours;

3) Health Monitoring and Maintenance (HMM) 20-50 hours;

4) Personal Activities of Daily Living (PADL) 20-50 hours; and

5) Personal Support (PS) 15-20 hours

Figure 4: Competency-Based Core Curriculum with Advanced Career Lattice (Iowa)

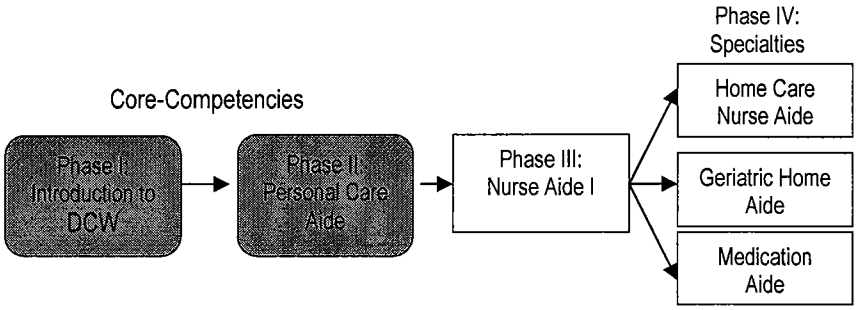


Specialty endorsements will be developed by experts in these subject or professional areas and approved by the Iowa Board of Direct Care Professionals (e.g., Autism; Alzheimer's/Dementia; Advanced Nurse Aide; Brain Injury; Mentoring; Crisis Intervention; Hospice and Palliative Care; Medication; Mental Health; Paid Nutritional Assistant; Positive Behavior Supports; Psychiatric Care; Wellness and Prevention). The Direct Care Professional Educational Review Committee reviews the core training modules and additional specialty modules. The Curriculum Work Group continues to work on specialty modules and to ensure that the appropriate amount of time is designated for each of the required competencies in their core and advanced training models.

The North Carolina program represents the final model of training among PHCAST grantees and offers progressive direct care specialty training with a foundational competency-based curriculum (i.e., Career Ladder). (See Figure 5) Students are introduced to the direct care work

through a short course in Phase I, and can obtain a basic credential through the completion of the Phase II: Training for Personal Care Aides. The Nurse Aide I curriculum builds upon these core competencies and students can continue their education with advanced trainings for Nurse Aide specialty areas.

Figure 5: Competency-Based Core Curriculum with Advanced Career Ladder (North Carolina)



The four-phased, incremental curriculum developed by North Carolina for direct care workers, includes essential job readiness skills and non-nurse aide personal care skills (that do not require supervision by a registered Nurse (RN), nor do workers need to be listed on the Nurse Aide Registry). Phase I and Phase II curricula cover home management and personal care skills as well as all of the required competencies. Detailed instruction in the competencies is offered in Phase III, Nurse Aide I training and Phase IV, Advanced Nurse Aide specialty training. The specialty training is comprised of three distinct curricula/job categories; the newly developed Home Care Nurse Aide specialty (being piloted through this project), the Geriatric Nurse Aide and the Medication Aide specialties, which have existing curricula. The four phases of the training include appropriate soft-skills training tied to the skills and competencies expected for that phase. Curricula for Phases I, II, and IV are currently being implemented in high schools and community colleges in North Carolina, with the Phase III curricula to be implemented during the spring.

A table showing the curricula resources used in each grantee for revision or creation of their competency-based trainings, as well as the make-up of their development teams, is provided in Appendix G. Table 3 below summarizes the coverage of the 10 core competencies by each grantee. Although curricula in most states have not yet been finalized, all competencies are covered (or proposed to be covered) to some degree, for all grantees. Grantees adopted different approaches to cover specific competencies and topics within competencies based on their needs and program specifics. This report covers grantee performance as reported in July 2011.

Table 3: State Grantees' Coverage of Core Competencies in Curricula

Core Competencies	California Personal Care Aide	Iowa Core Training + Advanced Modules	Maine Core Training + Specialty Modules	Massachusetts Core Curriculum Modules	Michigan Personal Care Aide	North Carolina Four Phased Curricula
1. The role of the PHCA's	**7.5 Hours** Modules 1-2: Key Concepts Work Settings, teamwork & professionalism	(Hour designation for each competency is to be decided) Direct Care Associate Home and Community Living Personal Support	Core (With tailored information in each specialized area) 1.1 Terms and definitions 1.2 Overview of Maine's HHS/LTSS service Delivery System and Programs 1.3 Overview of Worker Titles and Roles 1.4 Professional Expectations of Direct Service Workers	Core to be completed by December 2011 **MA Council 3 Hours** Module A Orientation to Home Care, Section 1: Philosophy of Home Care **BCC/BEC 9 Hours** Unit 1 Becoming a Great PCA: Roles and Responsibilities	The Personal Care Services curriculum developed by PHI addresses most competencies requested by the Congress and will be the template for full development with our partners. High on the state's list is to ensure that person-centered planning/thinking is embedded throughout the training and delivery. Introduction and Orientation to Direct are Work (Modules 1-2) (Hour designation for each competency is to be decided)	**Phase I: 6-8 hours** What is Direct Care Work; Keeping my job; Career options; Career readiness; Is it right for me? **Phase II: 10 hours** What is Direct Care Work; Key Concepts of DCW; ; Keeping your job; Coping Skills; Career options; Professional Registries **Phase III & Phase IV** curricula also address all of the core competencies below

Core Competencies	California Personal Care Aide	Iowa Core Training + Advanced Modules	Maine Core Training + Specialty Modules	Massachusetts Core Curriculum Modules	Michigan Personal Care Aide	North Carolina Four Phased Curricula
2. Consumer rights, ethics, and confidentiality	**3.5 Hours** Module 20: consumer and worker rights, managing time and stress	Direct Care Associate Home and Community Living Personal Support	Core 4.1 Understanding Needs of Persons Served 4.2 Understanding consumer Rights 4.4 Supporting Consumer Choice and Inclusion 4.5 Abuse & Neglect: Recognition and Response	Core to be completed by December 2011 **MA Council 6 Hours** Module A: Orientation to Home Care Section 3 Agency Policies and Procedures , Module V: Boundaries and ethical issues **BCC/BEC 9 Hours** Unit 6; Ethical practice and human rights	See answer in 1. This topic area will be included. Foundational Knowledge, Attitudes, and Skills (Modules 3-8) (Hour designation for each competency is to be decided)	**Phase I: 3.5 hours** Relationship-building and communication skills; Job Realities (rights, abuse, HIPPA) **Phase II: 9-10 hours** Key Concepts (rights, confidentiality, professionalism); Responding to sexual behavior of the consumer; Ethical/legal issues

Core Competencies	California Personal Care Aide	Iowa Core Training + Advanced Modules	Maine Core Training + Specialty Modules	Massachusetts Core Curriculum Modules	Michigan Personal Care Aide	North Carolina Four Phased Curricula
3. Communication, cultural and linguistic competence and sensitivity, problem solving, behavior management, and relationship skills	**10.5 Hours** Modules 3-5, 19: working with elders; respecting differences; communication: listening and talking skills; working with an independent adult with physical disabilities	Direct Care Associate Home and Community Living Personal Support	Core 2.1 Interpersonal Relationships and Applied Skills 2.2 Fundamentals of Communication Skills 2.3 Applied Communication Skills 4.3 Understanding Diversity and Cultural Competence	Core to be completed by December 2011 **MA Council 9 Hours** Module C, Soft skills, Module D: Consumers, families, lifestyles and differences, Module T: Agency Specific Communication skills **BCC/BEC 6 Hours** Unit 7: Communication	See answer in 1. This topic area will be included Foundational Knowledge, Attitudes, and Skills (Modules 3-8) Person-Centered Care (Modules 9-19) (Hour designation for each competency is to be decided)	**Phase I: 1.5 hours** Relationship building and communication skills **Phase II: 6.5 hours** Effective Communication; Working with families

Core Competencies	California Personal Care Aide	Iowa Core Training + Advanced Modules	Maine Core Training + Specialty Modules	Massachusetts Core Curriculum Modules	Michigan Personal Care Aide	North Carolina Four Phased Curricula
4. Personal care skills	**27.75 Hours** Modules 9 -16, 21: body mechanics; supporting consumers at home; nutrition and eating; supporting consumers dignity while providing personal care; bathing and personal care; toileting; ambulating, making a bed; dressing and toileting return demonstrations: dressing, eating, toileting	Personal Support Personal Activities of Daily Life	Core; PSS 3.1 Understanding Physical and Mental Health 3.2 Supporting Personal Care 3.3 Supporting Healthy Living	**Core 9.0 Hours** Personal Care **MA Council 18.5 Hours** Module M: Personal Care and Nutrition, Module N Personal Care, Module O Nutrition **BCC/BEC 11.5 Hours** Unit 5 Supporting Daily Life: Looking good, eating well, and living with style and comfort	Person-Centered Care (Modules 9-19) (Hour designation for each competency is to be decided)	**Phase II: 14.75** Home management skills; Personal care skills for the non-nurse aide (based in state guideline).

Core Competencies	California Personal Care Aide	Iowa Core Training + Advanced Modules	Maine Core Training + Specialty Modules	Massachusetts Core Curriculum Modules	Michigan Personal Care Aide	North Carolina Four Phased Curricula
5. Health care support	**7 Hours** Modules 7, 8, 22: infection control; body systems and common diseases; paramedical services	Health Monitoring and Maintenance	Core; PSS 3.1 Understanding Physical and Mental Health 3.2 Supporting Personal Care 3.3 Supporting Healthy Living	Core be completed by December 2011 **MA Council 7 Hours** Module E Anatomy and Physiology, Module P Transitional Care **BCC/BEC 15 Hours** Work based learning project	Person-Centered Care (Modules 9-19) (Hour designation for each competency is to be decided)	**Phase II: 2-3 hours** Body Systems and Common Diseases.
6. Nutritional support	**3.75 Hours** Modules 11, 21: nutrition and eating; return demonstrations: dressing, eating, toileting	Instrumental Activities of Daily Life	Core; PSS and specialty modules 3.1 Understanding Physical and Mental Health 3.2 Supporting Personal Care 3.3 Supporting Healthy Living	**Core 2.5 Hours** Nutrition	Person-Centered Care (Modules 9-19) (Hour designation for each competency is to be decided)	**Phase I: 5.75 hours** Looks at this from worker's need for wellness through Job Keeping

Core Competencies	California Personal Care Aide	Iowa Core Training + Advanced Modules	Maine Core Training + Specialty Modules	Massachusetts Core Curriculum Modules	Michigan Personal Care Aide	North Carolina Four Phased Curricula
7. Infection control	**See Health Care Support** Modules 7, 22: infection control; paramedical services	Direct Care Associate	Core; PSS 5.1 Infection Control 5.3 Injury Risks and Prevention	**Core 3 hours** Infection Control **MA Council 3 Hours** Module G Infection Control **BCC/BEC 3 Hours** Unit 8 Infection control	Person-Centered Care (Modules 9-19) Other Issues that Apply Across Work Settings (Modules 20-21) (Hour designation for each competency is to be decided)	**Phase I: 1.5 hours** Job keeping **Phase II: 3 hours** Safety
8. Safety and emergency training	**6 Hours** Modules 10, 23: supporting consumers; CPR and first aid	Direct Care Associate	Core 5.0 Safety 5.2 Emergency Situations & Response	**Core 3 Hours** Safety and Emergency **MA Council 3 Hours** Module H Safety and Emergency **BCC/BEC 9 Hours** Unit 9 Safety, emergency preparation, and crisis prevention	Person-Centered Care (Modules 9-19) Other Issues that Apply Across Work Settings (Modules 20-21) (Hour designation for each competency is to be decided)	**Phase I: 2-4 hours** CPR training **Phase II: 6 hours** Body Mechanics; Safety in the Home and Dealing with Emergencies

Core Competencies	California Personal Care Aide	Iowa Core Training + Advanced Modules	Maine Core Training + Specialty Modules	Massachusetts Core Curriculum Modules	Michigan Personal Care Aide	North Carolina Four Phased Curricula
9. Consumer needs/ specific support	**10.75 Hours** Modules 6, 17-19, 22: working with a consumer who is depressed; working with consumers with dementia; intro to mental illness, developmental disabilities, and abuse and neglect; working with an independent adult with physical disabilities; paramedical services	Direct Care Associate Home and Community Living Personal Support	Core; specialty modules (See # 2 above)	Core to be completed by December 2011 **MA Council 11 Hours** Module F: the aging process Module Q Cognitively impaired/ mental health issues, Module R Alzheimer's Disease and Related Disorders **BCC/BEC 9 Hours** Unit 2 Employer direction and Employer-Centered Support	Person-Centered Care (Modules 9-19) Other Issues that Apply Across Work Settings (Modules 20-21) (Hour designation for each competency is to be decided)	**Phase I: .5 hours** Overview of populations served. **Phase II: 8 hours** Working with the Aging Population; Other Life Cycle Illnesses and Conditions

Core Competencies	California Personal Care Aide	Iowa Core Training + Advanced Modules	Maine Core Training + Specialty Modules	Massachusetts Core Curriculum Modules	Michigan Personal Care Aide	North Carolina Four Phased Curricula
10. Self-Care	**3.5 Hours** Module 20: consumer and worker rights, managing time and stress	Direct Care Associate Home and Community Living	Core: 5.0 Safety	Core to be completed by December 201 **MA Council 14 Hours** Module I: Worker Safety Module K Life Skills **BCC/BEC 3 Hours** PCA orientation	Person-Centered Care (Modules 9-19) Other Issues that Apply Across Work Settings (Modules 20-21) (Hour designation for each competency is to be decided)	**Phase I: 3+ hours** Job keeping (responsibilities, time management, wellness, etc), Self assessment of job readiness **Phase II: 3-4 hours** Key Concepts, responsibilities, personal/ employee rights; Job keeping (time management, stress management, etc)

Core Competencies	California Personal Care Aide	Iowa Core Training + Advanced Modules	Maine Core Training + Specialty Modules	Massachusetts Core Curriculum Modules	Michigan Personal Care Aide	North Carolina Four Phased Curricula
Additional Competencies	**Basic Restorative Skills (7 Hours)** Modules: 9, 11, 15, 16, 21: body mechanics; nutrition and eating, ambulating, making a bed, dressing and toileting **Client Services Skills (5 Hours)** Module 25: client service excellence: customer service **Career Development (10 Hours)** Module 24: job readiness and basic computer skills	Specialty Endorsements (multiple- Alzheimer's/Dementia; Advanced nurse Aide; Behavior Intervention; Brain injury)	Core and Specialty modules Documentation 6.1 Purpose of Documentation and Reporting 6.2 Types of Documentation and Guidelines for Good Reporting and Confidentiality 6.3 Mandatory Reporting Responsibilities and Procedures	**Core 5.5 Hours** Basic Restorative (Otherwise known as Gentle Touch) **MA Council 7 Hours** Module U Professionalism Module S Care and Comfort of the Dying Patient **BCC/BEC 6 Hours** CPR, First Aid	Other Issues that Apply Across Work Settings (Modules 20-21)	Phase IV includes further enhancement of soft skills training and builds upon Nurse Aide tasks/clinical skills that specifically addresses care in the home This phase parallels NC's Geriatric Aide job category and the Medication Aide job category. Each of the phases includes career development modules with Phase I also including multiple opportunities for self-assessment and resources for basic skill attainment. Module 9 in Phase I also include instruction in job applications, resumes, job searches and interviews.

PHCAST Training Delivery

Along with developing competency-based curricula, grantees and their program partners are designing training delivery systems to provide instruction to their targeted populations. These delivery systems vary with the overall designs of the grantee programs, but all PHCAST Program trainings must provide at least the same or greater than the number of hours of training currently required by the state and include both classroom and practical skill instruction. A number of the grantees plan to finalize the total length of their curricula in the first part of 2012. States developing stand-alone curricula (California, Michigan) estimate that their standardized courses will be from 70 to 100 hours in length. This is in contrast to Iowa and North Carolina, which have progressive curricula that offer short basic-level training (6-16 hours) as introductions to the direct care workforce and as initial steps toward their in-depth specialty trainings that range in hours from 20 to 60 hours, or more, for each training.

The -instructor-to-student ratios for the training programs are largely determined by the specific training venues. Trainings delivered at community colleges and high schools, for example, should align with institutionalized standards of classroom and practical skill instruction. Instructor-to-student ratios for classroom training vary from 1:12 to 1:20 among grantees, with the ratio for labs and practical instructions averaging at 1:10 or less. The required level of qualifications for instructors also varies across grantee, as well as among the different levels and training specialties within the training programs. While Michigan intentionally designed their stand-alone curriculum so that an RN degree would not be necessary for instructors, states that offer the more advanced training curricula generally require an RN degree to qualify as an instructor. Many of the grantees note that experience in the direct care sector is a prerequisite for teaching the classroom and practical skill portions of their programs.

All grantees offer some form of recognition for the completion of their training. Most of the grantees offer a certificate of training completion from the training institution for the completion of the basic curriculum. States with advanced training tracks have instituted some type of formal recognition for trainees that complete the basic curriculum. Iowa offers a basic certification for Direct Care Associates and North Carolina issues an industry-recognized certificate for their Phase II Personal Care Aide training. Support for trainees in the form of mentoring and career counseling has been integrated in a number of the grantee programs. Table 4, below, shows the training delivery approaches for each state.

Table 4: State Grantees' PHCAST Training Delivery

State Trainee Titles	Course Length	Student Ratios & Instructor Qualifications	Recognition for Training Completion	Mentoring & Career Counseling
CALIFORNIA Personal Care Aide	• 100 hours total • 3.5-4 weeks • Includes time in labs and assessing skills demonstrations • Curriculum will be adapted for on-line delivery	• Current practice varies from 1:15 to 2:40 depending upon setting. In community colleges, courses are taught with an assistant with significant work-experience. • LVN Instructors	• Currently will receive completion certificate from Community College	• Career exploration and/or mentoring workshops are included in career development module and in conjunction with other competencies. • Developing Student success committees – individual counseling that identifies trainees falling behind.
IOWA Direct Care Associate (DCA) Community Living Professional (CLP) Personal Support Professional (PSS) Health Support Professional (HSP)	▪ DCS =Core (approx 6 hours) ▪ CLP: Core + HCL + IADL + PS (Hours TBD) ▪ PSS: Core + PS + PADL + IADL (Hours TBD) ▪ HSP: Core + HMM + PADL, at least 75 hours	• Ratio – for classroom 1:10 for labs • PADL & HMM courses require RN with 2 years experience • Core, PS, HCL, and IADL require 1 year experience with direct care AND a post-secondary degree or a direct care credential	• Basic Certification must be renewed every 2 years • Advanced Certifications must be renewed every 2 years	• Mentors will be identified and trained at participating project sites to provide on-site support. • Direct care workers will participate in early retention activities (est. 250)

State Trainee Titles	Course Length	Student Ratios & Instructor Qualifications	Recognition for Training Completion	Mentoring & Career Counseling
MAINE Personal Support Specialist (PSS) Direct Support Professional (DSP) Mental Health Rehabilitation Technician-1 (MHRT)	• PSS & DSP: 6 months to complete • MHRT: 1 year to complete	Most knowledge components will be included in distance delivery but practical components will be face to face.	Will look at the Direct Care Alliance as a possible model.	• Career counseling and mentoring materials provided to employers • ASPIRE caseworker for ASPIRE trainees • Top performers recruited to mentor new employees
MASSACHUSETTS PHCAST Core Curriculum Curricula to integrate and pilot core curriculum modules: • Personal Care Aide • Home Care Aide	MA PHCAST Core Modules will ultimately be around 50 hours but length of entire training will depend on actual training site/focus. PCA Certificate Program (120 Hours) • 40 hour PCA curriculum mostly on-line • 90 hour instruction in community college HCA training (70 Hours) • another 10 hours of case management	• 1:20 for PCA classroom instruction • 1:1 for PCA work-based learning project • 1:15 for HCA classroom instruction • 1:2 for HCA practicum	PCA or HCA Certificate upon successful demonstration of skills and knowledge .	• BCC, in collaboration with (BEC) PRIDE Inc., intends to provide some financial and mentoring support to BEC curriculum participants in the pilot period in an attempt to identify those supports that are most effective in supporting individuals in their completion of the training • MA Council provides an additional 10 hours of case management

State Trainee Titles	Course Length	Student Ratios & Instructor Qualifications	Recognition for Training Completion	Mentoring & Career Counseling
MICHIGAN Personal Care Aide working in the MI Choice program	• TBD; likely to be in the 71-88 hour range • Training and competency assessment process to be completed over 11 Days	• 1:12 for the initial training; different ratios for the continuing education • RN status will not be required • Instructors are expected to have content knowledge and to be grounded in adult learner techniques and approaches	Successful trainees will receive recognition in the form of a certificate issued by the regional waiver agent for completing the initial core curriculum, in-service trainings, and peer mentoring.	Peer mentors will be recruited and trained and used to support in-classroom instruction and to support new PCAs during their first 6 months of employment.

State Trainee Titles	Course Length	Student Ratios & Instructor Qualifications	Recognition for Training Completion	Mentoring & Career Counseling
NORTH CAROLINA Phase I: Intro to DCW Phase II: Personal Care Aide Phase III: Nurse Aide I Phase IV Specialties: • Home Care Nurse Aide • Geriatric Aide • Medication Aide (previously developed)	• Phase I: 12-16 hours • Phase II: 50-59 hours • Phase III: 120 hours (minimum 75) • Phase IV Specialties HCN Aide: 100 hours Geriatric Aide: 100 hours Medication Aide: 24 hours • Span of training sessions will vary according to needs of the community and the college; may be taught daily, at night, on weekends • Lab activities will vary by phase and average 25-40% of class • High schools will offer course as one Carnegie unit to be taught daily for a year or on block for a semester.	• Student ratio to follow current CC and High School practices • 1:10 ratio in laboratory and clinical activities preferred but not required. No more than 16 students recommended. • Phase I: Instructor level, Health Care Professional with Home Care experience preferred • Phases II – IV: A RN with supplemental trainers as necessary. (Phase III requires experience in long-term care, Phase IV requires experience in home care).	• Phase I: Certificate of Completion & CPR card • Phase II: Industry recognized certificate • Phase III: Training Certificate and Nurse Aide I Registry Listing (upon passing statewide competency exam) • Phase IV Specialties: Home Care Nurse Aide - Training Certification and listing on the Nurse Aide I registry as Home Care Aide (tests & skill sheets). Medication Aide has existing test. (working toward more uniform) Geriatric Aides are listed on the Nurse Aide Registry.	Phase I offers self-assessment and appropriate referrals through Human Resource Development. Opportunities for redirection are imbedded. Community college and high school sites have resources for career counseling as part of the educational system.

State Certification Process Measuring Core Competencies

The PHCAST legislation states that grantees are responsible for "the development of a certification test for personal or home care aides who have completed such training competencies" (Public Law 111-148, Section 5507 (a). A majority of grantees are implementing instruction-based assessments to measure trainee knowledge and skills against the core competencies. Massachusetts, in contrast, has developed a competency-based test that can be used across the various training venues incorporating their core-competency modules. The certification processes varies according to the available infrastructure for recognizing the direct care worker training in the state. Some grantees plan to have the training organization (e.g., Community College or training institute) directly issue a certification of completion when trainees successfully pass the competency assessment. Other grantees will integrate the certification process into a state or industry-wide certification process that will establish a formal registry of those direct care workers who have obtained training in the core-competencies.

North Carolina has an existing certification process (and some established relationships with certification vendors) that will address individuals who train under the later phases of their four phase training model (e.g., Nurse Aide I/Home Care Nurse Aide). Iowa, on the other hand, has plans to implement a credentialing system that offers multiple credentials (i.e., Direct Care Professional, Personal Support Professional, and Community Living Professional) based on the particular training modules completed. The other grantees, California, Maine and Massachusetts are exploring options for formalizing their certification exams, including discussions within their state governments to address administrative issues for such certifications. More specifically, these state processes are as follows:

California

The grantee developed competency based assessments through a contract with PHI. These assessments address the competency-based materials of the curriculum and are intended to be administered throughout the training. Training instructors will administer the assessments and students must maintain a passing score on assessments to receive a completion certificate. Instructors will score the assessments and results will be used in the evaluation of the pilot programs. Trainees with a completion certificate should be eligible to sit for the personal care aide certification exam that is in line with national standards if it is adopted by the State of California.

Iowa

The Iowa Curriculum Director and Curriculum Committee will develop the new certification tests for PHCAs who complete the training modules. These tests will be competency-based exams that directly test the core-competencies and each level. Participants who pass the certification tests will receive an interim credential as a certified direct care worker. The tests will include written and skills demonstration components. Certified Nurse Aide testing is currently conducted through an on-line testing system at the University Of Iowa College Of Nursing, which interfaces with the Department of Inspections and Appeals' Direct Care Worker Registry.

Maine
A certification test was developed in collaboration with internal and external stakeholders, consistent with state requirements and national standards. The competency test developed by the Direct Care Alliance was reviewed as a model. The test consists of both written and competency-based demonstration components. Testing content and procedures reflect cultural sensitivity and acknowledge multiple learning styles.

Massachusetts
The grantee revised and updated the BCC/BEC PCA Certificate Program and the MA Council Home Care Aide training to assess the standardized PHCAST core curriculum. The standardized test measures the required competencies directly, and allows for a uniform certification assessment/process for training programs that have incorporated the PHCAST core curriculum. Records of the certifications will be maintained in accordance to the respective agency or community college record keeping and tracking system.

Michigan
In order to develop criteria for certification, the Michigan grantee has reviewed current testing protocols. This review was guided by the required competencies and those desired by the stakeholders, leading to development of written questions and protocols for each trainee to demonstrate skills. A set of testing protocols, both written and skills demonstration, will be piloted in at least two sites and then refined prior to final launch. The project will consult with experienced testing designers to ensure reliability. While in the classroom and in clinical settings, training instructors and peer mentors will also be observing skills, knowledge gained, and displayed attitudes. Assessments will reflect curriculum topics and will be directly related to competencies. Trainees will be tested throughout the course and the certifications upon completion, will be issued by the waiver agents conducting the training.

North Carolina
All training participants in North Carolina (Phases I-IV) will receive a certificate indicating that they have successfully completed their training. Phase I will include a written assessment. At the completion of Phase II, trainees will be expected to demonstrate basic knowledge of the material through a written assessment and skills mastery to receive an industry-recognized certificate. Phase III trainees are required to successfully pass both a written assessment and demonstrate in-class mastery of competency-based skills that are measured by a skills check sheet. Phase III trainees will take the statewide Nurse Aide Competency Examination and, upon passing the exam, will be listed on the NC Nurse Aide I Registry. Phase IV specialty curricula have their own exams and successful completion of these courses/exams will also be noted in the Nurse Aide Registry. Certification exams for Phases III & IV are currently being developed.

Continuing Education of Long-Term Workers

Grantees were asked to link continuing education (CE) requirements to their competency-based curricula to accommodate in-service training of employed workers. Features of required grantee-provided continuing education may include:

- *Documentation systems training* for individual nurse aide training needs;
- *Crisis intervention training* to help aides deal with emotional aspects of the job;
- *Pharmaceutical in-service training* for aides to understand behavior changes and side effects of drugs; and
- *Mentoring programs.*

Summarized below are the plans for continuing education of long-term workers by the grantees:

California

The California grantee partner Training Academy for Personal Caregivers and Assistants (TAPCA) offers 15 continuing education trainings on a monthly basis throughout the year that last from two to six hours. These trainings, in addition to offerings from the SCAN Foundation, will provide initial continuing for the program. Needs for continuing education topics will be identified as a part of the post-training surveys that will ask graduates and employers to identify areas in which additional instruction is needed.

Iowa

The Iowa Direct Care Worker Advisory Council has recommended continuing education standards to ensure that continuing education activities are appropriate for credit, advance the knowledge and skills of direct care workers, and meet or exceed existing state and federal requirements. All four certified direct care positions will be required to complete specified continuing education units every two years when renewing their credentials. The required CE hours include:

- Certified Direct Care Associate, 6 hours;
- Advanced Certified Community Living Professional, 18 hours;
- Advanced Certified Personal Support Professional, 18 hours; and
- Advanced Certified Health Support Professional, 18 hours.

While the Iowa grantee will not be developing their own training offerings, they will be conducting outreach to identify the existing opportunities for continuing education. The Board of Direct Care Professionals will issue criteria for acceptable continuing education courses. For example, a minimum of one-third of all CE hours should be delivered in a group setting (including worksite). However, no more than one-third of the total CE hours can be delivered directly by an employer. The Direct Care Worker Advisory Council is reviewing state and federal training requirements to determine what existing trainings qualify for continuing education credit. Continuing education credit can be also obtained on-line, however, only those program that issue a post-test will qualify.

Maine

Direct Care Workers in Maine will be required to complete continuing education requirements to enhance and refresh their skills, learn about current theories, practices, and changes in the long-term care field, and to maintain certification. Key stakeholders will make recommendations on specific continuing education requirements, based on current literature and accepted practices in the field. Continuing Education offerings will be accessible through the web portal. Various partners and stakeholders will offer topics, format, and other resources.

The project team is reviewing the competency training requirements to ensure that meet the needs of the Personal Assistance Worker training Program participants. The curriculum team has been reviewing has been reviewing and developing a systematic approach to examining and selecting a curriculum for the project.

Massachusetts

Key stakeholders to the Massachusetts program will collaborate to identify a plan for continuing education, career development, and support that will integrate the MA PHCAST core competencies training curriculum into state direct care training policies and practices. The grant team will examine the feasibility of adding other advanced training components and offering the curriculum in alternate formats, such as on-line courses and trainings in additional, non-English languages.

The MA PHCAST Program is working to identify a cohort for pilot PHA curriculum training and conduct and evaluate trainings through pre/post assessments measures, along with post-training skills assessments.

Michigan

The Michigan program will work with regional waiver agents to offer a series of continuing education sessions for PCAs who have completed the model curriculum and for PCAs who have been working in the field. Three proven educational sessions that are in great demand and that build on required competencies will be offered. These sessions include Training to Prevent Adult Abuse and Neglect, Home Management Skills Training, and Dementia Care. This project will provide continuing education training to 1,300 PCAs.

North Carolina

North Carolina will be working with their partners to develop packages of trainings for in-service training used by various employers/employer settings for incumbent workers. These will be submitted for approval for CEU credit after they are developed.

The project team is working to identify additional "in-service" modules and continue to seek continuing education assistance from DHHS. The project team is planning complete post-test and knowledge assessments for prior program phases and complete pretest and knowledge assessments for future project phases.

IV. Grantee Evaluation Plans for PHCAST Programs

Grantees are required to develop and implement evaluations for their PHCAST programs that measure key educational outcomes. The evaluation plans must also include a comparison group so that the relative effects of the intervention can be estimated. Specifically, grantees are to measure the impact of core training competencies and the developed curricula on job satisfaction, mastery of job skills, and beneficiary and family caregiver satisfaction with services. A summary of grantee evaluation plans is provided in Table 5.

As part of their individual evaluation and program processes, the grantees have worked collaboratively with each other, via a series of phone calls and web-based meetings during the first to identify core performance measures that they all will address. These performance measures were finalized during the All-Grantee meeting in June 2011. The measures include collection of key demographic data on workers recruited and trained (e.g. gender, ethnicity, age, education, employment status/field), number of participants starting and completing training, number of participants taking and completing competency based/certification exams, and employment status in the field at follow-up. A full list of agreed upon performance measures can be found in Appendix D. Data were collected in July 2011 for the following table.

Table 5: State Grantees' Evaluations for Training Programs

	Evaluation Design	Comparison Groups	Evaluation Timeline	Current Status of Data Collection
CA	Training satisfaction, learning, and job skills will be measured pre/post test design and with comparison group.	Existing home care curricula trainees will be compared with the trainees under the newly developed curriculum.	Year 1 - Evaluations from existing programs; Years 2-3 - Evaluations of students in new programs. Baseline survey at beginning of course and post course survey with a 6 month follow-up tool	Pre-test/baseline data collection data is ongoing until August 2011.
IA	Pre/Post testing of knowledge, skills and satisfaction. Interviews with employers, families, and those who have terminated employment.	Treatment and control groups will be identified in both rural and urban areas.	The process evaluation is currently ongoing.	Pre-test/baseline data collection to begin Sep-Nov 2011.

	Evaluation Design	Comparison Groups	Evaluation Timeline	Current Status of Data Collection
ME	Pre/post data collection, qualitative data.	Students will be recruited from entire sections of training modules in existing certification programs, taught with different instructors from the treatment group. • Face-to-face PSS trainees with online revised curriculum • Participants in previous PSS, DSP, and MHRTs	• Comparison groups: Year 2 • Face-to-face PSS: Year 2 • Distance PSS, DSP, and MHRT1: Year 3	Instruments are currently being developed. Data collection will begin concurrent with piloting in the spring of 2012.
MA	Pre-post evaluation to compare knowledge, skills and application of learning between treatment and control group. Also, collection of customer feedback at end of project.	Treatment groups will consists of new training participants and control groups will consist of those who were trained with the old curricula.	Primary data collection for first pilot to be completed by November 2011. Second cycle of data collection with the comparison group to be completed by June 2012. Formative evaluation is ongoing	Pre-test/baseline data collection data is ongoing until September 2011.

	Evaluation Design	Comparison Groups	Evaluation Timeline	Current Status of Data Collection
MI	Impact will be assessed through multiple methods including pre-post tests, surveys and focus groups to determine change in knowledge, skills, and satisfaction and the extent to which knowledge is sustained and the training has an impact on actual work performance.	Three treatment groups and a control group will be used. Group 1 will receive the PCA training only. Group 2 will receive both the PCA training, and Peer Mentors. Group 3 will receive the training, Peer Mentors, and follow-up in-services. Group 4 will receive no interventions.	Data collection tools development, IRB approval, and site visits in all regions are expected by Sep 2011. Data collection to begin upon IRB approval including focus groups and baseline data from waiver agent and provider records. Pre-post testing to begin with scheduled orientations and trainings and will continue until April 2013. Analyses will be ongoing.	Evaluation plan is on schedule. Development of data collection instruments and IRB application are in progress. Data collection will begin upon IRB approval. Evaluator is meeting with waiver agent evaluation representatives to review evaluation plans and coordinate efforts.
NC	Consists of surveys, course-based assessments, comparison group data collection, direct observation of employee learners, and supervisor ratings of participants for incumbent workers; process evaluation using qualitative data collection approaches.	Community colleges and allied health programs to identify potential comparison individuals. These will be individuals entering similar courses. Controls will be matched using propensity scores. Comparison workers will be recruited as waitlist controls at participating LTC organizations. [Still being developed]	Survey data collected 3 times for participants and comparison groups: pre-training, immediately post-training and 3-month follow-up. Observation data will be completed on a sample of trainees in Phases III and IV. Supervisor ratings will be completed where feasible related to trainees in Phases III and IV.	Pre-test/baseline data collection data begins August 2011.

State grantees' plans for evaluating their program are summarized below:

California
The evaluation will use a pre/post-test design to assess the relative effectiveness of the training intervention. The pretest will involve training a sample of workers using existing homecare curricula at two of the participating programs who have ongoing homecare training. This group of trainees, trained prior to the development of the new evidence-based curriculum, will form the comparison group.

Iowa
Iowa adopted a mixed-method approach with a pre and post-test of trainee skills and knowledge. Data collection will include interviews with employers and families and/or caregivers of those served by direct care professionals and interviews with those who have terminated employment ("exit interview"). Use of a concurrent mixed-method approach will allow the evaluation team the ability to triangulate data and give the evaluation a 360-degree view of the project, processes, and outcomes. The evaluation plan focuses on four primary project areas: project implementation, training outcomes, workforce changes, and collaboration with the national cross-site evaluation.

Maine
Maine will look at training outcomes for those participants in the existing Personal Support Specialist (PSS) pathway and compare them with those that have received the revised PSS pathway training in a face-to-face delivery. In the third year, the pilot participants will be compared with those receiving the same revised curriculum, but through the online-delivery system. Comparison of this group to the revised face-to-face pilot will yield insights into the impact of the delivery system on training access, and additional assessments will measure computer and literacy skills to investigate minimum requirements for the delivery system. Evaluators will survey intended mobility of PSS group to Direct Support Professional (DSP) and Mental Health Rehabilitation Technician-1 (MHRT) specialized pathways and collect qualitative data on individuals taking advantage of the streamlined career lattice. Single group comparisons of pre/post content and skills assessments of DSP and MHRT will be made for project purposes, but there will be no comparison groups.

Massachusetts
The Commonwealth Corporation (CommCorp) in partnership with Massachusetts' EOHHS/EOEA is conducting the evaluation of the demonstration project. CommCorp is implementing a pre/post evaluation to compare knowledge, skills, and application of learning between a treatment and a control group. Those individuals who were trained with models from the new curricula will represent the treatment group, and individuals trained with the previous curricula will make up the control group. The formative evaluation will consist of periodic interviews with training providers, trainees, and representatives from the MassCouncil and the PCA Workforce Council. Qualitative data using key-informant interviews and focus groups will be collected in addition to customer data.

Michigan

The evaluation is based upon a prospective, randomized control trial evaluation, with multiple methods of primary data collection, over a three-year period. Outcomes of interest to be measured will include PCA knowledge, skills, attitudes, and practice patterns; participant satisfaction; and system changes related to Michigan's infrastructure and resources for PCA training. The primary interventions include the PCA training, the PCA continuing education series, and the PCA Peer Mentor Program. Evaluation will involve repeated measures utilizing surveys and pre/post-tests, course evaluations, focus groups, case reports, observations, and field notes. Measures scheduled at baseline, immediately following program intervention, and at least one additional time will provide longitudinal data on emerging patterns associated with the program. Collection of both quantitative and qualitative data is planned.

North Carolina

The North Carolina evaluation is designed to assess the impact of the four phases of the pilot training on participants' knowledge, competencies, job quality, teamwork performance as rated by supervisors, and quality care markers. The evaluation will also employ multiple strategies to assess the impact on primary (knowledge), secondary (performance and behavior) and tertiary (quality of care) outcomes. A control group will be constructed of individuals trained under existing similar courses using propensity score matching. Data collection also intends to inform the partner team and the PHCAST Program by systematically identifying the lessons learned through the pilot and early implementation phases.

V. PHCAST Program Summary for Year One

Grantee Progress toward Program Benchmarks

As a group, the PHCAST grantees are making progress toward their key programmatic milestones. A list of potential milestones derived from the grantees' timelines and grantees' anticipated attainment of those milestones is presented in Table 6. The dates below represent dates achieved for dates prior to August of 2011, and planned dates for events occurring August 2011 and later, as reported by grantees in July 2011.

Table 6: State Grantees' Actual and Projected Milestones at Year One

Grantee Milestones	CA	IA	ME	MA	MI	NC
Curriculum developed	June 2011	Dec-Feb 2012	February 2012	Jun 2011 (first 4 competency modules) Dec 2011 (remaining modules)	Aug 2011-Dec 2011	Phase IV: Aug 2011 Phases I-III: Nov 2011
Trainers identified/trained	Aug 2011	Feb 2012	March 2012 for Face-to-face pilot Unspecified (On-line training through Community Colleges)	May 2011	Sept 2011-Apr 2012	H.S. Health Science teachers already in place and qualified will teach Phases III and IV. Community Colleges will have to hire teachers once course is in place.
Certification test developed	Sep-Dec 2011	Mar-Sep 2012	Fall 2011	June 2011	Nov 2011-Jan2012	Phases I, II, IV: Sep-Nov 2011 Phase III Nurse Aide test items developed for high schools; community colleges may use their own. (May 2011). State competency exam already developed

Grantee Milestones	CA	IA	ME	MA	MI	NC
Participant recruitment begins	Aug-Sep 2011	June 2011	Fall 2011	April 2011	Jul-Sep 2011	Jul-Oct 2011 (High Schools) Sep 2011 (Community Colleges)
Pre-test/Baseline data collection begins	Thru August 2011	Fall 2011	Sep-Nov 2012	June 2011	Oct 2011	Aug/Sep 2011
Training begins (may be multiple start points per state depending on setting)	Sep-Nov 2011	Dec 2011-Feb 2012	(Face to face Pilot March 2012) On-line pilot Fall 2013	June 2011	Sept 2011 – Continuing Ed Jan 2012 – Core Curriculum	Aug/Sep 2011
Post training data collection begins	Oct-Nov 2011	May 2012	Face to Face pilot March 2012 Dec-Feb 2013	July 2011	Mar 2012	Year 2 (as appropriate to training dates)
Follow up data collection begins	Apr-May 2012	June 2012	March – June 2013	December 2011	Mar-May 2012	Year 2 (3-6 months following training)
Data collection ends	Mar-May 2013	Unspecified	June 2013	March 2013	March-May 2013	Mar-May 2013
Data analysis begins (may happen before data collection ends)	Jun-July 2013	Unspecified	March 2012	Mar-May 2013	March-May 2013	Jun-July 2013
Final report	Aug-Sep 2013	Aug-Sep 2013	October 2013	Aug-Sep 2013	December 2013	Aug-Sep 2013

As of July 2011, the status of each grantee stands as follows:

California

California completed the mapping of existing curricula to ensure coverage of the required core competencies for the grant. The TAPCA curriculum (which is based on the PHI model) was decided upon as the base model and two additional modules were developed to serve as the test curriculum for this project. The written materials and lesson plans have been developed for all modules of the curriculum. Implementation plans for the four sites have also been finalized and

include standardized minimum job descriptions for trainers, orientation programs, intake (data collection) forms, and the assessment instrument (CASAS) across all sites. Pre-test evaluation data collection has been completed for year one, and standardized evaluation data tools will be in use with all new trainings starting in September 2011.

Iowa

Iowa awarded contracts to approximately 10 counties around the Des Moines metropolitan area and to10 counties in the southeastern, rural regions of the state. The Curriculum Work Group has finalized core, home and community living, and personal support modules for stakeholder review. The curriculum development was projected to be completed by March 2012, at the time this report was written. The Outreach Toolkit has been completed and Direct Care Worker Advisory Council members were trained on the toolkit in June 2011. Information about the project is available on their website (http://www.idph.state.ia.us/directcare/) and disseminated through social media outlets. A number of presentations have been targeted to diverse groups, including at the Annual Meeting of Nursing Home Administrators, the Annual Home Care Conference, the Annual Mental Health Providers Conference, and Regional Meetings of Direct Care Professionals. An early retention intervention strategy has been developed - "Penny for Your Thoughts" - that includes regular meetings for new DCPs to address issues and help problem solve. The program evaluation plan has also been finalized, along with the control group criteria and selection processes.

Maine

Maine will administer their curriculum on-line via distance education. They are in the unique position of having three already developed curricula that works well delivered through face-to-face methods. They are working to expand access to training through on-line delivery in this very rural state. The development of the high-level design of the Maine Direct Service Worker web portal has been completed. Through the work of a subcommittee, a prototype was built and presented to the Internal Working Group for comment and approval. The prototype is now being populated with content to help workers, providers, and consumers navigate the current training system. Ultimately, the portal will provide web-based access to certification requirements, training curricula, competency tests, and continuing education, as well as supplemental resources for employers, and information a consumer can use when selecting a worker.

Massachusetts

Massachusetts is implementing the first four modules developed for the MA PHCAST core curriculum, with the remaining modules to be developed and piloted during Year 2 of the grant. Fifty-six HCAs have been trained with the core modules at five sites, four sites are currently in session, and six additional sites added in September 2011. In addition, 20 students are currently participating in the Bristol Community College PCA Certificate Program with the option of earning college credits upon completion. The program has implemented training accommodations for deaf and blind students and has developed training supports for non-English speaking trainees. Collaborative efforts with MA PHCAST partners will support expansion of the core training to other community colleges. Similarly, integration plans include the involvement of the Massachusetts Independent Living Centers (ILC) and Personal Care Management (PCM) programs. The PCM programs will offer training resources to consumers, surrogates, and employers.

Michigan
Michigan is planning to conduct trainings during Year 2, and will complete the training needed for evaluation purposes by the middle of Year 3. A competency decision-making tool has been developed and reviewed by the Michigan Building Training, Building Quality (BTBQ) team and curricula leads, and is now in the process of being reviewed by the Michigan BTBQ's team advisors. Michigan will use both existing and pre-developed training components. Waiver agents, with whom they have established contracts, will be responsible for recruiting both treatment and control groups for their evaluation. Pre-test/baseline data collection began in October 2011.

North Carolina
North Carolina is proceeding with plans to implement its curricula during Year 3 of the grant. Based on the four-phase approach, the implementation will depend on phase type and site location. High schools will participate in the delivery of phases III and IV. Community colleges will participate in the delivery of all four phases. Delivery will follow their academic schedules. High schools began training implementation in fall 2011, while community colleges began in January/February 2012. Phase III and IV will encompass workers who are already on the job. North Carolina has a contract in place for development of the certification processes/exams. This evaluation is on track to coincide with implementation.

Challenges Encountered in Program Implementation

All states are on target to deliver and evaluate curriculum during Year 2 of the grant and are all working towards development of certification tests and processes. However, grantees have encountered challenges in getting to this point.

Curriculum Development: A common challenge cited by states is the time requirements in developing and revising the competency-based curricula. Specifically, (as can be seen from Table 1 above and the information in Appendix D) almost all of the grantees embarked upon a broad range of advisory and stakeholder groups consultation which included educational partners, the direct care workforce sector and others, thereby substantially lengthening the review and approval process. Another challenge encountered in standardizing and revising curricula within states, was a lack of shared definitions and terminology. Much time was expended to align the vocabularies and operationalize the competencies among stakeholders before moving forward with the curricula design.

Likewise, there was a need to harmonize the different roles of direct care workers within the sectors. A clear distinction between the responsibilities and required knowledge for Personal Care Aide vs. Home Care Aides needed to be addressed. However, grantees who reported these challenges, including Massachusetts, Michigan and Maine, also said that the process of addressing them will make their final curriculum stronger, more impactful and more widely supported than it otherwise would have been. These three states also planned for the collaborative process to take time, and are incorporating strategies, such as adapting existing curriculum, to ensure that they can implant their programs during Year 2.

Certification: Definition and implementation of a certification processes has been a challenge for almost every grantee. Grantees may choose to develop a certification test (or tests) specific to the curriculum which certifies successful training completion and learning of the competencies, or they can develop a test which certifies attainment of the core competencies directly. There is no requirement for a state level certification, however, two grantees (NC, IA) are implementing state level certifications for all or part of their training, and two others (CA, ME) are considering this approach. A challenge encountered by these states with setting up a statewide certification and tracking program involves legislative approval and a lengthy bureaucratic approval process. Any costs associated with this type of certification testing/registration may prove to be a barrier to those populations that states are attempting to target, namely the unemployed or underemployed and those with few resources. However, all grantees will have a test to certify that their trainees have gained the required competencies. Ensuring that certification and competency tests are delivered in a consistent setting, that they incorporate both hands-on and written portions, and identifying which competencies and skills are tested in each format is also an issue that grantees, particularly those who are delivering content either on-line or at very dispersed locations, are addressing.

Evaluation: Grantees have encountered challenges with the requirement to use comparison groups in their evaluation designs, specifically, finding equivalent training populations and time for data collection after training implementation. Grantees were also concerned that their current evaluation designs would not meet the data needs/criteria of the national evaluation. To address these issues, an Evaluation Discussion Group, with representatives from each grantee and HRSA staff acting as group moderators and record keepers, was formed. This group works to discuss issues regarding the individual program and national evaluations. It has identified key demographic items, curriculum characteristics (e.g. length, instructor to student ratios), performance measures, and evaluation items to ensure that the national evaluator, when identified, will have a core of information to work with.

Best Practices/Opportunities

The grantees bring a wide range of expertise in personal and home care service delivery to this effort. Therefore, key best practices and opportunities that can be identified at this point include the following:

Stakeholder participation: While most grantees mentioned that involving stakeholders in the program and curriculum design process was challenging, they all agreed that the time expended to identify and involve stakeholder, was a vital investment in the overall ability to implement their programs. Grantees noted that it was important to obtain buy-in from the different entities involved in the direct care work (such as employers, industry groups, and educators) thereby ensuring that the curricula would be seen as useful and transportable across the sector. Many of the grantees were able to build on relationships and trust within the sector from previously successful projects. States, including Maine, Iowa and Michigan, built on existing relationships that had been created among stakeholders during prior efforts. Massachusetts started marketing their program throughout the sector early on so that people did not feel like the system-change was being imposed upon them. In general, there is a huge demand among both workers and consumers for any type of training guidance, provided that these stakeholders were engaged in the process.

Clear guidance in terms of core-competencies: The fact that the required competencies were available early in the grant processes enabled some states to get an early start in designing their curricula. This streamlined the development process for some states and allowed all states to identify key sources of curricula. The focus on competencies also allowed grantees a common ground on which to build stakeholder consensus.

Integrating multiple existing curricula: Although each state used existing curricula and materials to a different extent, no state started from scratch. The use of existing curricula allowed grantees to both generate training quickly, and to facilitate buy-in across multiple stakeholder and worker groups.

Building upon an extensive existing body of research and expertise: It was a great opportunity that these grantees often started out with partners who had extensive research and/or implementation experience in the home care field. For several grantees, including North Carolina and California, this allowed them to quickly identify curriculum and effective evaluation approaches.

Integrating training to meet multiple home-care specialties or titles: A key benefit that grantees in several states see in this project is that it gives them the opportunity to consolidate or standardize training for multiple Personal and Home Care Aide titles and specialties. Maine had three separate types of home care aides that were all required to have similar training, but they needed to re-train if they wanted to change jobs. Collaborating on the training development will eventually allow greater mobility for workers within the state to fill jobs as they are needed.

VI. Planned Actions for the Remaining Grant Years

In the final year of the grant, HRSA, the grantees, and the evaluation contractor will work to address the following grantee specific and program-wide issues.

- Grantees should continue to share curricular content and training approaches to fully address all required competency areas.
- Close contact should be maintained between the evaluation teams of all grantees (i.e. evaluators and project directors) and the HRSA/national evaluation contractor to ensure that any data collection issues with the grantees are addressed in a timely way. This will help ensure that quality data is available for the national evaluation.
- The national evaluation should work to identify key characteristics of grantee program contexts, which may make their individual program strategies and lessons learned transferable to other states that may wish to implement training. Identify environmental or infrastructural factors that hindered or promoted success for individual grantees, such as rural or urban setting, or existing coordination within the Home Care stakeholders within a state.

Summary

Each of the six PHCAST demonstration programs adopted a different approach to strengthening the training and credentialing of personal and home care aides using the ten required competencies. States have addressed issues of upgrading the training of new and existing workforces, as well as developing training that is embedded in career lattices and ladders to build and strengthen workers' commitment to the health care workforce. Grantees have also planned for incorporation of continuing education components for existing and newly trained workers.

Grantees are addressing issues of serving a diverse workforce and tailoring approaches to specific demographics. Specific steps include assessing needs for ESL training for immigrants, piloting training in both rural and urban locations, and providing on-line training to those with barriers to classroom training. In addition, grantees are targeting trainings across diverse work settings that are able to reach different populations of workers, and individuals served by those workers. All states are working with, or planning on working with, community colleges as well as other types of partners, including workforce organizations, state agencies, universities, and private sector entities, to develop and implement training based on their states' and stakeholders' needs.

Additionally, the demonstration programs have different approaches to credentialing. Some programs are implementing certification programs that will be recognized by their state and/or by industry associations. Other states have had to work around issues in credentialing – needing to build coalitions for state legislation authorizing certification. Some states are targeting certification that will document that trainees have learned the needed competencies, but are not seeking formal external recognition or recording of the certificates.

Evaluation plans are being developed, and all include relevant comparison groups. The evaluation plans include a core of common measurement items that allow comparison and additional analysis of data for grantees when the national evaluation starts. Grantees have

developed or are in the process of developing systems to monitor compliance with specific grant requirements such as U.S. residency and program performance measures.

During the first year of the PHCAST program, grantees faced multiple challenges, including issues around program start-up, operationalizing program requirements around certification, curriculum development, and evaluation. However, in overcoming these challenges, they have identified key practices and strategies that will ultimately strengthen their programs and allow other states to build on their work.

Appendix A

The California Partnership for Standards-Based Personal Care Training and Certification

Grantee: California Community Colleges Chancellor's Office

Project Director: Barbara Freund, Ph.D., RN, Contact: 626.585.7326, bmfreund@pasadena.edu

Partner Organizations: California Community Colleges Chancellor's Office; Pasadena City College; Mt. San Antonio College; Mission College; North Orange County Community College District – School of Continuing Education; IHSS Consortium/Training Academy for Personal Caregivers and Assistants (TAPCA); and California Association for Health Services at Home (CAHSAH).

Evaluators: University of California, San Francisco (UCSF), School of Nursing, Department of Social and Behavioral Sciences.

Current Status of DCWs in State: California does not currently have a standardized PCA training program, with most training provided through community colleges and/or training academies. There are few training options for individual providers, and the county-based In Home Supportive Services (IHSS) who pay HCWs, who are employed by individual clients.

Key Features of Grantee's Program:
The overall purpose of the project is to standardize a competency based curriculum, leading to certification for personal care aides across the California community college system and LTC workforce entities. Activities during the second grant year will focus on implementation of the curriculum in three partnering Colleges and one long-term care workforce development entity. It is the intention of the California grant team to also test personal care aide training in an on-line format through an additional LTC workforce training organization and to implement a pilot competency exam and skills assessment. Target participant populations include individuals with little formal education and work experience with incomes below federal poverty levels, including those who are unemployed, underemployed, and CalWorks students. Trained and certified PCAs will be encouraged to use their training and experience to pursue career ladder options for additional certification as HHA, CNA, MA, or LVN.

Competency Based Curricula:
- Personal Care Aide

DCW Certifications:
- Assessment-based certificate of completion
- Working toward a state-wide certification process

Targeted Participants: Recruitment is being conducted to ensure that those who are traditionally drawn to this occupation have access to and knowledge of the proposed training, competency testing, and support opportunities. This includes outreach to community-based organizations (including those who work with immigrant and/or ESL populations) as well as working closely with the In Home Support-Services (IHSS) Public Authority, regional Workforce Investment Boards (WIBs), Regional Occupational Programs (ROPs), community-based workforce development organizations, community education centers, and other organizations to recruit participants to the programs. Marketing for participant enrollments will be incorporated into the class schedules and websites of each community college. Training sites include community colleges campuses in Southern California (Mt. San Antonio College and North Orange County Community College District School of Continuing Education) and Northern California (Mission College), in addition to a statewide on-line hybrid program (California Association for Health Services at Home) and through a multi-employer/partner training model (IHSS Consortium/Training Academy for Personal Caregivers and Assistants).

Training Delivery: PCA training will be offered as a not-for-credit course through the California Community College System and long-term worker training facilities. The course will be over a three and a

half to four week period and will consist of a total of one hundred hours of classroom and lab instruction and skills demonstrations. The student/instructor ratio will be determined by the specific facility standards and available resources. Successful PCA program graduates will receive an assessment-based certificate of completion

Support/Retention Services Offered: Each training site will have a "Student Success Committee" that will be made up of trainers, counselors or other faculty. Instructors are responsible for identifying students who are struggling with the material or have attendance issues, and then referring students to committee. If needed, an individualized course of action will be planned for each struggling student and appropriate support services will be made available.

Continuing Education: Continuing education training will be offered utilizing the materials developed by a Grantee partner, TAPCA, and advisor, The SCAN Foundation. TAPCA offers 15 continuing education trainings on a monthly basis throughout the year that last from two to six hours, and The SCAN Foundation has six geriatric focused courses available for Direct Care Worker training organizations.

Benchmarks Completed to Date: First year accomplishments for CA include the mapping of existing curricula and the development of the model training curriculum that will serve as the "test" curriculum in this project. Written materials and lesson plans have also been developed for all curriculum modules. The implementation plans have been finalized, including standardized job descriptions, orientation programs and registration forms across all sites. The pre-test evaluation data collection has been completed for Year One and standardized evaluation tools will be used with trainings to start in September 2011.

Iowa Personal and Home Care Aide Training Demonstration Project

Grantee: Iowa Department of Public Health

Project Director: Julie McMahon **Contact**: 515-281-3104, Julie.mcmahon@idph.iowa.gov

Partner Organizations: Iowa Association of Community College Trustees; Iowa Direct Care Worker Advisory Council; Iowa Workforce Development; State Public Policy Group (SPPG) – Regional Project Coordinator; University of Iowa College of Nursing (Curriculum Director); Iowa CareGivers Association and Direct Care Workers; Iowa Department of Inspections and Appeals; Iowa Western Community College

Evaluators: University of Iowa School of Social Work National Resource Center on Family Centered Practice

Current Status of DCWs in State: Training for direct care workers in Iowa is mostly un-standardized and subject to a combination of federal, state, and employer requirements. There is a need for a training and credentialing model that creates portability and addresses the lack of ability of consumers, public, employers, and direct care workers to identify skills and knowledge of workers based solely on job titles.

Key Features of Grantee's Program: Developing a nationally-recognized training and credentialing model based on the recommendations of the legislatively-directed Iowa Direct Care Worker Advisory Council. Two geographic regions are targeted in this project to align with workforce development regions in the state; one urban and one rural. The sample of direct care workers participating in the pilot project will represent a range of settings in which personal and home care aides are employed or provide services: homes, intermediate care facilities, residential care facilities, supported employment, assisted living programs, and adult day programs. The project is developing competencies and curricula in five key areas. The project also includes a collaborative effort to implement an information management system with the capability of issuing credentials and tracking workforce statistics.

Competency Based Curricula:

- Direct Care Associate Core Training
- Home and Community Living

Certifications: (Renewed every two years; continuing education required)

- Basic: Direct Care Associate

- Instrumental Activities of Daily Life
- Personal Support
- Personal Activities of Daily Life
- Health Monitoring and Maintenance
- Advanced: Community Living Professional
- Advanced: Personal Support Professional
- Advanced: Health Support Professional

Targeted Participants: Two geographic regions are being targeted to align with workforce development regions in the state, one urban and one rural, and will include a representative sample of all settings in which direct care workers are employed or provide services, including client homes, intermediate care facilities, residential care facilities, supported employment, assisted living programs, and adult day programs. Full-time, part-time, new, and incumbent workers are participating in the pilot; new workers are targeted to take the new curriculum and incumbent workers are targeted for continuing education opportunities. Recruitment will primarily occur through the employers and community colleges contracted to participate. Iowa's outreach and education strategy also includes establishment of direct care professional and employer ambassadors throughout the state. Ambassadors will serve as leaders in their regions by providing information to their peers, conducting presentations, and participating in early testing of the IT system. A website serves as a one-stop resource for information about the project, in addition to printed and electronic materials for use by community college partners, direct care workers for peer outreach, and employers to recruit workers. Iowa CareGivers Association is developing a video to aid in recruitment into the field of direct care. This will be an additional tool for employers and educators in preparing people for work in the direct care field.

Training Delivery: All direct care workers are required to complete the core curricula to become certified as a Direct Care Associate and this basic certification must be renewed every two years. Depending upon their areas of interest/specialization, workers can continue to pursue advanced training which can lead to advanced certifications as a Community Living Professional, Personal Support Professional or/and a Health Support Professional. These advanced certifications are obtained by completing the advanced curricula models and must also be renewed every two years. The Department expects to contract with at least one independent statewide direct care worker organization to provide the mentoring and retention activities for the project. This same organization will support the recruitment of direct care workers to participate in the project. Instructors will be trained through a train-the-trainer model. Instructors will be certified, during the pilot, by IDPH and eventually by the Board of Direct Care Professionals. IDPH expects to train between 20 and 50 instructors during the PHCAST project.

Support/Retention Services: For the early retention intervention activities, Iowa CareGivers Association will develop and implement a "Penny for Your Thoughts" program that provides an environment to interact with peers in a positive and structured way, and targets people new to the field. Iowa CareGivers Association is finalizing an on-line Mentor Management Readiness Toolkit to assist employers in developing or enhancing a mentor program within their agencies. Mentor training will be offered at least twice during Year Two of the project.

Continuing Education. All four certified direct care positions will be required to complete specified continuing education units every two years when renewing their credentials. The required CE hours include: Certified Direct Care Associate, 6 hours; Advanced Certified Community Living Professional, 18 hours; Advanced Certified Personal Support Professional, 18 hours; and Advanced Certified Health Support Professional, 18 hours.

Benchmarks Completed: Contracts have been awarded to ten counties around the Des Moines metropolitan area and to ten counties in the southeastern, rural regions of the state. The curriculum Work Group has finalized Core, Home and Community Living, and Personal Support modules for stakeholder review. The Outreach Toolkit has been completed and Direct Care Worker Advisory Council members were trained in June 2011. The program evaluation plan has also been finalized along with the control group criteria and selection processes.

Maine Personal Assistance Worker Training Program

Grantee: Maine Department of Health and Human Services

Project Director: Diana Scully, Director of Elder Services **Contact** 207-287-9204
Diana.Scully@maine.gov

Partner Organizations: Muskie School of Public Service and the College of Nursing and Health Professions at the University of Southern Maine, University of Maine at Augusta, ASPIRE, the job program for Maine's TANF recipients

Evaluators: University of Southern Maine's Center for Education Policy, Applied Research, and Evaluation

Current Status of DCWs in State: Numerous titles and certifications for direct care workers throughout the state with no coordination. Program is focusing on the three largest groups of workers to revise the curricula to reflect core competencies: Personal Support Specialist, Direct Support Professional, and Mental Health Rehabilitation Technician-1.

Key Features of Grantee's Program:
The Maine Personal Assistance Worker Training Program is developing a core curriculum and revising the existing curricula of the three largest specialized Direct Care Workers groups to integrate a set of core competencies. The training will be available to workers throughout the state through the University of Maine at Augusta (UMA), which specializes in distance education delivery for the non-traditional student. A key component of the delivery system will be a web-based portal, which will provide a single point of entry for accessing the curriculum and certification system and the delivery system itself. One of the overarching goals of the project is to establish a framework for building a comprehensive system that provides a logical career progression and enables specialization and cross-training to respond to a range of complex and changing medical and supportive needs.

Competency Based Curricula::
- Core Curriculum
- Personal Support Specialist
- Direct Support Professional
- Mental Health Rehabilitation Technician-1

DCW Certifications:
- Personal Support Specialist
- Direct Support Professional
- Mental Health RehabilitationTechnician-1

Targeted Participants: The comparison and pilot group participants will include both persons who are employed and not yet employed. Some of the trainees who are currently not employed in direct care work will be people participating in ASPIRE, Maine's job program TANF recipients. In Portland and Lewiston, recruitment will target members of Maine's refugee population to increase Maine's capacity to better serve that community. Participants will meet existing screening standards. For the Personal Support Specialist (PSS) group, 60 participants will be recruited for the Year Two pilot face-to-face implementation of the curriculum, and an additional 30 to 60 comparison participants in existing training pathways. During Year Three, 30 additional PSS students will test the on-line version. For the DSP and the MHRT-1, 35 participants each will be recruited, and stipends will be paid as an incentive to participate in evaluation activities.

Training Delivery: Career counseling and mentoring for employed workers will be introduced through supplemental orientation materials prepared for employers. These materials will provide employers with tools and strategies for preparing provisional employees for their selected career path and helping them to support their employees' success and retention in the training program (e.g., helping workers to address childcare or transportation barriers).

Support/Retention Services: Career counseling and mentoring for employed workers will be introduced through supplemental orientation materials prepared for employers. For trainees recruited through ASPIRE, the job program for Maine's TANF recipients, mentoring and career counseling will be provided by ASPIRE caseworkers. For others not yet employed, top performers will be recruited to provide mentorship; these peer mentors will be paid through stipends funded by the grant.

Continuing Education: Workers will be required to complete continuing education requirements to enhance and refresh their skills; learn about current theories, practices, and changes in the long-term care field; and to maintain certification.

Benchmarks Completed: Project management structure is in place in addition to the project subcontracts having been successfully executed with implementation partners. Internal stakeholder groups have been established and external stakeholders have been engaged. The integrated competency model has been completed and the curriculum is on track for completion. The training web portal is also ready to launch. The approach to the project was significantly modified and has preliminary approval.

Massachusetts Personal and Home Care Aide State Training Program

Grantee: Massachusetts Executive Office of Health and Human Services

Project Director: Leanne Winchester, RN **Contact:** 617-573-1823, Leanne.Winchester@state.ma.us

Partner Organizations: Bristol Community College; Bristol Employment Collaborative, Commonwealth Corporation, Massachusetts Area Health Education Center Network; Massachusetts Council for Home Care Aide Services; PCA Quality Workforce Council; PHI; Executive Office of Labor and Workforce Development; Department of Public Health; Department of Mental Health; Department of Developmental Services; Massachusetts Rehabilitation Commission; Massachusetts Executive Office of Elder Affairs

Evaluators: The Commonwealth Corporation in partnership with the Executive Office of Health and Human Services and the Executive Office of Elder Affairs

Current Status of DCWs in State: Home care aides are currently used by the Executive Office of Elder Affairs' Home Care Program. However, the MA Council training is recommended to home care provider agencies, but not required by EOEA. Personal Care Attendants (PCA) in the state are primarily funded by MassHealth through the MassHealth PCA program, but there is no formal training required for PCAs.

Key Features of Grantee's Program: The Massachusetts program is working towards enhancing existing direct care worker training programs by integrating core curriculum modules focused on standardizing competencies across the health and human service field. The project will revise existing voluntary curricula for Home Care Aides and Personal Care Attendants to standardize and integrate core competencies and related training components for all direct care workers currently hired directly or indirectly by the state for community-based long term care across diverse populations and funding streams.

Competency Based Curricula:
MA PHCAST Core Curriculum Modules implemented into existing:
- Personal Care Assistant
- Home Care Aide

Certifications:
- Certificate of completion upon successful demonstration of core competencies skills and knowledge.

Targeted Participants: Training venues and recruitment of faculty and students for the pilot curriculum will be identified through the collaborative efforts of Mass Council, PCA Workforce Council, and

BCC/BEC. Training for home care aides will be conducted by registered nurses employed by members of the MA Council who will be trained in the new curriculum. In the first year, training will be held in 15 areas of the state for up to 150 new home care aides. Similarly, BCC has committed to using the revised PCA curriculum to train up to 20 students in the fall. The recruitment strategies for the program participants will be based on expanding the significant relationships grant partner agencies have with individuals who are currently unemployed or underemployed, and those who are already working in the sector and want to advance to higher skill positions through the training program.

Training Delivery: In order to increase the attractiveness of the direct care career field for job seekers, bolster the retention of workers, and facilitate the sustainability of the core competencies training program, Massachusetts is aligning the education-to-career path and the reimbursement strategies. These strategies include investigating possible compensation for existing workers to participate in skills and knowledge training to support direct support services.

Support/Retention Services: Program partners 1199 SEIU, PCA Workforce Council, MA Council for Home Care Aide will provide case management support and provide conflict resolution services.

Continuing Education: Courses currently being considered include: Alzheimer Care, Violence in the Home, Supporting Consumers with Mental and Cognitive Health Concerns, Understanding Limits and Boundaries in the Workplace, and Recognizing and Preventing Fraud.

Benchmarks Completed: An Advisory Group was assembled and a crosswalk identifying core competencies of current National and MA training curricula was completed. Four modules addressing the core competencies have been developed and used to train 56 Home Care Aides. Trainings were conducted at five training centers across the state; four training sites completed sessions in August, and six sites are scheduled for completion in September 2011. Twenty PCA students have the option to earn four college credits. A standard assessment used to measure the ten mandatory competencies has also been developed. Pretest/baseline data has been collected for over 56 HCA and 20 PCAs.

Michigan's Building Training...Building Quality Program

Grantee: Michigan Office of Services to the Aging

Project Director: Daniel P. Ochylski RN, BSN, MS **Contact**: 586.771.4097, www.michigan.gov/miseniors

Partner Organizations: Michigan State University, PHI, Selected MI Choice home and community-based waiver agencies and their respective provider/employer organizations

Evaluators: Evaluation team headed by Clare Luz, Ph.D.

Current status of DCWs in State: There are no comprehensive PCA or HCA core competencies, curricula, or training programs required or sanctioned in Michigan. Many provider agencies recruit and hire graduates of a state-approved CNA training program that is not built on a home care model. The current training requirements in the Medicaid waiver application for the MI Choice program are modest (CPR, etc.) and are not competency-based.

Key Features of Grantee's Program: The Michigan Grantee program intends to fill a critical need by building and operating a sustainable "gold standard" training program for Michigan's personal care aide (PCA) and home care workforce. The state Office of Services to the Aging and its partners are: creating a core curriculum based on needed competencies to serve MI Choice clients; building the state's capacity to deliver an adult learner-centered training for the entire PCA workforce, starting with the training of 400 PCAs who currently serve MI Choice participants during the grant period; and offering in-service training to PCAs on identified critical topics. Peer mentors will support the new PCAs while in training and throughout the first six months of employment, and a continuing education series will be offered to over 1,300 current PCAs on preventing abuse and neglect, home skills management, and dementia care. Successful graduates of the initial training program will receive a certificate from the sponsoring local

waiver agency. The demonstration program will seek to build the capacity of the state's elderly and disability services provider system to sustain the training after the federal funding ends.

Competency Based Curricula:

- Personal Care Aide (based upon PHI's current curriculum)

Certifications:

- Certificate of completion from the sponsoring local waiver agency.

Targeted Participants: Regional MI Choice waiver agents will identify home care agencies, adult foster care homes, homes for the aged, and individual consumers employing PCAs, and work with them to recruit PCA participants. The waiver agents have established, and continue to provide, support to their provider/employer networks to deliver services, and are experienced in complex initiatives and data collection and analysis surrounding the MI Choice program and other aging and disability related services. Regional waiver agencies will be asked to recruit and organize employers/providers and PCAs interested in participating in the training program and demonstration. These local partners will be encouraged to collaborate with community colleges, local Michigan Works! agencies, approved CNA training programs, and community-based training and placement entities. Six waiver agents in four regions were selected and a project orientation session was held in July 2011.

Training Delivery: Peer mentors will be recruited, trained, and supported to assist instructors in the classroom and to support new PCAs in the first six months of employment. Peer mentor candidates may be selected from qualified PCAs working in the MI Choice program or in the state's other personal care services Medicaid-funded program, Home Help. Peer mentors will need to have at least one year's experience serving either MI Choice or Home Help clients and a satisfactory work record, further they must possess a desire to coach and support other PCAs. Once trained, peer mentors will be part of the training team in the PCA initial training program assisting the instructor in observing student skills and attitudes, assisting in hands-on demonstration, coaching students in new skills, and other chores as needed. The peer mentors will also be available to participate with in-service training sessions.

Continuing Education: Offering continuing education in three high-demand topic areas: Adult Abuse and Neglect Prevention Training; Home Management Skills Training; and Dementia Care

Benchmarks Completed: Michigan has established their development team and created a competency decision making tool to guide identification of final competencies for inclusion in the training design. Six waiver agents were selected to participate in the demonstration project and an initial introductory meeting, and the orientation meeting was conducted. Further, the program promoted working collaboratively on a separate national project funded by the federal Centers for Medicare and Medicaid (CMS) Services to create an abuse and neglect prevention curriculum for aides working in nursing homes. Within the Affordable Care Act, CMS has been asked to develop for nursing homes an abuse and neglect prevention training. All 20 Michigan waiver agents were invited to participate in the work groups that will finalize the competencies, adapt the curriculum, and develop a certification process.

North Carolina PHCAST Program

Grantee: North Carolina Department of Health and Human Services

Project Director: Kathy Turner, RN **Contact:** 919-855-4429

Implementing Partners: NC Foundation for Advanced Health; NC DHHS (Office of Long Term Services and Supports, Division of Aging and Adult Services, and Division of Health Service Regulation); NC Board of Nursing; NC Community College System, NC Department of Public Instruction; Direct Care Workers Association of NC, Association for Home and Hospice Care of NC, Duke University Community Health Division, UNC Institute on Aging.

Evaluators: UNC Institute on Aging and Cecil G. Sheps Center for Health Services Research

Current Status of DCWs in State: Individuals must be listed on the Nurse Aide Register to work as a Nurse Aide in the state, regardless of work setting. The majority of approved Nurse Aide training programs are between 120-130 hours. However, since the establishment of the registry there is an enormous rate of attrition for trained Nurse Aides (about 2 out of 3) which represents a huge loss of talent for the state. Currently, Personal Care Aides working in adult care homes must complete 80 hours of training.

Key Features of Grantee's Program: This program is designed as multi-phase curricula that intend to reduce the high-rate of Nurse Aide attrition seen throughout the state. Two levels of training are provided below the standard Nurse Aide I training that introduce potential trainees to the nature of direct care work (Phase I) and provide training in basic home care skills to non-professionals and family members who are involved in care-taking, but lack basic home care skills (Phase II). The current Nurse Aide I curriculum is being revised to align with the 10 core competencies (Phase III) and advanced specialty curricula and certificates of Home Care Nurse Aide and the Geriatric Aide will be developed (Phase IV). The training curricula will be piloted by High School Allied Health Programs and Community Colleges and will later be "packaged" into in-service training programs for use by employers to enhance training for incumbent workers, regardless of setting. The training and competency program will also be compatible with North Carolina's NOVA (New Organizational Vision Award) special licensure program for home care agencies, adult care homes, and nursing facilities.

Competency Based Curricula:

- Phase I: Introduction to DCW
- Phase II: Personal Care Aide
- Phase III: Nurse Aide I (revised)
- Phase IV: Home Care Nurse Aide & Geriatric Home Aide

Certifications:

- Personal Care Aide Certificate
- Nurse Aide I Certificate/Registry
- Home Care Nurse Aide Certificate/Registry
- Geriatric Nurse Aide Certificate/Registry

Targeted Participants: Targeted trainee population will include new students seeking employment in direct care work (with a particular focus on in-home) with little or no formal training and employed workers seeking to increase their training. The multi-phased curricula also allows for employed DCW, who are not subject to the Nurse Aide listing, to obtain formal training (Phase II). The primary training venues will be community colleges and allied health programs, with home care agencies and adult care homes providing staff to participate in training. The pilot program will include four community colleges, four allied health programs, eight home care agencies, and six adult care homes that will represent all regions of the state. Training will incorporate classroom instruction and clinical hours (training and at work-sites).

Training Delivery: Phases I and II will be primarily implemented in classroom settings through the state's community colleges, with Phase II curriculum also including skill labs. Existing high school Allied Health programs include the majority of competencies in Phases I & II. Phase III and IV (Nurse Aide I, Geriatric Nurse Aide and Home Care Nurse Aide specialties) will be implemented in both community colleges and high schools. In addition, specialty training modules, like Developmental Disabilities, will be considered for on-line and various other instructional delivery methods. Upon the completion of Phase I, trainees will receive a certificate of completion and their CPR certification. At the completion of Phases II-IV of the curriculum, trainees will receive an industry recognized certificate of completion endorsed by key provider associations and the North Carolina Department of Health and Human Services. Students finishing Phase III of the curriculum will be eligible to test for the Nurse Aide I registry. Students completing Home Care Aide (phase IV) will be listed on the Nurse Aide I Registry as a Home Care Aide.

Support/Retention Services: Phase I curriculum offers self-assessment and appropriate referrals through Human Resource Development and included opportunities for redirection for those trainees who are not a good fit for further direct care worker training. Community college and high school sites have resources for career counseling integrated into their educational systems.

Continuing Education: North Carolina will be working with their partners to develop packages of trainings for in-service training used by various employers/employer settings for incumbent workers. These will be submitted for approval for CEU credit after they are developed.

Key Benchmarks completed: The Home Care Nurse Aide (Phase IV specialty) curriculum has been developed and participant recruitment for allied health programs high schools has begun for Fall 2011. Course descriptions and pilot site applications have been submitted to the NC Community College system for approval to begin pilots in early 2012 (for Phase I, II and the Home Care Nurse Aide). In terms of the evaluation, data collection, assessment, and participant tracking tools, they have been drafted and all IRB protocols and documentation have been finalized. Key information interviews have been conducted and baseline data/pre-testing of trainees will begin in August and September 2011.

Appendix B

Grantee Program Curricula, Assessment, and Training Materials

CALIFORNIA

- Personal Care Aide Curriculum Outline*: Providing Personal Care Services to Elders and People with Disabilities: A Model Curriculum for Personal Care Aides*
- PCA Facilitator Guides (not included but available)
- PCA Modules 1-25 Handouts (not included but available)

IOWA

- Iowa Direct Care Worker Advisor Council – Description of Training Modules
- Direct Care Professional Pathways
- Continuing Education Requirements
- Instructor Requirements
- Iowa Advance Training Module: Home and Community Living Competencies

MAINE

- Maine Personal Aide Training – Core Curriculum Domains and Topic Headings Proposed Outline
- Sources for Maine Curricula Development in Relation to Core Competencies

MASSACHUSETTS

- Council PHCAST Enhanced Personal Care Homemaker Training
- Summer 2011 Pilot Training Curriculum Outline
- PHCAST Pre and Post Training Assessment [PHCM Version]
- PHCAST Skills Assessment

MICHIGAN

- Waiver Agents Engagement in the Curriculum Work

NORTH CAROLINA

- NC - PHCAST Partner Team Training Topics (Phase I & II)
- Nurse Aide I Curriculum (Phase III)
- Home Care Nurses Aide Curriculum (Phase IV)
- Geriatric Aid Curriculum (Phase IV)

Providing Personal Care Services to Elders and People with Disabilities: A Model Curriculum for Personal Care Aides

California Partnership
Standards-Based Personal Care Training and Certification Project

Outline of Curriculum

Section A. Introduction and Orientation to Direct-Care in Long-Term Living Settings

Module 1: Key Concepts
Module 2: Work Settings, Teamwork, and Professionalism

Section B. Foundational Knowledge, Attitudes, and Skills

Module 3: Working with Elders
Module 4: Respecting Differences
Module 5: Communication: Listening and Talking Skills
Module 6: Working with a Consumer Who Is Depressed
Module 7: Infection Control
Module 8: Body Systems and Common Diseases
Module 9: Body Mechanics

Section C. Person-Centered Care

Module 10: Supporting Consumers at Home
Module 11: ADL: Nutrition & Eating
Module 12: Supporting Consumers' Dignity While Providing Personal Care
Module 13: ADL: Bathing and Personal Care
Module 14: ADL: Toileting
Module 15: ADL: Ambulating; Making a Bed
Module 16: ADL: Dressing & Toileting (Part 2)

Section D. Other Issues that Apply Across Work Settings

Module 17: Working with Consumers with Dementia
Module 18: Introduction to Mental Illness, Developmental Disabilities, and Abuse and Neglect
Module 19: Working with an Independent Adult with Physical Disabilities
Module 20: Consumer and Worker Rights: Managing Time and Stress
Module 21: Return Demonstrations: Dressing, Eating, Toileting
Module 22: Paramedical Services
Module 23: CPR and First Aid Certification
Module 24: Career Development - Preparing for the Job
Module 25: Client Service Excellence

DIRECT CARE
WORKFORCE INITIATIVE

IOWA DIRECT CARE WORKER ADVISORY COUNCIL: DESCRIPTION OF TRAINING MODULES

CORE

Defined as basic foundational knowledge and introduction to profession. All DCWs complete Core as entry to the profession.

- DCW System
- Person Centered/Directed Care
- Communication and Interpersonal Skills
- Infection Control
- Documentation
- Mobility Assistance and Worker Safety

HOME AND COMMUNITY LIVING

Defined as enhancing or maintaining independence, accessing community supports and services, and achieving personal goals. Functions may include:

- Community and Service Networking
- Community Living Skills and Supports
- Facilitation of Services
- Education, Training, and Self-development
- Advocacy
- Crisis Prevention and Intervention
- Building and Maintaining Friendships and Relationships
- Vocational, Educational & Career Support

INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Defined as services to assist an individual with daily living tasks to function independently in a home or community setting. Functions may include:

- Managing money
- Driving a car or transportation
- Using the phone
- Laundry
- Shopping
- Cooking
- Washing dishes
- Bed making
- Light housekeeping

PERSONAL SUPPORT

Defined as providing support to individuals as they perform personal care activities of daily living. Functions may include:

- Supervising
- Coaching
- Prompting
- Teaching/Training
- Supporting

PERSONAL ACTIVITIES OF DAILY LIVING

Defined as services to assist an individual in meeting their basic needs. Functions may include:

- Bathing, back rubs, skin care
- Grooming – hair care, nail care, oral care, shaving, applying make-up
- Dressing & undressing
- Eating – includes feeding
- Toileting – includes urinal, commode, bedpan
- Mobility assistance – transfers to chair/bed, walking, turning in bed, etc.

HEALTH MONITORING AND MAINTENANCE

Defined as medically-oriented services that assist an individual in maintaining their health. Functions may include:

- Measuring intake and output
- Catheter care
- Ostomy care
- Collecting specimens
- Checking vitals – temperature, pulse, respiration, blood pressure
- Measuring height and weight
- Range of motion exercises
- Urinary care
- Application of TED Hose, heat and cold packs

EXAMPLES OF SPECIALTY ENDORSEMENTS

Specialty Endorsements will be developed by experts in those subject or professional areas and approved by the Iowa Board of Direct Care Professionals.

Autism; Alzheimer's/Dementia; Advanced Nurse Aide; Brain Injury; Mentoring; Crisis Intervention; Hospice and Palliative Care; Medication; Mental Health; Paid Nutritional Assistant; Positive Behavior Supports; Psychiatric Care; Wellness and Prevention

DIRECT CARE
WORKFORCE INITIATIVE

DIRECT CARE PROFESSIONAL CAREER PATHWAYS

SPECIALTY ENDORSEMENTS

Autism, Alzheimer's/Dementia, Advanced Nurse Aide, Brain Injury, Crisis Intervention, Hospice & Palliative Care, Medication Aide, Medication Manager, Mental Health, Mentoring, Positive Behavior Supports, Paid Nutritional Assistant, Psychiatric Care, Rehab Aide, Wellness & Prevention

Specialty Endorsements will be developed by experts in those subject or professional areas and approved by the Iowa Board of Direct Care Professionals. Specialty Endorsements currently have or may have unique regulatory requirements.

Optional education open to all Certified Direct Care Associates. Some Endorsements may be required for workers based on regulations for those specialties.

Requirements: Active Certification status.

Credential Received: Endorsement

Continuing Education: Determined separately for each Endorsement. Continuing education completed for a specialty will count toward hours to maintain Certification or Advanced Certifications.

Title: Determined separately for each Endorsement.

CORE TRAINING

CORE

Direct Care Associate

Basic foundational knowledge and introduction to profession.

Required for all direct care workers, except individuals providing services only to family or one individual.

Requirements: Must meet minimum age for employment and pass a background check to be employed.

Credential Received: Certification; must be renewed every two years

Continuing Education: 6 hours every two years

Title: Direct Care Associate

ADVANCED TRAINING MODULES

HCL — Home & Community Living

Services to enhance or maintain independence, access community supports and services, and achieve personal goals.

IADL — Instrumental Activities of Daily Living

Services to assist an individual with daily living tasks to function independently in a home or community setting.

PS — Personal Support

Services to support individuals as they perform personal activities of daily living.

PADL — Personal Activities of Daily Living

Services to assist an individual in meeting their basic needs.

HMM — Health Monitoring & Maintenance

Medically-oriented services to address health needs and maintaining health.

ADVANCED TRAINING CREDENTIALS

Community Living Professional

Optional education open to all Certified Direct Care Associates.

Requirements: CORE + HCL + IADL + PS + active Certification status

Credential Received: Advanced Certification; must be renewed every two years

Continuing Education: 20 hours every two years

Title: Community Living Professional (CLP)

Personal Support Professional

Optional education open to all Certified Direct Care Associates.

Requirements: CORE + PS + PADL + active Certification status

Credential Received: Advanced Certification; must be renewed every two years

Continuing Education: 20 hours every two years

Title: Personal Support Professional (PSP)

Health Support Professional

Optional education open to all Certified Direct Care Associates . Certification is required for individuals performing health support functions in nursing facilities and home health/care agencies.

Requirements: CORE + HCL + PADL + active Certification status

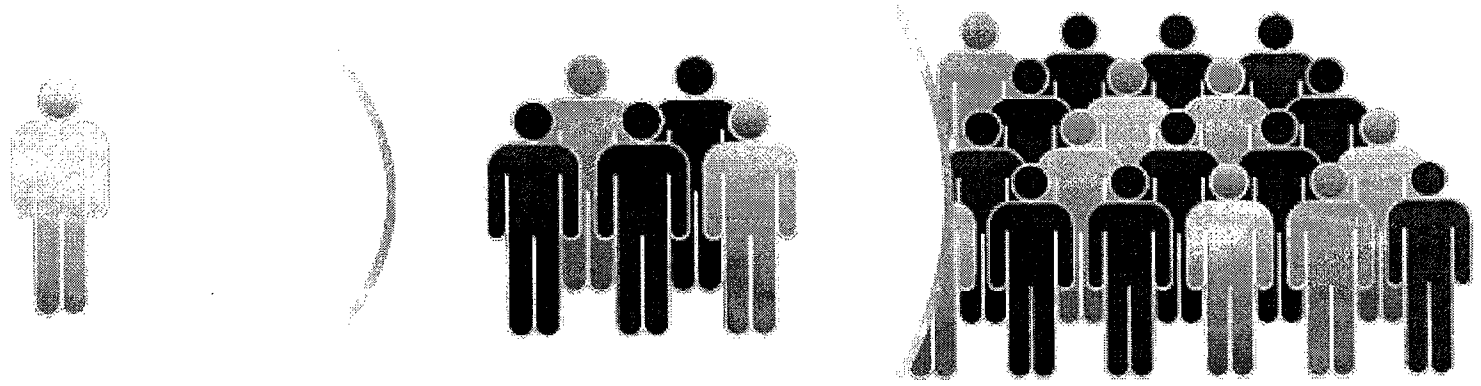
Credential Received: Advanced Certification; must be renewed every two years

Continuing Education: 20 hours every two years

Title: Health Support Professional (HSP)

DIRECT CARE PROFESSIONAL (DCP) INSTRUCTOR NETWORK

The Instructor Network utilizes a train-the-trainer approach for maximum flexibility and access to training statewide.
Trainers and instructors may be employed by providers, educational institutions, or other organizations.
The Network consists of the training coordinator, trainers, and instructors.



Training Coordinator

- Shall be approved by the Iowa Board of Direct Care Professionals (Board), have experience developing curriculum for DCPs, and be a qualified educator as determined by the Board.
- Will regularly seek feedback from trainers and coordinate ongoing efforts to update curriculum at the direction of the Board.
- Will endorse direct care professional trainers by facilitating an Instructor Course on Board-approved competencies and curriculum for DCPs and a Trainer Course on principles of adult learning.

Trainers

- Will meet the required instructor qualifications, be certified by the Iowa Board of Direct Care Professionals, and complete continuing education requirements.
- Will have taught a minimum of 5 courses (for each module certified) as a Certified Instructor. The Board may waive this requirement for trainers for initial establishment of the train-the-trainer network.
- Will have completed the Trainer Course on principles of adult learning and the Instructor Course on Board-approved competencies and curriculum for DCPs.
- Will train instructors.

Instructors

- Will meet the required instructor qualifications, be certified by the Iowa Board of Direct Care Professionals, and complete continuing education requirements.
- Will complete the Instructor Course provided by a direct care professional trainer on Board-approved competencies and curriculum for direct care professionals.
- Will directly instruct direct care professionals.
- Will issue documentation of successful completion of education to direct care professionals.

Iowa Advance Training Module
Home and Community Living Competencies

Unit I: Home and Community Living
Competency 1.1: The DCP will discuss the history, principles and values of the home and community based living movement.
Competency 1.2: The DCP will explain the principles of the home and community-based living and explain their value.
Competency 1.3: The DCP will discuss 'best practices' related to their role in providing home and community based services (HCBS).

Unit II: Building and Maintaining Friendships and Relationships
Competency 2.1: The DCP will discuss ways to facilitate the development and maintenance of interpersonal relationships that support the needs and wants of persons in home and community based living.

Unit III – Cultural Competence
Competency 3.1: The DCP will define culture and cultural competence.
Competency 3.2: The DCP will explain how cultural differences impact their role in providing person-centered support.

Unit IV – Abilities and Disabilities across the Life Span
Competency 4.1: The DCP will discuss milestones of typical development across the life span.
Competency 4.2: The DCP will identify functional barriers of selected disabilities and the types of strategies and support needed to maintain major life activities.

Unit V – Behavioral Supports and Intervention
Competency 5.1: The DCP will discuss the principles and application of Positive Behavior Support.
Competency 5.2: The DCP will describe crisis prevention, intervention and resolution techniques for specific circumstances and individuals.

Unit VI – Support Plans and Services
Competency 6.1: The DCP will describe the purpose of individualized support plans and their relationship to outcome based philosophy.
Competency 6.2: The DCP will explain the role of the Support Team to identify wants, needs and progress toward outcomes of the person served.
Competency 6.3: The DCP will discuss their role in implementing the individualized support plan.
Competency 6.4: The DCP will apply documentation principles.

Maine Personal Aide Training
Core Curriculum Domains and Topic Headings Proposed Outline

1.0 Roles and Responsibilities
1.1 Terms and Definitions
1.2 Overview of Maine's HHS/LTC Service Delivery System and Programs
1.3 Overview of Worker Titles and Roles
1.4 Professional Expectations of Direct Service Workers

2.0 Interpersonal Relationships and Communication Skills
2.1 Interpersonal Relationships and Applied Skills
2.2 Fundamentals of Communication
2.3 Applied Communication Skills

3.0 Personal Care and Health Support
3.1 Understanding Physical and Mental Health
3.2 Supporting Personal Care
3.3 Supporting Healthy Living

4.0 Consumer Needs, Rights and Choices
4.1 Understanding Needs of Persons-Served
4.2 Understanding Consumer Rights
4.3 Understanding Diversity and Cultural Competence
4.4 Supporting Consumer Choice and Inclusion
4.5 Abuse & Neglect: Recognition and Response

5.0 Safety
5.1 Infection Control
5.2 Emergency Situations & Response
5.3 Injury Risks and Prevention

6.0 Documentation
6.1 Purpose of Documentation and Reporting
6.2 Types of documentation and Guidelines for Good Reporting and Confidentiality
6.3 Mandatory Reporting Responsibilities and Procedures

Domain 1.0: Roles & Responsibilities
Definition: *The knowledge, skills and attitudes direct service workers need in order to understand Maine's publicly funded long term care and support programs, the individuals they serve, and the multiple direct services worker roles, employment requirements and career options.*

1.1: Terms and Definitions
- 1.11 Define commonly used terms.

1.2: Overview of Maine's HHS/LTC Service Delivery System and Programs
- 1.21. Describe the different kinds of services available to elders and people with disabilities in Maine.

- 1.22. Describe how to find current information about the service delivery system for persons-served.
- 1.23. Identify current information about community programs and services available to persons-served.

1.3: Overview of Worker Titles and Roles (includes Career Options and Career Development)

- 1 .31: Demonstrate understanding of worker titles and key roles within the healthcare and human services systems
- 1.32. Describe the core values in your work with persons-served.
- 1.33: Identify career and training opportunities available to you as a direct service worker (explain career options available to DSWs)
- 1.34: Explain the importance of personal and career development

1.4: Professional expectations of direct service workers

- 1.41. Provide examples of good work habits and ethics.
- 1.42. Explain how to use best practices on the job.
- 1.43. Describe how to encourage choice-making and self-advocacy for persons served.
- 1.44. Identify ways to maintain professional relationships with co-workers.
- 1.45. Identify ways to take care of yourself and grow in your career.

Domain 2.0: Interpersonal Relationships and Communication Skills
Definition: *The knowledge, skills and attitudes direct service workers need in order to establish and maintain respectful and effective relationships and interactions with a diverse population of persons served and coworkers.*

2.1: Interpersonal Relationships and Skills

- *2.11. Demonstrates ability to form respectful, effective interpersonal relationships with persons-served.*
- *2.12. Identify the purposes of behavior.*
- *2.13. Identify the functions and causes of behavior.*

2.2: Fundamentals of Communication (Roles, parts, styles, mechanics)

- 2.21. Express the purposes and elements of communication.
- 2.22. Demonstrate an awareness of how culture impacts communication.
- 2.23. Identify skills for communicating respectfully.

2.3: Applied Communication Skills (Strategies, methods)

- 2.31. Communicate and listen effectively.
- 2.32. Illustrate strategies to address barriers to communication and overcome behavioral challenges.
- 2.33. Promote strategies to improve communication.
- 2.34. Apply effective teaching methods.

Domain 3.0: Personal Care and Health Support (combines: Health Care Support, Basic Restorative Skills + Personal Skills & Nutrition)

Definition: *The knowledge, skills and attitudes direct service workers need in order to provide direct care and personal support to perform activities of daily living and assigned health, medical, rehabilitation, recovery, safety and wellness activities.*

3.1: Understanding Physical and Mental Health

- 3.11. Recognize signs and symptoms of illness and understand your role in addressing them.
- 3.12. Identify health conditions and your role participating in care of persons-served.
- 3.13. Describe the connection between physical health, mental health, and recovery.

3.2: Supporting Personal Care

- 3.21. Explain your role in promoting self-care of persons-served.

3.3: Supporting Healthy Living

- 3.31. Explain what health, wellness, healthy choices, and quality of life mean.
- 3.32. Demonstrate ability to support persons-served in making healthy lifestyle choices.
- 3.33. Understand the significance of human relationships and sexuality in the lives of persons-served.
- 3.34. Follow safety guidelines for a safe and healthy household.

Domain 4.0: Consumer Needs, Rights, and Choices (combines: Consumer Need + Person-Centered, Consumer Rights/Ethics/Confidentiality and Cultural Competence)
Definition: *The knowledge, skills and attitudes direct service workers need in order to work effectively with co-workers, as well as support and encourage a respectful, inclusive, and equitable environment for working with a diverse population of persons-served.*

4.1: Understanding needs of person-served.

- 4.11. Describe why Maslow's hierarchy of needs is important in your work.
- 4.12. Demonstrate an understanding of the importance of persons-served taking risks and making choices.
- 4.13. Recognize needs related to the aging process.

4.2: Understanding Consumer Rights

- 4.21. Know the laws that protect the rights of persons-served.
- 4.22. Demonstrate an understanding of how guardianship impacts persons-served.
- 4.23. Explain individual rights of persons-served.
- 4.24. List ways to protect confidentiality of persons-served.

4.3: Understanding Diversity and Cultural Competencies

- 4.31. Define cultural competence and related terms.
- 4.32. Describe the importance of being culturally competent.
- 4.33. Show familiarity with the rich diversity in Maine.

4.4: Supporting Consumer Choice and Inclusion

- 4.41. Identify different learning styles.
- 4.42. Describe a variety of methods to teaching choice-making.
- 4.43. Promote community inclusion for persons-served by:

- Identifying strengths and interests.
- Respecting Personal Choices.
- Matching strengths to community resources.
- Minimizing barriers.
- Encouraging natural supports.

4.5: Abuse & Neglect – Recognition and Response

- 4.51. Describe what it means to be a vulnerable adult
- 4.52. Define the different forms of abuse.
- 4.53. Explain your role as a mandated reporter

Domain 5.0: Safety (combines: Safety & Emergency and Infection Control)
Definition: *The knowledge, skills and attitudes direct service workers need in order to implement procedures that promote and maintain a safe, healthy and injury-free environment for persons receiving support services, for themselves and for their co-workers.*

5.1: Infection Control

- 5.11. Demonstrate an understanding of infection control concepts.
- 5.12. Demonstrate use of infection control procedures.

5.2: Emergency Situations and Reponses

- 5.21. Demonstrate an understanding of your role in promoting fire safety.
- 5.22. Demonstrate an understanding of your role in promoting personal safety in emergencies.
- 5.23. State the risks that people with varying needs face during emergencies.

5.3: Injury Risks and Prevention

- 5.31. Explain the universal safety measures.
- 5.32. Demonstrate an understanding of your role in reducing injuries for:
  - Yourself
  - Person's Served
- 5.33. Identify your responsibilities as a safe driver.

Domain 6.0: Documentation
Definition: *The knowledge, skills and attitudes direct service workers need in order to maintain accurate and objective records and to comply with standards of confidentiality, ethical practice and mandatory reporting requirements.*

6.1: Purpose of Documentation and Reporting

- 6.11. Demonstrate understanding of primary purposes of documentation and reporting.

6.2: Types of Documents and Guidelines for Good Reporting and Confidentiality

- 6.21 List ways to link support/care plans with daily documentation.
- 6.22. Identify the basic rules and elements of documentation and reporting.
- 6.23. Maintain confidentiality in documentation and report writing.

6.3: Mandatory Reporting Responsibilities and Procedures

- 6.31. Recognize and describe requirements for preparing an incident report

Council PHCAST Enhanced Personal Care Homemaker Training
Summer 2011 Pilot Training Curriculum Outline

Module	Title	Hours	Suggested Day
A	Orientation to Home Care	3	Day 1
B	Soft Skills: Introduction to Case Management	1	Day 1
C	Soft Skills: Basic Communication	3	Day 1
D	Consumers, Families, Lifestyles and Differences	3	Day 2
E	Anatomy and Physiology	4	Day 2
F	The Aging Process	4	Day 3
G	PHCAST Core: Infection Control	3	Day 3
H	PHCAST Core: Safety and Emergency	3	Day 4
I	Supplemental Module - Worker Safety	1	Day 4
J	A Clean, Safe and Healthy Environment	4	Day 4
K	Soft Skills: Life Skills	3	Day 5
L	PHCAST Core: Gentle Touch	5.5	Days 5 & 6
M	PHCAST Core: Personal Care and Nutrition	11.5	Days 6 & 7
N	Supplemental Module - Personal Care	5	Day 8
O	Supplemental Module - Nutrition	2	Day 8
P	Transitional Care	3	Day 9
Q	Cognitively Impaired/Mental Health Issues	3	Day 9
R	Alzheimer's Disease and Related Disorders	4	Day 10
S	Care and Comfort of the Dying Patient	3	Day 10
T	Agency Specific Communication Skills	3	Day 11
U	Soft Skills: Professionalism	3	Day 11
V	Boundaries and Ethical Issues	3	Day 12
W	Summary and Evaluation	2	Day 12
	Total Hours	80	

Soft Skills Modules: Case Manager to Conduct

PHCAST Core Modules to be Used

The revisions to the MA Council for Home Care Aide Personal Care Homemaker Curriculum were conducted in partnership with MA PHCAST Grant Project T82HP20533 funded by US HHS.

Hand Washing

All students must demonstrate proper technique for hand washing

COMPETENCY LEVEL	REQUIREMENTS	INSTRUCTOR NOTES
SKILLED Student competently demonstrated all skills listed	○ Got soap and paper towels before beginning; rolled up sleeves ○ Stood back from the sink. Clothes and hands did **not** touch the sink. ○ Turned on the water with a dry paper towel. ○ Wet hands. Fingertips pointed down. ○ Put liquid soap on hands and wrists. ○ Rubbed hands, fingers, and wrists. Cleaned between fingers. ○ Rubbed hands under the water for at least 30 seconds. (Sing "Happy Birthday" two times.) ○ Dried hands with a clean paper towel. Did **not** shake water off hands. ○ Turned off the water with a clean paper towel. ○ Threw the paper towel in the garbage.	
SATISFACTORY Student demonstrated competency with the exception of the following	○ Did ***not*** stand back from the sink. Clothes and hands touched the sink. ○ Did ***not*** use paper towel to turn on the water ○ Did ***not*** throw the paper towel in the garbage	
NEEDS REVIEW Student did not demonstrate competency in the minimum skills		

Gloves

Students must safely and effectively demonstrate properly putting gloves on and taking them off

COMPETENCY LEVEL	REQUIREMENTS	INSTRUCTOR NOTES
SKILLED Student competently demonstrated all skills listed	• Checked the gloves for tears or holes. • Put gloves on when they were ready to work with a consumer. • Used gloved [right] hand to hold the [left] glove, near the wrist. Did **not** touch bare skin. • Peeled the left glove off from the wrist. It should now be inside out. • Balled up the left glove in their right hand. Left it inside out • Put two fingers of their left hand inside the right glove. Did **not** touch the outside of the glove with their bare hand.	

	• Peeled the right glove off from the wrist. It should now be inside out, over the left glove. • Threw away the gloves in the proper place. • Washed hands.	
SATISFACTORY	*Student must meet all competency to ensure proper infection control*	
NEEDS REVIEW Student did not demonstrate competency in the minimum skills		

Dressing

All students must demonstrate safe and effective technique for dressing assist

COMPETENCY LEVEL	REQUIREMENTS	INSTRUCTOR NOTES

SKILLED
Student competently demonstrated all skills listed
	o Washed hands.
	o Followed the consumer's direction.
	o Provided respect and privacy.
	o Practiced universal precautions
	o Maintained good body mechanics.
	o Communicated clearly with the consumer.
	o Gathered necessary items.
	  o Towel or blanket
	  o Consumer's choice of clothes
	  o Gloves
	o Started with weaker side.
	o Pulled the shirt over the head or around the back.
	o Assisted consumer with stronger side.
	o Washed hands.	

SATISFACTORY Student demonstrated competency with the exception of the following	o Communicated clearly with the consumer. o Pulled the shirt over the head or around the back.	
NEEDS REVIEW Student did not demonstrate competency in the minimum skills		

Body Mechanics/ lifting

All students must safely demonstrate proper body mechanics

COMPETENCY LEVEL	REQUIREMENTS	INSTRUCTOR NOTES
SKILLED Student competently demonstrated all skills listed	o Head was held up, shoulders back, chest high, back straight. o Feet were hip width apart. o One foot is in front of the other. o Knees bent.	

	○ Did not turn from the waist. ○ Did not reach out when lifting.	
SATISFACTORY Student demonstrated competency with the exception of the following	○ One foot is ***not*** in front of the other.	
NEEDS REVIEW Student did not demonstrate competency in the minimum skills		

Toileting: bathroom

Students must safely and effectively demonstrate at least ONE of the following toileting assists

COMPETENCY LEVEL	REQUIREMENTS	INSTRUCTOR NOTES
SKILLED Student competently demonstrated all skills listed	○ Had following items: ○ Towel and washcloth ○ 2 pairs of disposable gloves ○ Plastic trash bag ○ Assisted the consumer to get to the bathroom. ○ Checked that there is enough toilet paper. ○ Provided privacy. ○ Washed hands.	
SATISFACTORY Student demonstrated competency with the exception of the following	○ Did not check that there is enough toilet paper.	
NEEDS REVIEW Student did not demonstrate competency in the minimum skills		

Toileting: bed pan

Students must safely and effectively demonstrate at least ONE of the following toileting assists

COMPETENCY LEVEL	REQUIREMENTS	INSTRUCTOR NOTES
SKILLED Student competently demonstrated all skills listed	○ Got the things needed: ○ 3 pairs of gloves ○ Bedpan (clean and dry) with cover ○ Bed protector ○ Laundry bag ○ Toilet paper ○ Towel and washcloth ○ Double trash bag ○ Washed hands. ○ Provided privacy.	

	○ Put on gloves. ○ Slid bed protector and bedpan under hips, and position the bedpan so it is firmly against the buttocks. ○ Washed hands.	
SATISFACTORY Student demonstrated competency with the exception of the following	○ Forgot laundry bag	
NEEDS REVIEW Student did not demonstrate competency in the minimum skills		

Transfer/repositioning: from bed to wheelchair

Students must safely and effectively demonstrate at least ONE of the following transfer assists

COMPETENCY LEVEL	REQUIREMENTS	INSTRUCTOR NOTES
SKILLED Student competently demonstrated all skills listed	○ Washed hands. ○ Communicated clearly with consumer about the transfer. ○ Provided privacy. ○ Brought the wheelchair close to the bed. ○ Placed a pillow, folded blanket, towel, on the seat of the wheelchair. ○ Folded the footrests out of the way. ○ Used proper body mechanics while assisting consumer to move. ○ Put their arms under the consumer's arms. ○ Asked the consumer to put their arms around the worker's neck or shoulders, like a hug during transfer. ○ Ensured consumer was comfortable	
SATISFACTORY Student demonstrated competency with the exception of the following	○ Communicated clearly with consumer about the transfer.	
NEEDS REVIEW Student did not demonstrate competency in the minimum skills		

Transfer/repositioning: moving up in the bed

Students must safely and effectively demonstrate at least ONE of the following transfer assists

COMPETENCY LEVEL	REQUIREMENTS	INSTRUCTOR NOTES
SKILLED Student competently	○ Washed hands. ○ Provided privacy	

demonstrated all skills listed	○ Removed pillows from under the consumer's head. ○ Put one hand under the consumer's shoulders. Put the other under the consumer's upper thigh. ○ Asked the consumer to push down with their hands and feet and help move their body up toward the top of the bed on the count of three. ○ Using proper body mechanics, counted to three, helped move the consumer's shoulders and thighs up the bed. ○ Washed hands.	
SATISFACTORY	Student must demonstrate competency with transfer to prevent risk of injury	
NEEDS REVIEW Student did not demonstrate competency in the minimum skills		

Transfer/repositioning: turning in the bed

Students must safely and effectively demonstrate at least ONE of the following transfer assists

COMPETENCY LEVEL	REQUIREMENTS	INSTRUCTOR NOTES
SKILLED Student competently demonstrated all skills listed	○ Washed hands. ○ Provided privacy. ○ Moved the consumer's body toward the side of the bed closest to worker. ○ Folded the consumer's hands and arms on their chest. ○ Crossed the consumer's leg that is closest to them over their other leg. ○ Put one hand under the consumer's shoulder. Put the other hand on the consumer's hip then gently rolled the consumer toward the other side of the bed. ○ Made sure the consumer was comfortable	
SATISFACTORY Student demonstrated competency with the exception of the following	Student must demonstrate competency with transfer to prevent risk of injury	
NEEDS REVIEW Student did not demonstrate competency in the minimum skills		

Bathing: bed bath

Students must safely and effectively demonstrate at least ONE of the following bathing techniques

COMPETENCY LEVEL	REQUIREMENTS	INSTRUCTOR NOTES
SKILLED Student competently demonstrated all skills listed	○ Washed hands ○ Retrieved the following items: ○ Gloves ○ Washbasin ○ Soap ○ Washcloths (3) ○ Face towel ○ Bath towel (2) ○ Clean clothing ○ Ensured consumers respect and privacy ○ Put on gloves. ○ Filled basin with warm water. ○ Washed face without soap, starting with each eye from the inside corner, out. Pat dry. ○ Washed shoulders to feet. ○ Washed back, buttocks, and thighs. ○ Washed perineal area. ○ Towel drying ○ Removes gloves and washes hands.	
SATISFACTORY Student demonstrated competency with the exception of the following	○ Did ***not*** talk with consumer ○ Did *not* encourage self-care	
NEEDS REVIEW Student did not demonstrate competency in the minimum skills		

Bathing: Tub bath

Students must safely and effectively demonstrate at least ONE of the following bathing skills

COMPETENCY LEVEL	REQUIREMENTS	INSTRUCTOR NOTES
SKILLED Student competently demonstrated all skills listed	○ Confirm tub baths are part of the consumer's care plan ○ Get the items needed: ○ Gloves ○ Soap ○ Washcloths (3) ○ Bath towels (2) ○ Clean clothing ○ Safety equipment: Grab bar(s), a rubber mat(s), or nonskid surface, (if applicable). ○ Turn on warm water. ○ Ensured consumer respect and privacy	

	○ Puts on gloves ○ Assists consumer to remove clothing and get into tub. ○ Talk with the consumer and encourage them to perform self-care as much as possible. ○ Washes face first to feet; peri care is last.	
SATISFACTORY Student demonstrated competency with the exception of the following	○ Did ***not*** talk with the consumer ○ Did *not* encourage them to perform self-care	
NEEDS REVIEW Student did not demonstrate competency in the minimum skills		

Bathing: Shower

Students must safely and effectively demonstrate at least ONE of the following bathing skills

COMPETENCY LEVEL	REQUIREMENTS	INSTRUCTOR NOTES

SKILLED
Student competently demonstrated all skills listed
	○ Check if a shower is part of the consumer's care plan
	○ Get the items needed:
	  ○ Shower chair (if used)
	  ○ Soap
	  ○ Washcloth
	  ○ Safety equipment (rubber mats, grab bar(s), shower chair
	○ Turn on water.
	○ Put on gloves.
	○ Assists consumer to remove clothing.
	○ Assists consumer to step into shower using assistive devices and hand rails as needed.
	○ Talks with consumer and encourages self-care.
	○ Assists with washing beginning with face and moving down to feet; peri care is last.
	○ Drapes towel over consumer's shoulders; assist with stepping out of shower.
	○ Washes hands.	

SATISFACTORY Student demonstrated competency with the exception of the following	○ Did ***not*** talk with consumer ○ Did ***not*** encourage self- care.	
NEEDS REVIEW Student did not demonstrate competency in the minimum skills		

Mouth hygiene and care

Students must safely and effectively demonstrate proper mouth hygiene and care

COMPETENCY LEVEL	REQUIREMENTS	INSTRUCTOR NOTES

SKILLED
Student competently demonstrated all skills listed
	○ Wash hands.
	○ Gets items needed:
	  ○ Toothbrush
	  ○ Toothpaste
	  ○ Glass of cool water
	  ○ Small basin or plastic bowl
	  ○ Face towel
	  ○ Paper towels
	  ○ Gloves
	○ Encourage consumer to administer self-care.
	○ Ensure consumer is sitting upright.
	○ Put on gloves.
	○ Place towel over consumer's chest.
	○ Assist consumer to brush teeth and clean tongue.
	○ Provide water to rinse mouth.
	○ Hold basin to chin to allow consumer to spit.
	○ Remove gloves.
	○ Wash hands.
	○ Report any concerns: bleeding gums, fruity or bad breath, loose teeth, sores, red or puffy areas.	

SATISFACTORY Student demonstrated competency with the exception of the following	○ Forgot face towel or paper towel ○ Did not encourage consumer to administer self- care ○ Did not place towel over consumers chest	
NEEDS REVIEW Student did not demonstrate competency in the minimum skills		

Waiver Agents Engagement in the Curriculum Work

Work Area	Activities	Dates
Competencies	a. Confirm Competency Work Group members with Waiver Agents.	8/15
	b. Conduct conference call with members and share Work Book for initial review	8/16 or 17
	c. Conduct Competency Work Group Meetings	8/30 - 9/7
	d. Draft consensus competencies for training and share with Work Group members	By 9/16
	e. Meet with Competency Work Group members to review consensus competencies	9/22 -9/29
	f. Have key stakeholders review core competencies	10/3 – 14
	g. Share competencies with Curriculum Work Group	10/17
Curricula Development	a. Summarize training programs now used by Waiver Agents	7/20
	b. Contact Waiver Agent Curriculum leads and discuss project plans and current training	8/1 – 8/5
	c. Obtain copies of all available curricula, and clarify copyright and use issues	8/30
	d. Convene and orient Work Group and orient to project. Gain input on members' hopes and concerns, identify contact hours for Core curriculum, begin planning training logistics.	9/12 - 16
	e. Have Work Group review PHI's PCS curricula and analyze it in relation to curricula currently being offered.	9/19 – 10/1
	f. Meet to share input from review and plan initial adaptation of available curricula for likely consensus competencies	Week of 10/3
	g. Share consensus competencies and discuss how available training sources can be drawn upon to create curriculum.	Week of 10/17
	h. Develop Core Curriculum.	10/20-11/18
	i. Share drafted new curriculum with Work Group for review	11/18 – 23
	j. Share draft curriculum with key stakeholders for final approval	11/28 – 12/9
	k. Publish draft curriculum for pilot training program	1/4/12
Core Training Roll-Out	a. Plan outreach to recruit PCAs and host training programs	9/1-ongoing
	b. Conduct Pilot Training program	January
	c. Conduct TOP Program for trainers	March
Trainers	a. Conduct Trainer Orientation Program(s) for TAANP	September
	b. Conduct TOP(s) for Home Skills	October
	c. Conduct TOP(s) for Dementia	November
	d. Conduct TOP(s) for Core Curriculum	December
	e. Begin training curricula month after TOPs	Oct. – Jan.

NC - PHCAST Partner Team Training Topics
PHASE I – Introduction to DCW

- **General Job Readiness**
  - Assessment of basic skills (math, reading, writing)
  - Assessment of basic computer skills
  - Basic English speaking skills
  - The Job Search
    - Employment Security Commission
    - Newspaper and internet ads
    - Networking with friends and relatives
    - Job fairs
    - School counselors
    - Employment agencies
  - Personal Portfolio
    - Resumes
    - Credentials and other documentation
  - The Job Application
    - Cover letter
    - Resume
    - Application
  - The Job Interview
    - Dos and don'ts
  - Pre-Employment/Employment Requirements for Direct Care Workers(DCWs)
    - Drug screening and checks
    - Criminal background checks (state and national)
    - Examples of infractions causing an employer not to hire
    - Considerations employers use in hiring DCWs with criminal backgrounds (when the crime was committed, type, etc.)
    - Health Care Personnel Registry (types of listings)
    - Health screenings
    - Green Card for the immigrant population

- **Understanding the Job of Caregiver (Career Readiness)**
  - Value and significance of DCWs
    - Health statistics of people living in NC
    - Worker demand in the health care field
    - How the State is addressing the demand
  - Brief overview of populations served
    - Geriatric
    - Terminally ill
    - Clients with Developmentally Disabilities
    - Clients with mental health needs
    - Children with acute or lifelong diseases or conditions
    - Acutely Ill
    - Career Options (Role; places in the health care continuum)
    - Consumer directed and/or individual families, Home Care Agencies, Mental Health Facilities, Facilities For The Developmentally Disabled, Group Homes, Nursing Homes, Assisted Living Facilities, Hospitals, Health Clinics, Doctors' offices
  - Understanding the Qualifications within Direct Care Work and Beyond
    - **Direct Care Worker** - Home Care Aide, NAI, NAII, Geriatric Aide, Medication Aide, Home Care Nurse Aide, Medical Technician

Paraprofessional – Licensed Practical Nurse, Physical Therapy Assistant, Occupational Therapist Assistant
Professional – Registered Nurse, Nurse Practitioner, Speech Therapist, Physical Therapist, Occupational Therapist, Physician
Credentials: licensure, certification, registration, listing

- Personal and Professional Traits & Why They Are Important
  - Empathetic, compassionate, caring
  - Honesty, trustworthiness, dependability
  - People centered
  - Ethical
  - Other qualities
- Job Understanding and Job Realities
  - Professional and personal boundaries
    - *Touching, personal space, guarding personal privacy, social boundaries*
  - Salaries – wages and benefits
  - Relationships
    - *Clients*
    - *Families*
    - *Nurses - delegation authority*
    - *Supervisors*
    - *Peers*
  - Workers" Rights
  - "Stop the Line" – only do what you are trained to do
  - Job related stress & Causes
    - *Death & dying of client*
    - *Clashes between caregiver & client*
    - *Behavioral & mental health issues with client*
    - *Generational differences*
  - Signs of stress
  - Shift work
    (Address need for 24 hr. care.)
  - Time management
  - Team Work
    - *Team participation*
    - *Effective healthcare teams*
- Legal and Ethical Issues
  - Basic legal and ethical responsibilities of DCWs
    - *Assault & battery*
    - *Definitions neglect, abuse, exploitation &reporting requirements*
    - *Invasion of Privacy & HIPPAA*
    - *Basic Ethical standards*
  - Clients' rights
  - Highly regulated industry
    - *Federal and state agencies*
    - *Types of regulations*
  - Generational considerations

3. Interpersonal Attributes

- Self-Awareness
- Effective Communication
  - Active listening
  - Asking questions
  - Verbal vs. non-verbal
- Barriers to Communication
  - Understanding cultural diversity
  - Culture, ethnicity & race

Traditional and non-traditional families
Stereotypes
Biases and prejudices

4. Job Keeping Skills

- Basics of employment
  - Getting to work on time
  - Calling in Sick
- Understanding the reasons for job rules
  - Clean fingernails, no baggy pants, patient care/workplace safety, infection control, etc.
- Personal Responsibilities
  - Child care
  - Transportation
  - Identifying strategies for balancing work & family responsibilities
- Work attitudes and behavior
- Time management
- Stress management
- Economic literacy

5. Fundamentals of Wellness of the Direct Care Worker

- Practices that promote wellness
- Reasons for health Screenings
- Specific recommendations for food pyramid guide

6. Clinical Skills Training

- First Aid
- CPR/Airway Obstruction (clinical or laymen's training)

7. Individual Assessments of the Direct Care Worker – With a Way to Redirect People Ill Suited to the Work

- Personality typing (personal traits, interests, aptitudes, values)
- Learning-awareness inventory (learning style preference)
- Baseline skills
- Self-assessment
  - Evaluation of past & present strengths and accomplishments
  - Identification of transferrable skills from life experience to job experience
- Redirection if necessary
  - Community College Human Resource Development Program
  - Employment Security Commission
  - High School Counselor
  - Career counseling
  - Career coaching
  - Scholarship resources

PHASE II – Personal Care Aide

1. People Centeredness – Person Centered Care

2. Legal and Ethical Issues

- Legal & ethical issues responsibilities of DCWS
- Invasion of Privacy/ The Health Insurance Portability and Accountability ACT(HIPPA)
- Clients Rights and Power to Exercise these Rights
  - Clients
  - Power of Attorney

Guardian

- Abuse , Neglect and Exploitation
  - Defining abuse, neglect and exploitation
  - Understanding the difference between criminal and regulatory definitions
  - Preventing abuse, neglect and exploitation
  - Reporting requirements

3. Nurse Aide Registry

- What it is
- Types of Listings
- How it works

4. Health Care Personnel Registry

- What it is
- Types of Listings
- How it is different from NA Registry
- How it works

5. Effective Communication

- Effective Communication
  - Active Listening
  - Asking Questions
  - Verbal vs. non-verbal
  - Maintaining personal space and boundaries
- Barriers to Communication
  - Cultural Diversity
  - Ethnicity & Race
  - Stereotypes
  - Biases and Prejudices
  - Family Organization
    - *Traditional and non-traditional families*
    - *Definition of family*
    - *How family is changing*

6. Working with the Aging Population

- The nature of aging
- Physical and emotional changes
- Sensory loses
- Cognitive impairments like Alzheimer's Disease
- Myths of aging

7. Other Life Cycle Illnesses and Conditions

- Introduction to Mental Illness
- Introduction to Developmental Disabilities
- Introduction to other disabilities -Traumatic Brain Injury
- Other Illnesses and Conditions

8. Sensitivity Training

- "Into Aging" activities
- Activities for other populations and conditions

9. Personal Rights/Employee Rights

- Physical, emotional, mental social and spiritual components
- What employees can expect from their employers
- Orientation
- Peer Mentoring
- Benefits
- Career ladder
- Worker rights
- Definition of abandonment, etc.
- Safety – personal traits (trimmed fingernails, baggy pants, etc., and why they affect care)
- "Just Culture" – Speaking up when you make a mistake

10. **Making Alternative Plans to Maintain Work Schedule**
    - How to get to work
    - Bus not running
    - School calls to pick up child
    - No baby sitter
    - Day Care closed

11. Community Resources That Enable DCW to Continue Working
    - Children's Health Insurance Program for Kids (CHIPS)
    - Subsidized day care
    - Accessing public transportation
    - Other public benefits

12. Safety
    - Personal
    - Environmental
    - Client Safety
    - Workplace violence
    - Emergency responses
    - Infection Control
    - Body mechanics

13. Stress Management, Time management &Coping Skills

14. Home Management and Personal Care Skills Training
    - Delineation between what a Nurse Aide I or II can do and what the In- Home Aide Can Do
    - Home Management Skills
        - Housekeeping
        - Cooking
        - Bill paying
        - Shopping
        - Other non-personal care skills
    - Personal Care Skills Training **– Limited Assistance**
        - Bathing
        - Dressing
        - Toileting
        - Feeding
        - Ambulation
    - "Cans and cannots" in helping client with medications
    - Assistive Technology
        - What is it?
        - Devices used in HC settings
    - Basic medical terminology
    - Common diseases and body systems

Phase III - NURSE AIDE I CURRICULUM

In process May 2011

Below is a list of topics to be included in the revised North Carolina state approved Nurse Aide I curriculum (Grant: Phase 3) due to be completed in November 2011.

- Introduction To Health Care
  - Role Of The Nurse Aide
  - Laws related to Nurse Aide
  - Establishing Priorities
  - Health Care Facilities And Agencies
  - Organizational Structure Of Health Care Facilities
- Communication And Interpersonal Skills
  - Person-Centered Care
  - Communication Skills
  - Interpersonal and Relationship Skills
  - Communicating With Residents and Families
    - Culture Competence and Diversity
  - Observation And Reporting
  - Medical Terminology and Abbreviations
  - Documenting on Medical Record
- Infection Control
  - Infection Transmission
  - Medical Asepsis
  - Methods To Kill Or Control Microorganisms
  - Bloodborne Pathogens
  - Standard Precautions
  - Transmission-Based Precautions
  - Droplet Precautions
  - Contact Precautions
  - Washing Hands
  - Putting On and Taking Off Mask and Protective Eyewear
  - Putting On and Taking Off Gown and Gloves
  - Putting On and Taking Off Gloves
  - Disposing Of Equipment From Unit With Transmission-Based Precautions
  - Collecting Specimen From Resident Under Transmission-Based Precautions
- Safety And Emergency Procedures
  - Safety Measures that Prevent Accidents
  - Body Mechanics
  - Fire Safety And Prevention
  - Disaster Plans
  - Performing Relief of Choking
  - Emergency Situations
- Ethical And Legal Issues
  - Ethics, Confidentiality and Privacy
  - Age Appropriate Behavior
  - Legal Issues
  - Patient Self-Determination Act and Advanced Directives
  - Resident and Consumer Rights
  - Mistreatment of Elderly
  - Resident's Right To Be Free From Abuse
  - Signs Of Abuse
  - Examples
  - Identification Of Residents At Risk For Abusing Other Residents
  - Identification Of Residents At Risk For Being Abused
  - Reporting Abuse

- Advocates
- Grievance Procedures
- Personal Possessions
- Laws and Regulations Affecting Nurse Aide Role
- Nurse Aide Registry
- Health Care Personal Registry
- National Practitioner Data Bank

Nutrition And Hydration
- General Principles
- Food Guide Pyramid And Basic Food Groups
- Therapeutic Diets
- Adaptive Devices
- Preparing Residents For Meals
- Assisting with Dining/Feeding Resident Who Cannot Feed Self
- Serving Supplementary Nourishment
- Forcing/Restricting Fluids
- Providing Fresh Drinking Water

Common Diseases And Conditions Of Body Systems
- Introduction To Body Systems
- Skeletal System
- Muscular System
- Circulatory System
- Respiratory System
- Digestive System
- Urinary System
- Endocrine System
- Nervous System
- Sensory System
- Integumentary System
- Reproductive System
- Cancer

The Resident's Environment
- Environmental Control
- Resident's Room
- Cleaning The Unit
- Bedmaking
- Making Closed Bed
- Opening Closed Bed
- Making Occupied Bed

Personal Care And Grooming: Relationship To Self-Esteem
- Hygiene
- Assisting With Oral Hygiene
- Providing Mouth Care
- Providing Mouth Care for Unconscious Resident
- Assisting With Denture Care
- Cleaning And Trimming Nails
- Foot Care
- Assisting Resident With Shaving
- Caring For Hair
- Shampooing Hair In Bed1
- Dressing And Undressing Resident
- Giving Complete Bed Bath
- Giving Partial Bath
- Giving Tub Bath Or Shower
- Giving Perineal Care
- Giving Back Rub

Basic Nursing Skills
- Vital Signs

- Measuring Oral Temperature (Non-Mercury Glass Thermometer
- Measuring Axillary Temperature (Non-Mercury Glass Thermometer)
- Measuring Rectal Temperature (Non-Mercury Glass Thermometer)
- Measuring Temperature (Electronic/Tympanic Thermometer)
- Counting Radial Pulse Rate
- Measuring Apical Pulse
- Counting Respirations
- Measuring Manual Blood Pressure
- Measuring Electronic Blood Pressure
- Measuring Combined Vital Signs
- Measuring Height And Weight
- Measuring And Recording Fluid Intake And Output

Resident Care Procedures

- Elimination Needs
- Assisting With Use Of Bathroom
- Assisting With Use Of Bedside Commode
- Assisting With Use Of Bedpan
- Assisting With Use Of Urinal
- Providing Catheter Care
- Emptying Urinary Drainage Bag
- Collecting Routine Urine Specimen
- Applying And Caring For Condom Catheter
- Collecting Stool Specimen
- Administering Cleansing Enema
- Applying Warm Or Cold Applications
- Applying Elastic Bandages
- Assisting With Coughing And Deep Breathing Exercises
- Applying and Removing Elastic Stockings (TED Hose)
- Applying Nonsterile Dressing

Caring for Resident When Death Is Imminent And Following Death

- Personal Feelings About Death
- Needs Of Dying Resident
- Psychological Stages Of Death
- Signs Of Approaching Death
- Nurse Aide's Role In Spiritual Preparation For Death
- Nurse Aide's Role In Meeting Family Needs
- Hospice Care
- Performing Postmortem Care

Basic Restorative Services

- Rehabilitation/Restoration
- Self-Care According to Resident's Capabilities
- Bowel And Bladder Retraining
- Adaptive Devices For Assisting with ADL
- Ambulation Devices And Transfer Aids
- Assisting To Ambulate Using Cane Or Walker
- Using Mechanical Lift (Hoyer)
- Performing Range Of Motion Exercises
- Prosthetic Devices
- Assisting To Dangle, Stand And Walk
- Cast Care
- Transferring From Bed To Chair
- Transferring From Bed To Wheelchair
- Transferring From Bed To Stretcher

Prevention Of Pressure Ulcers

- Pressure Ulcers
- Preventive Skin Care
- Preventive Devices
- Positioning

- Moving, Turning, Positioning And Lifting
  - Moving Up In Bed
  - Moving Up In Bed Using Turning Sheet
  - Positioning Resident On Side
  - Repositioning In Chair Or Wheelchair
- Restraints/Alternatives to Restraints
  - Facts Regarding Restraint
  - Applying Restraints
  - Applying Safety Belt Restraint
  - Alternatives To The Use Of Restraints
- Mental Health/Behavioral And Social Service Needs
  - Psychological Effects Of Aging
  - Human Needs
  - Coping Mechanisms
  - Sexuality
  - Developmental Tasks Of Aging
  - Depression
  - Family Involvement
  - Dementia
  - Alzheimer's Disease
  - Confusion
  - Developmental Disabilities Across the Lifespan
  - Caring For Cognitively Impaired Residents

NC HOME CARE NURSE AIDE CURRICULUM (Phase IV Specialty)

100 Hours

MODULE 1 Home Care (4 hours)
- MODULE 1-A The history of Home Care/Home Health
- MODULE 1-B Disciplines involved in Home Care
- MODULE 1-C The Home Care Aide's role in Home Care
- MODULE 1-D Supervision of the Home Care Aide

MODULE 2 Legal and Ethical Issues (4 hours)

MODULE 3 Personal Safety (5 hours)
- MODULE 3-A Rights as an employee and harassment
- MODULE 3-B Unsanitary working environment
- MODULE 3-C Travel safety
- MODULE 3-D Safety in the patient's home and chemical hazards
- MODULE 3-E Violence, gangs, and/or possible drug activity in the patient's home

MODULE 4 Person-Centered Care (3 hours)

MODULE 5 Culture (3 hours)

MODULE 6 Age Appropriate Care, Caregiver Burnout, and Patient Abuse (5 hours)

MODULE 7 Infection Control in the Home (4 hours)

MODULE 8 Providing Care for the Patient's Environment (4 hours)

MODULE 9 Time Management (3 hours)

MODULE 10 Relationships with Patients and/or Family (4 hours)

MODULE 11 Communication (4 hours)
- MODULE 11-A Patient and family
- MODULE 11-B Co-workers and supervisors
- MODULE 11-C Reporting and recording
- MODULE 11-D Confidentiality and HIPAA

MODULE 12 Emergency Preparedness (5 hours)
- MODULE 12-A Planning for a disaster
- MODULE 12-B Planning for inclement weather
- MODULE 12-C Responding to an emergency in the home
- MODULE 12-D Fire safety

MODULE 13 Patient Safety (4 hours)
- MODULE 13-A Fall prevention and response
- MODULE 13-B Equipment safety
- MODULE 13-C Patient Abuse

MODULE 14 Nutrition (5 hours)
- MODULE 14-A My pyramid
- MODULE 14-B Special diets and reading food labels
- MODULE 14-C Food safety and meal preparation
- MODULE 14-D Grocery shopping
- MODULE 14-E Hydration

MODULE 15 The Home Care Aide's Role in Providing Care for the Most Common Diseases Seen in Home Care (5 hours)

MODULE 16 Restorative Care (4 hours)

MODULE 16-A The Home Care Aide's role in restorative care
MODULE 16-B Adaptive equipment
MODULE 16-C Home modifications

MODULE 17 Alzheimer's Disease (5 hours)

MODULE 17-A Differences between delirium and dementia
MODULE 17-B Disease progression
MODULE 17-C Helping/skill building/meaningful day/problem solving

MODULE 18 Pain Management (3 hours)

MODULE 18-A Role of the Home Care Aide in Pain Management

MODULE 19 Mental Health (4 hours)

MODULE 19-A Signs and symptoms of mental illness
MODULE 19-B Causes, symptoms, and treatment
MODULE 19-C The Home Care Aide's role in helping patients manage symptoms and illness

MODULE 20 Understanding Challenging Behaviors (4 hours)

MODULE 20-A Key concepts in assisting older adults
MODULE 20-B Triggers to challenging behaviors
MODULE 20-C Using good communication skills and problem solving
MODULE 21-D The Home Care Aide's role with angry, agitated and/or combative patients

MODULE 21 Palliative Care(3 hours)

MODULE 21-A Overview and philosophy of care
MODULE 21-B Goals of palliative care

MODULE 22 End of Life Care(5 hours)

MODULE 22-A Hospice care
MODULE 22-B The Home Care Aide's role in providing care to the dying patient
MODULE 22-C The Home Care Aide's role in working with the patient's family
MODULE 22-D Cultural diversity related to end of life care

MODULE 23 Stress Management for Home Care Aides (3 hours)

MODULE 24 The Role of the Home Care Aide in Medication Administration (3 hours)

MODULE 25 Health Care Personnel Registry [4 hours]

MODULE 25-A Required reporting
MODULE 25-B Renewals
MODULE 25-C Career paths

Division of Health Service Regulation
Center for Aide Regulation and Education
Geriatric Aide Curriculum Modules (Phase IV Specialty)

Module sets for clinical focus	Modules
1	Module 1. Meet the Resident Module 2. Culture Change and Person-centered Care Module 3. Stress Management for Nurse Aides
2	Module 4. Infection Control Module 5. Pressure Ulcers Module 6. New Approaches to Enhancing Mobility Module 7. Alternatives to Restraints and Safe Restraint Use
3	Module 8. Nutrition: MyPyramid Module 9. Hydration Module 10. Nutrition: Obesity and Malnutrition Module 11. Nutrition: The Eating Process Module 12. Nutrition: The Dining Experience
4	Module 13. Mental Health (Signs and Symptoms of Mental Illness: Myths about mental illness, facts about mental illness, causes, symptoms, treatment and what staff can do for: anxiety disorders, depression, mania, bipolar disorder, schizophrenia, psychosis, helping residents manage symptoms and illness) Module 14. Alzheimer's Disease: Differences between delirium and dementia; Dementia Module 15. Alzheimer's Disease: Skill Building Module 16. Alzheimer's Disease: Helping/Disease Progression Module 17. Alzheimer's Disease: Meaningful Day/Problem Solving Module 18. Understanding Challenging Behaviors (Key concepts in assisting older adults, triggers to challenging behaviors: physical/medical, environmental, task and communication, using good communication skills, problem solving, paranoia/suspiciousness and what staff can do, angry, agitated, combative behavior and what staff can do)
5	Module 19. Pain Management: Role of the Nurse Aide in Pain Management Module 20. Pain Management: Nondrug Pain Management Module 21. Palliative Care: Overview and Philosophy of care Module 22. Palliative Care: Goals of Palliative Care Module 23. Palliative Care: Communication Module 24. Palliative Care: Cultural Dimensions Module 25. Palliative Care: Ethical Issues Module 26. Palliative Care: Symptom Management Module 27. Palliative Care: Spiritual Considerations Module 28. Palliative Care: Care at the Time of Dying Module 29. Palliative Care: Grief and Bereavement Module 30. Palliative Care: Hospice Care Module 31. Palliative Care: Self-Care for the Nurse Aide

Appendix C

State Grantees' Training Programs for PHCAST Competency-based Curricula

PHCAST Competency-Based Training Program	Resources & Curricula Used in Development	PHCAST Curricula Development Teams
The California Partnership for Standards-Based Personal Care Training and Certification		
Stand Alone Competency-Based Curriculum • Personal Care Aide	*Standardizing three existing curricula:* • Mt. San Antonio College In-Home Support Services (IHSS) program curriculum • CAHSAH on-line home care aide training • TAPCA's basic training curriculum	Project Advisory Group: CA DSS, CA DPH, SEIU-ULTCW, PHI, IHSS, DCA, Aging Services of CA, The Scan Foundation, LaJolla Nurses Home Care, CAHSAH
Iowa Personal and Home Care Aide Training Demonstration Project		
Competency-Based Core Curriculum with Advanced Career Lattice • Direct Care Associate Core Training • Specialty Training Modules Leading to Credentials	*Revising existing curricula:* • Current CNA curriculum • PHI's Personal Care Aide curriculum • College of Direct Support competencies and training • National Association of Direct Support Professionals competencies	• Direct Care Worker Advisory Council Curriculum Committee • Curriculum Work Groups (employers and educators with expertise) • Educational Review Committee (six direct care professionals reviewing the draft curriculum) • Review Committee (employers and educators conducting final review)
Maine Personal Assistance Worker Training Program		
Competency-Based Core Curriculum within Specialty Training Credentials • Core Training for Personal Assistance Workers • Specialty Curricula and Credentials	*Revising current curricula:* • Personal Support Specialist • Direct Support Professional • Mental Health Rehabilitation Technician-1	Curriculum Stakeholder Group
Massachusetts Personal and Home Care Aide State Training Program		
Competency-Based Instructional Modules across Different Training Venues • MA PHCAST Core Curriculum Modules	*Developing new curricula:* PHI-lead process of reviewing and re-designing core curriculum components for pilot venues (MA Council for Home Care Aides three step training curricula and, BCC/BEC PCA Certificate Program)	PHI, MA Council, BCC/BEC, Mass AHEC, PCA Workforce Council. CommCorp
Michigan's Building Training...Building Quality Program		
Stand Alone Competency-Based Curriculum • Personal Care Aide	*Revising existing curricula* • PHI Personal Care Services Curriculum I • Other PHI resources • USDLTA, Long-Term Care, Supports, and Services Competency Model and O*Net Profiles for Personal & Home Care Aides and Home Health Aides • Michigan LTCSS Advisory Commission-Approved Core Competencies for Certified Nursing Assistants and Hospice Aides • Community Support Skill Standards • State of Michigan Nurse Aide Training Requirements	• PHI • Program Advisory Group: State MI Choice Waiver Agents, Local Service Providers(agencies) Self-directing individuals, and Workforce Participants--PCA's

	• MI Dept. of Community Health Bureau of Health Standards	
North Carolina PHCAST Program		
Competency-Based Core Curriculum with Advanced Career Ladder • Phase I: Introduction to DCW • Phase II: Personal Care Aide • Phase III: Nurse Aide I • Phase IV: Advanced Specialties	*Both revising current and developing new curricula* • Phases I and II: PHI developing significant portions • Phase III: Revising current Nurse Aide I curriculum • Phase IV: Home Care Nurse Aide curriculum recently developed; Geriatric Aide and Medication Aide curricula previously developed	• PHI • Home Care Nurse Aide Core Curricula Committee: NC Advanced Health Programs, Div. of Aging, Div of Health Service Regulation, NC Home and Hospice Association, contracted curriculum writer, Div of Long Term Care Services, Direct Care Workers Association, Div of Health Service Regulation, contract project coordinator and curriculum writer

Appendix D

Common Performance Measures for PHCAST Grantees' Programs

Performance to be collected by all PHCAST Grantees includes:

1. Participant job titles (from PHCAST training)
2. Participant race ethnicity
3. Participant age at intake
4. Participant gender
5. Participant education level
6. Participant country of origin
7. Curricula training mode by component and competency addressed (e.g. lecture, hands-on, on-line etc.)
8. Curricula training length by component and competency addressed
9. Training coverage of competencies
10. Number of participants trained
11. Collaboration-partnerships
12. Certification exam/test approach (e.g. individual course component assessment based certificates, single certification exam, multiple certification exams)
13. Exam/test contains both written and performance components
14. Exam/test coverage of competencies
15. Exam/test outcomes in terms of number taking the exam and number passing
16. Continuing education offered
17. Continuing education accessed by trainees/other PHCA's
18. Number of trainers trained and engaged in providing PHCAST training
19. Employment status of trainees at intake and follow up