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ISSUE BRIEF

# Training Standards for Personal Care Aides: Spotlight on Washington

BY STEPHEN CAMPBELL

Before new training standards took effect in Washington State in 2012, prior standards for personal care aides (PCAs) were uniform but inadequate. In response, the regional home care union passed a ballot initiative that expanded curricular learning objectives, increased training hours, and introduced certification requirements for all PCAs. With these changes, Washington raised the bar nationwide for PCA training and certification; however, home care leaders remain concerned that certification rates are too low. This report is part of a three-part series focusing on states that have led the way in developing PCA training standards. Specifically, we ask: what was the need for new PCA training standards in Washington? How did home care leaders address that need? And how were the new training standards implemented and accepted?

## EXECUTIVE SUMMARY

Washington State has achieved remarkable success in rebalancing long-term care by shifting toward home- and community-based settings. The shift toward home-based care—paired with the exponential growth of the older adult population—has fueled demand for well-trained personal care aides (PCAs) in the state.

While there are no federal training requirements for PCAs (see Figure 1), Washington has had statewide training requirements since 1990.<sup>1</sup> However, a 2007 report by SEIU Healthcare 775NW (the regional home care union) and PHI found that training delivery in the state was fragmented and trainers did not have enough time to achieve state-mandated learning objectives.<sup>2</sup> The report also found that the training system inhibited the ability of workers to move between direct care occupations. Still, neither consumers nor consumer-employed workers wanted to increase the number of training hours, although they did express interest in expanding training content on specific conditions.<sup>3</sup>

A 2007 state law allowed the state to create the Long-Term Care Worker Training Workgroup to upgrade Washington’s training requirements for PCAs. The workgroup’s recommendations were implemented through a 2012 ballot initiative which was sponsored and funded by SEIU 775. Compared to the previous training system, training hours are now substantially higher, and PCAs must pass a certification exam. Once certified, they can complete an abbreviated training to become nursing assistants or home health aides. Training is also more centralized: most workers are trained through a partnership between the state and the union, which is called the SEIU 775 Benefits Group.

The new training system was met with mixed reactions from stakeholders. State officials and union representatives believe high-quality training is valuable, but are concerned about the low certification rate among trainees. Many consumers and family members argue that the low certification rate reduces the supply of available workers, thereby undermining the quality of care. Some consumers would also prefer to play a more substantial role in delivering training and developing curricula. The state continues to work with home care leaders, consumers, and family members to address these concerns.

### FIGURE 1: PCA TRAINING STANDARDS IN THE UNITED STATES

- Without federal standards, states have implemented an assortment of training requirements. Even within a given state, there is typically little uniformity across programs.
- **23 states** have at least one personal assistance services program with no training requirements (excluding consumer-directed PCA services).
- While **19 states** have uniform training requirements for PCAs across programs, only **7 states** specify detailed skills or offer a state-sponsored curriculum.
- **7 states** require PCAs to complete home health aide or certified nurse aide training.

Source: PHI. 2016. “Personal Care Aide Training Requirements.”  
<https://phinational.org/policy/issues/training-credentialing/training-requirements-state/personal-care-aide-training>.

# THE NEED FOR WELL-TRAINED PERSONAL CARE AIDES

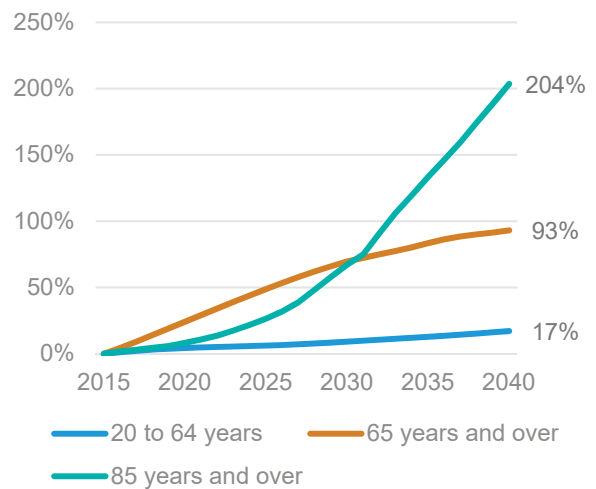
Over the past 25 years, Washington has greatly expanded home- and community-based services. In 2017, among older adults and people with physical disabilities enrolled in the state’s Medicaid long-term care programs, nine in 10 lived at home or in the community, up from one in two in 1992.<sup>4</sup> By 2015, there were twice as many people with high care needs in home- or community-based settings than in nursing homes.<sup>5</sup> The state’s rebalancing efforts yielded nearly \$2.6 billion in savings from 2000 to 2015. This cost efficiency will become increasingly important as the growing population of older adults drives demand for home care even higher. The population of Washington residents over the age of 65 (who constitute two out of three Medicaid-supported recipients) is expected to double from one million in 2015 to two million by 2040 (see Figure 2).<sup>6</sup>

These trends also drive demand for a well-trained PCA workforce. Before stakeholders convened to overhaul Washington’s training system in 2006, the state spent \$5.2 million on PCA training—a fraction of the total cost savings gained from rebalancing long-term care services.<sup>7</sup> Aides were required to complete 28 hours of training using a state-sponsored curriculum called the *Revised Fundamentals of Caregiving*.<sup>8</sup> Several groups were exempted from the 28-hour requirement, including respite workers, other health professionals, and parents who were paid to provide care to their children (see Figure 3).<sup>9</sup>

This training system made it difficult to recruit and retain workers, according to a 2007 report authored by PHI and SEIU 775: *The SEIU 775 Long-Term Care Training, Support & Career Development Network, A Blue Print for the Future*.<sup>10</sup> One barrier was the lack of portable training credentials within the system. PCA training could not be applied toward certification as a nursing assistant or home health aide, despite the overlap in responsibilities across these roles. The report claimed that more workers would be retained in the long-term care workforce if they could use their credentials to move easily between occupational roles.

The report also found that the PCA training system was fragmented, which limited access for some potential trainees and complicated record-keeping.<sup>11</sup> Training for aides employed directly by consumers was provided by 13 regional Area Agencies on Aging (AAAs) or private subcontractors, which meant that some trainees had to travel long distances to the nearest regional training centers. By contrast, home care agencies provided their own training to their employees. Training records were decentralized, which meant that employers had to contact individual training providers (AAAs, employers, or subcontractors) to verify their workers’ credentials. Moreover, consumer-employed aides were frustrated that individual AAAs and subcontracted training entities offered the same limited menu of continuing education courses year after year.

**FIGURE 2: IN WASHINGTON, THE POPULATION OF ADULTS AGED 65 AND OVER WILL NEARLY DOUBLE FROM 2015 TO 2050.**



Source: Division of Health Care Management. 2016. *Annual HCBS Report CY 2015*. Phoenix, AZ: Arizona Long-Term Care System. [https://azahcccs.gov/Shared/Downloads/HCBS/AnnualHCBS\\_CMSReportCYE2015.pdf](https://azahcccs.gov/Shared/Downloads/HCBS/AnnualHCBS_CMSReportCYE2015.pdf); analysis by PHI (August 8, 2017).

**FIGURE 3: AS PART OF THE NEW TRAINING SYSTEM, MOST PCAS ARE REQUIRED TO COMPLETE 75 HOURS OF PRE-SERVICE TRAINING.**

Training Requirement	Consumer-Employed PCA	Agency-Employed PCA	Other Health Professionals*	Paid Parent Providers (Physical Disabilities)	Paid Parent Providers – (IDD)	Respite Workers
Safety Training	4 Hours	None	None	None	None	4 Hours
Orientation	2 Hours (Self-Study)	Employer Determined	Employer Determined	None	None	None
Basic Training	28 Hours	28 Hours	7 Hours (Self-Study)	7 Hours (Self-Study)	6 Hours	None
Continuing Education	10 Hours	10 Hours	10 Hours	None	None	None

\*Other health care professionals include registered or licensed practical nurses, certified nursing assistants, physical therapists, occupational therapists, and home health aides.

Source: Washington Administrative Code (WAC). 2012. Home and community services and programs. Chapter 388-71 WAC; PHI analysis of archived records of the Washington Administrative Code, available at <https://web.archive.org/web/20120205092214/http://apps.leg.wa.gov/wac/default.aspx?cite=388-71>.

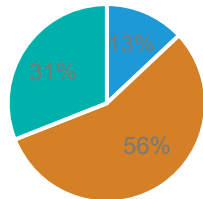
The *Blue Print* report found that the state-mandated learning objectives were difficult, if not impossible, to achieve within 28 hours, which meant trainers often glossed over certain topics.<sup>12</sup> However, statewide surveys from 2007 and 2008 found that most consumers and consumer-employed aides did not want additional training hours.<sup>13</sup> (Nine out of 10 consumer-employed aides were family members or friends, according to the 2008 survey. Agency-employed aides, who constituted a smaller segment of the PCA workforce, were not included in the survey sample.) Fifty-six percent of consumer-employed aides reported that training hours should not increase, and 94 percent said their skills were adequate for the job. Only 14 percent of consumers wanted more training for workers. Nonetheless, when asked if they believed workers should have more training in specific conditions (such as chronic conditions, behavioral health issues, and disabilities), one in four consumers agreed, and three in four aides reported they would take advanced training if it was offered. These findings suggested that workers and consumers desired more content on specific conditions without additional mandatory training hours (see Figure 4).

## DEVELOPING PCA TRAINING STANDARDS

In 2007, Washington enacted a law that addressed these shortcomings in the PCA training system.<sup>14</sup> The legislation increased continuing education requirements for PCAs to 12 hours annually, bringing them in line with comparable requirements for home health aides and nursing assistants. In addition, it established a partnership between SEIU 775 and the state to manage the training of all consumer-employed aides, titled the SEIU 775 Benefits Group, which replaced the fragmented AAA-based training model. Agency-employed workers not covered by the state’s collective bargaining agreement can pay a fee to enroll in the Benefits Group training.<sup>15</sup>

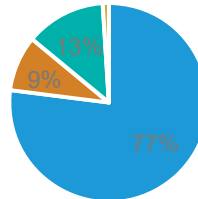
**FIGURE 4: CONSUMER-EMPLOYED AIDES DID NOT WANT TO INCREASE TRAINING HOURS, BUT THEY WOULD TAKE ADVANCED TRAINING IF IT WAS OFFERED.**

Do you believe the amount of mandatory training should be increased beyond the current 32 required hours?



■ Yes ■ No ■ Don't Know

"I would take advanced training if it was offered."



■ Agree ■ Disagree ■ Neutral ■ Don't Know

Source: Mann, Candiya and Pavelchek, David. 2008. *Home Care Quality Authority Individual Provider Phone Survey*. Olympia, WA: Washington State University, Social & Economic Sciences Research Center (WSU-SESRC), Puget. [http://www.hcra.wa.gov/surveys/docs/HCQA\\_2008\\_ProviderSurvey\\_phone.pdf](http://www.hcra.wa.gov/surveys/docs/HCQA_2008_ProviderSurvey_phone.pdf); Mann, Candiya and Pavelchek, David. 2007. *Home Care Quality Authority Individual Provider Mail Survey*. Olympia, WA: WSU-SESRC, Puget Sound Division. [https://web.archive.org/web/20090510110626/http://www.governor.wa.gov/ltctf/workgroup/20070816/HCQA\\_Provider\\_Mail\\_Survey.pdf](https://web.archive.org/web/20090510110626/http://www.governor.wa.gov/ltctf/workgroup/20070816/HCQA_Provider_Mail_Survey.pdf).

In addition to the Benefits Group, the new legislation created the Long-Term Care Worker Training Workgroup, which was charged with making recommendations on training hours, training content, and certification requirements for PCAs. Workgroup members included providers, PHI, SEIU 775, state officials, and three consumer groups—the Resident Councils of Washington, the Washington State Long-Term Care Ombudsman, and the state Developmental Disabilities Council (see Appendix II).<sup>16</sup> At every meeting, consumers and family members were invited to provide public comments on the workgroup’s proposals.<sup>17</sup> Most consumers who submitted testimony were members of PAS-PORT for Change, a group that advocates for consumer self-direction.

While most workgroup members voted to increase training hours to the level required of nursing assistants (85 hours), the group did not reach consensus on this issue, so it was not an official recommendation.<sup>18</sup> Proponents believed that extra time would allow for more diverse training methods and condition-specific training content, which could improve worker retention and the quality of care. State officials and consumers resisted this idea, noting that an increase in hours would be costly and might prevent job seekers from entering this workforce. Parents who served as paid caregivers worried that additional training requirements might be a misallocation of time and resources, since they felt equipped to care for their adult children.<sup>19</sup> They were also concerned that requiring more training for respite service workers would exacerbate recruitment challenges.

The workgroup also considered training content. The state-sponsored *Revised Fundamentals of Caregiving* curriculum had been developed in 2002 by a group that was largely comprised of long-term care providers. Although most workgroup members believed the current curriculum was adequate, some consumers and family members did not agree.<sup>20</sup> In response, the workgroup recommended that pre-service training and continuing education content should be more relevant to the specific needs of consumers.<sup>21</sup> In addition, they recommended that content should be delivered using experiential, adult learner-centered teaching methods, including role playing, hands-on skill practice, and consumer involvement.

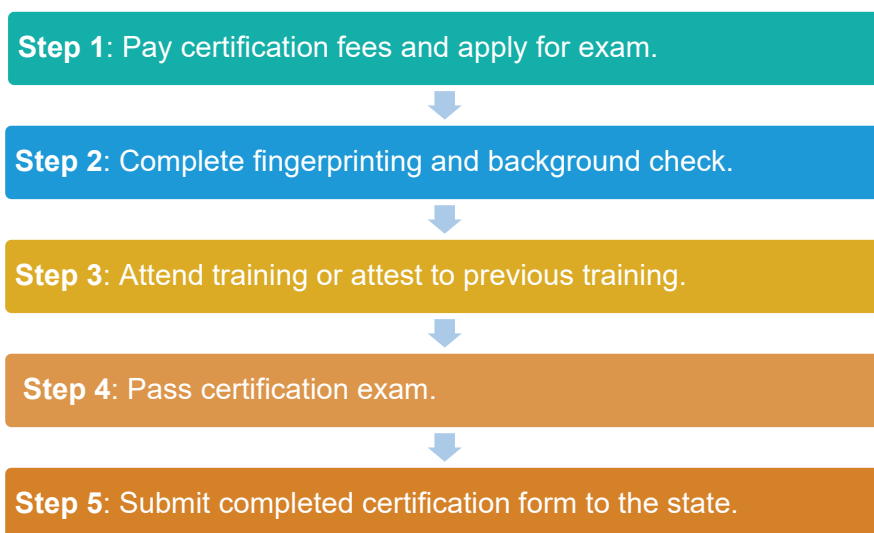
Finally, the workgroup recommended required testing and certification for PCAs.<sup>22</sup> They believed this would allow workers to carry their credentials between long-term care settings, and would also improve their job commitment and pride. They also recommended that the PCA training system allow greater flexibility for non-career caregivers, such as family members and respite workers.

## Implementing New Training Standards by Ballot Initiative

The workgroup released their recommendations in late 2007. However, largely because of an economic downturn that resulted in a \$2 billion state budget shortfall, the legislature did not implement their recommendations.<sup>23</sup> Following this setback, in 2008 SEIU 775 authored and funded Ballot Initiative 1029, which passed by a two-to-one margin.<sup>24</sup> However, the implementation of this initiative was delayed indefinitely due to ongoing budget constraints; the initiative was projected to cost \$29.7 million from 2009 to 2011.<sup>25</sup> The same recommendations were proposed in Ballot Initiative 1163 in 2011,<sup>26</sup> with a projected five-year cost of \$31.3 million.<sup>27</sup> The second initiative once again passed by a two-to-one margin,<sup>28</sup> and it took effect in 2012 as the economy stabilized.

Initiative 1163 made sweeping changes to the PCA training system in Washington.<sup>29</sup> Approved trainings must be delivered using adult learner-centered teaching methods and must align with competencies in the *Revised Fundamentals of Caregiving* while also integrating population-specific content, which typically includes additional training on specific conditions (See Appendix II).<sup>30</sup> Aides are now required to complete training and pass a standardized exam within 150 days of hire to be certified (See Figure 5);<sup>31</sup> once certified, they are listed in an online registry.

**FIGURE 5: ACCORDING TO THE BALLOT INITIATIVE, TO ACHIEVE PCA CERTIFICATION, TRAINEES MUST MEET ALL REQUIRED STEPS WITHIN 150 DAYS.**



Source: Washington State Department of Health (DOH). 2012. *Home Care Aide Certification Application Packet*. Olympia, WA: DOH.  
<https://web.archive.org/web/20120710203549/https://www.doh.wa.gov/Portals/1/Documents/Pubs/675002.pdf>.

To promote more condition-specific and specialty training, Initiative 1163 elevated standards for continuing education by requiring state approval for all continuing education courses.<sup>32</sup> To receive approval, courses must be relevant to the care setting, the care needs of clients, and/or the career development of trainees. Aides cannot repeat the same continuing education course.

To allow time for additional content, Initiative 1163 doubled training hours for most workers from 28 hours to 75 hours (see Figure 6), which aligned with the preference of most workgroup members.<sup>33</sup> While the initiative provided greater flexibility for non-career paid caregivers, it nevertheless increased training hours dramatically for these workers. Parents of individuals with physical disabilities, children of older adult parents, and respite workers (defined by the initiative as workers who serve one consumer for fewer than 20 hours a month) are required to complete 35 hours of training, and parents of individuals with intellectual and developmental disabilities (IDD) are required to complete 12 hours of training.

The initiative also required the Department of Health to permit “reciprocity to the maximum extent possible under federal law between home care aide certification and nursing assistant certification.” PCAs may now take certification exams to become certified as nursing assistants after completing an additional 24-hour training course.<sup>34</sup> In addition, workers who already hold certification or licensure in other health-care occupations (such as nursing assistants, home health aides, or nurses) must now pass a challenge test to become PCAs; they do not need to complete the basic training requirements.<sup>35</sup>

**FIGURE 6: AS PART OF THE NEW TRAINING SYSTEM, MOST PCAS ARE REQUIRED TO COMPLETE 75 HOURS OF PRE-SERVICE TRAINING.**

Training Requirement	Consumer-Employed PCAs	Agency-Employed PCAs	Other Health Professionals*	Paid Parent Providers (Physical Disabilities)	Paid Parent Providers – (IDD)	Respite Workers
Safety Training	2 Hours	2 hours	None	2 Hours	2 Hours	2 Hours
Orientation	3 Hours	3 Hours	None	3 Hours	3 Hours	3 Hours
Basic Training	70 Hours	70 Hours	None	30 Hours	7 Hours	30 Hours
Continuing Education	12 Hours	12 Hours	12 Hours	None	None	12 Hours

\*Other health-care professionals included registered or licensed practical nurses, certified nursing assistants, physical therapists, occupational therapists, and home health aides.

Source: Washington Administrative Code (WAC). 2013. *Home and Community Services and Programs*. Chapter 388-71 WAC.

## IMPLEMENTATION AND ACCEPTANCE

The Benefits Group that was created to provide training for consumer-employed aides has addressed many of the problems of the previously decentralized training system. Currently, the Benefits Group is a statewide network of 55 instructors who train roughly 70 percent of the home care workforce, with the remaining workers trained by home care agencies and other community training entities.<sup>36</sup> The Benefits Group offers training in 13 languages, whereas the state-sponsored *Revised Fundamentals of Caregiving* curriculum is available in seven languages.<sup>37</sup> While some workers must still travel long distances to access training, the removal of jurisdictional boundaries has improved access to training. Moreover, the Benefits Group can adjust curriculum and training delivery based on feedback from thousands of trainees across the state. The Benefits Group also offers more than 130 online continuing education courses and expands course offerings every year.

While the Benefits Group has addressed some of the problems of the previous training system, the new system has also introduced new challenges, and reactions to the system have been mixed. While it costs the state more to operate the new system, state policymakers believe that an investment in robust training helps prepare workers to deliver higher quality services. Workers also appear to find the training helpful; 92 percent reported satisfaction with training through the Benefits Group.<sup>38</sup> However, since the state has not surveyed consumers or workers since 2008, before the new training requirements took effect, it's unclear what they think overall about the new system.

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### PCA Certification Rates

Unfortunately, achieving certification has been challenging for workers in this new system. In 2013, three in five trainees completed certification requirements (see Figure 5).<sup>39</sup> One possible explanation for the low certification numbers is that trainees who take the test in languages other than English often don't pass. In 2013, more than half the trainees who took the test in languages other than English failed, compared to only one in six people who tested in English. Nonetheless, overall exam passage rates for all test-takers resemble passage rates for other certification and licensure exams in the state.<sup>40</sup>

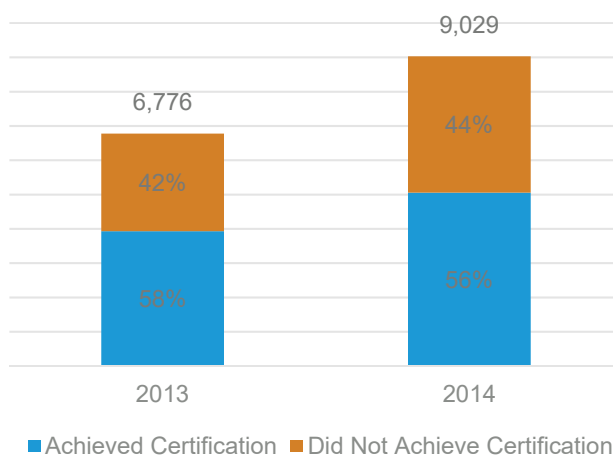
To begin addressing these challenges, in 2013 lawmakers extended the certification deadline to 200 days, or 260 days for trainees with limited English proficiency.<sup>41</sup> In addition, the Benefits Group hired navigators to assist new trainees with the certification process, and the state worked with stakeholders to develop an online guide in 13 languages. The state also partnered with training providers to improve foreign language materials and funded translation services for people who don't speak the languages currently used in testing materials. Finally, the testing company Prometric, which administers the certification exam statewide, developed a more culturally competent certification exam that also includes pictures, videos, animated scenarios, true-or-false questions, basic wording, and an oral component—elements that are designed to assess learning rather than test-taking ability.



Scheduling can also be a barrier to certification: many trainees hold multiple jobs and struggle to take time off for training.<sup>42</sup> Other trainees report they did not complete the certification process because they found another job, decided that they did not want to serve as a PCA, or had another personal reason. Finally, some trainees have reported difficulties in signing up for the certification exam or accessing a testing location, or have experienced long delays between training and testing. Such delays can reduce exam passage rates: trainees who took the exam within one month of training passed the test 34 percentage points more often than those who took the test within six to seven months of training. The difference in testing outcomes is even more pronounced for trainees with limited English proficiency, which suggests that the 60-day certification extension might inadvertently undermine their success in becoming certified.

From 2013 to 2014, the number of certified workers in Washington increased by 29 percent, due to a growing number of people who applied for certification (see Figure 7).<sup>43</sup> However, certification rates had not increased beyond 60 percent by 2015.

**FIGURE 7: FROM 2013 TO 2014, CERTIFICATION RATES WERE CONSTANT, BUT THE SUPPLY OF CERTIFIED WORKERS INCREASED BY 29 PERCENT.**



Source: Washington State Auditor's Office (SAO). 2016. *Initiative 1163: Long-Term Care Worker Certification Requirements 2016*. Olympia, WA: SAO. [https://www.sao.wa.gov/state/Documents/I-1163\\_HCA\\_Workers\\_Certification\\_ar1012952.pdf](https://www.sao.wa.gov/state/Documents/I-1163_HCA_Workers_Certification_ar1012952.pdf).

## Response from Consumers and Family Members

Opposition to the new training requirements was strong among many family members and people with disabilities who direct their own services (through the state's long-term care, consumer direction program). First, they were concerned about the potential strain on state budgets associated with these requirements and argued that training funds could be better spent on services.<sup>44</sup> (Several provider associations shared this concern.<sup>45</sup>) In addition, many self-directing consumers reported that the state and union did not consider their opinions or needs—or integrate their voices—as they developed this new training process.<sup>46</sup>

Now that the training system is fully implemented, self-directing consumers and family members have continued to express concerns about its impact on workforce supply and management. For example, many consumers and family members may find it burdensome to re-start the recruitment and hiring process if their current worker fails to meet the new training and certification requirements, or does not complete annual continuing education requirements. The new training requirements for respite workers might also pose problems for family members, who rely on respite workers to take time off from caregiving responsibilities. Initially, individuals needing more than 20 hours of respite care in a month were required to find fully-trained aides, yet these workers often refused respite work because they preferred long-term assignments. In 2014, state lawmakers expanded the definition of a respite worker to include those who work 300 hours or less in a calendar year.<sup>47</sup> Still, challenges persist. Many respite workers hold other jobs and may need to take time off

and travel long distances to complete the 35-hour training course. At a minimum, family members argue for more remote learning options (such as online training) for potential respite workers.

Many self-directing consumers have also expressed interest in a more participatory role in training provision—particularly to help reduce the discomfort or fear that new workers might experience when providing services to people with disabilities. They believe that consumer-directed on-the-job training is essential for teaching their aides about their personal and unique needs and preferences, but this mode of training is not currently included in the training requirements. In addition, these consumers report that opportunities to inform curriculum revisions are too limited.

## CONCLUSION

In 2007, home care leaders and advocates in Washington began identifying challenges with the existing training requirements for personal care aides, and their recommendations ultimately informed a successful ballot initiative in 2012 that created a new training system for these aides. In today's system, the minimum training hours allow for adult learner-centered teaching methods and training content that emphasizes specific conditions. Moreover, the new statewide approach allows trainees to access any training statewide, rather than only within specific regions, and training credentials are easily verified through the centralized certification database.

However, challenges persist with the new training system. The new requirements may create a barrier to employment if trainees fail to complete the certification process. Additionally, some consumers would like a greater role in curriculum development and training provision. The state continues to work with consumers, family members, and home care leaders to improve training for personal care aides throughout the state.

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*Stephen Campbell is PHI's Policy Research Associate.*

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## APPENDIX A: LONG-TERM CARE WORKER TRAINING WORKGROUP MEMBERS

NAME	ORGANIZATION
Hilke Faber	Resident Council of Washington Consumers
Craig Frederickson	The Fredrickson Home
Rick Hall, Co-Chair	Home Care Quality Authority
Randy Hartman	Addus Healthcare
Kathy Leitch	Department of Social and Health Services
Ingrid McDonald	PHI
Representative Dawn Morrell, Co-Chair	Washington State House of Representative
Peter Nazzal	Catholic Community Services
Eleni Papadakis	Workforce Training and Education Coordination Board
Donna Patrick	Developmental Disabilities Council
Charissa Raynor	SEIU 775
Louise Ryan	Long-Term Care Ombudsman
Jonathan Seib	Office of Financial Management
Elizabeth Smith	Department of Labor and Industries
Patti Weaver	Eagle Healthcare

Source: Treinen Associates. 2007. *Washington State Long-Term Care Workers Training Workgroup Final Report Findings and Recommendations*. Olympia, WA: Washington State Long-Term Care Worker Training Workgroup.  
[https://web.archive.org/web/20090507090118/http://www.governor.wa.gov/ltctf/workgroup/2007report/LTCWkrTrng\\_FINALRPT\\_120607.pdf](https://web.archive.org/web/20090507090118/http://www.governor.wa.gov/ltctf/workgroup/2007report/LTCWkrTrng_FINALRPT_120607.pdf).

# APPENDIX B: SUMMARY OF STATE-REQUIRED LEARNING OBJECTIVES, BY TRAINING MODULE

TITLE	DESCRIPTION AND COMPETENCIES
Safety Training (3 Hours)	<ul style="list-style-type: none"> <li>• Safety planning and accident prevention</li> <li>• Standard precautions and infection control</li> <li>• Basic emergency procedures</li> </ul>
Orientation (2 Hours)	<ul style="list-style-type: none"> <li>• The care setting and the characteristics and special needs of the population served or to be served</li> <li>• Basic job responsibilities and performance expectations</li> <li>• The care plan, including what it is and how to use it</li> <li>• The care team</li> <li>• Process, policies, and procedures for observation, documentation and reporting</li> <li>• Client rights protected by law, including the right to confidentiality and the right to participate in care decisions or to refuse care and how the long-term care worker will protect and promote these rights</li> <li>• Mandatory reporter law and worker responsibilities</li> <li>• Communication methods and techniques that can be used while working with a client or guardian, and other care team members</li> </ul>
Basic Training (70 Hours)	<p>Core competencies:</p> <ul style="list-style-type: none"> <li>• Communication skills</li> <li>• Long-term care worker self-care</li> <li>• Problem solving</li> <li>• Client directed care</li> <li>• Cultural sensitivity</li> <li>• Body mechanics</li> <li>• Fall prevention</li> <li>• Skin and body care</li> <li>• Long-term care worker roles and boundaries</li> <li>• Supporting activities of daily living</li> <li>• Food preparation and handling</li> <li>• Medication assistance</li> <li>• Infection control, blood-borne pathogens, HIV/AIDS</li> <li>• Grief and loss</li> </ul>

## APPENDIX B: SUMMARY OF STATE-REQUIRED LEARNING OBJECTIVES, BY TRAINING MODULE (CONT.)

<b>TITLE</b>	<b>DESCRIPTION AND COMPETENCIES</b>
Basic Training (Cont.) (70 Hours)	Population-specific training may include but is not limited to one or more of the following topics: <ul style="list-style-type: none"><li>• Dementia</li><li>• Mental health</li><li>• Developmental disabilities</li><li>• Young adults with physical disabilities</li><li>• Aging and older adults</li></ul>

Source: Source: Washington Administrative Code (WAC). 2013. Home and Community Services and Programs. Chapter 388-71 WAC.

## Notes

- <sup>1</sup> Acedo, Marta. 2007. "Community Based Training System." PowerPoint presented at the Long-Term Care Worker Training Workgroup, Olympia, WA, August 29, 2007. [https://web.archive.org/web/20090510111424/http://www.governor.wa.gov/ltctf/workgroup/20070829/community\\_based\\_training\\_system.pdf](https://web.archive.org/web/20090510111424/http://www.governor.wa.gov/ltctf/workgroup/20070829/community_based_training_system.pdf).
- <sup>2</sup> Davis, Glenn and McDonald, Ingrid. 2007. *The SEIU 775 Long-Term Care Training, Support & Career Development Network, A Blue Print for the Future*. Olympia, WA: SEIU 775. <https://www.phinational.org/sites/default/files/clearinghouse/Blueprint%20SEIU%20775.pdf>
- <sup>3</sup> Mann, Candiya and Pavelchek, David. 2007. *Home Care Quality Authority Individual Provider Mail Survey*. Olympia, WA: Washington State University, Social & Economic Sciences Research Center (WSU-SESRC), Puget Sound Division. [https://web.archive.org/web/20090510110626/http://www.governor.wa.gov/ltctf/workgroup/20070816/HCQA\\_Provider\\_Mail\\_Survey.pdf](https://web.archive.org/web/20090510110626/http://www.governor.wa.gov/ltctf/workgroup/20070816/HCQA_Provider_Mail_Survey.pdf); Mann, Candiya and Pavelchek, David. 2007. *Home Care Quality Authority Consumer/Employer Mail Survey*. Olympia, WA: WSU-SESRC, Puget Sound Division. [https://web.archive.org/web/20090510110626/http://www.governor.wa.gov/ltctf/workgroup/20070816/HCQA\\_Provider\\_Mail\\_Survey.pdf](https://web.archive.org/web/20090510110626/http://www.governor.wa.gov/ltctf/workgroup/20070816/HCQA_Provider_Mail_Survey.pdf).
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## About PHI

PHI works to transform eldercare and disability services. We foster dignity, respect, and independence for all who receive care, and all who provide it. As the nation's leading authority on the direct care workforce, PHI promotes quality direct care jobs as the foundation for quality care.

Drawing on 25 years of experience working side-by-side with direct care workers and their clients in cities, suburbs, and small towns across America, PHI offers all the tools necessary to create quality jobs and provide quality care. PHI's trainers, researchers, and policy experts work together to:

- Learn what works and what doesn't in meeting the needs of direct care workers and their clients, in a variety of long-term care settings;
- Implement best practices through hands-on coaching, training, and consulting, to help long-term care providers deliver high-quality care;
- Support policymakers and advocates in crafting evidence-based policies to advance quality care.

For more information, visit our website at [www.PHInational.org](http://www.PHInational.org) or [60CaregiverIssues.org](http://60CaregiverIssues.org)

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