

GOVERNOR'S OFFICE of HEALTH CARE REFORM

Commonwealth Long-Term
Living Project



Pennsylvania
WORKFORCE INVESTMENT BOARD

Pennsylvania Center for Health Careers



Addressing Pennsylvania's Direct Care Workforce Capacity

*Primary Recommendations for
Quality Jobs and Quality Care*

December 7, 2007

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Primary Recommendations
for
Quality Jobs and Quality Care

A report to the:
Pennsylvania Center for Health Careers

By the:
Direct Care Workforce Workgroup

Executive Summary

Core Principles, Vision, and Strategic Recommendations

~ Introduction ~

Pennsylvania's direct-care workforce includes more than 130,000 women and men who provide daily, hands-on support to elderly and younger consumers with physical and developmental disabilities. These frontline workers go by many names – nursing assistants, home health aides, home care workers personal care aides and attendants, and direct support professionals. These occupational designations vary according to levels of training, the setting in which direct-care workers are employed, as well as the community of consumers they serve.

Certified nursing assistants (CNAs) work primarily with seniors in nursing homes, while home health aides (HHAs) provide services to people of all ages in their own home. Personal care aides, attendants, and direct support professionals assist individuals with physical and/or cognitive disabilities, in their homes or in other community-based living arrangements. What all these professional caregivers share is that they operate at the vital point where the long-term care system “touches” the individual consumer, and thus where the essential caregiving relationship between the consumer and the paid caregiver is formed.

Long-term care stakeholders – consumers, providers, and workers – have identified a crucial link between the *quality of jobs* held by direct-care workers and the *quality of services* provided to the full range of direct-care consumers. A rapidly aging demographic in our Commonwealth, combined with a fundamental policy shift designed to serve greater numbers of people in home- and community-based settings, is now placing critical workforce demands on our long-term care system.

In response, the Commonwealth of Pennsylvania is moving to address the needs of the direct-care workforce, improving job quality, retention, and ultimately the quality of services. The **Pennsylvania Center for Health Careers**, in partnership with the **Governor’s Office of Health Care Reform**, convened a workgroup that included providers, labor representatives, consumers and other advocates, to articulate the primary issues facing the direct-care workforce, research possible solutions, and make recommendations for action. Together, the *Direct Care Workforce Workgroup* and its sub-committees developed a set of core principles, a vision for job quality, and recommendations for achieving both.

~ Core Principles ~

The formation, implementation and monitoring of the following direct-care workforce strategy is based upon the following six core principles:

- **Compensate direct-care workers adequately.**
- **Acknowledge shared stakeholder and Commonwealth responsibilities.**
- **Engage workers.** Direct-care workers from all settings must be included in shaping these recommendations.
- **Engage consumers.** Consumers who receive direct-care services must be included in shaping these recommendations.
- **Engage providers.** Providers, who are the employers of direct-care workers, must be included in shaping these recommendations.
- **Address consumer-directed initiatives.** The Commonwealth must determine how to improve standards without compromising consumers’ autonomy and the consumers’ right to hire and train direct-care workers.

~ Vision: Job Quality Goals for all Direct-Care Workers ~

By the year 2010, the Commonwealth should implement policies to ensure that all direct-care workers in Pennsylvania secure:

- **A minimum starting wage that ranges between \$12.00/ hour and the median wage for all workers in Pennsylvania.** In addition, annual increases, at minimum, will be indexed to inflation;
- **Health insurance coverage** – affordable, adequate and accessible – across all settings;
- **Access to full-time work** for those workers who seek full-time work (35 hours +);
- **Appropriate training**, that will create credentials portable across all direct-care settings;
- **Access to a career ladder**, both toward the nursing professions, but also rungs *within* the direct-care, paraprofessional services;
- **Peer mentors and job counselors**, who will assist in on-the-job training and support;
- **Involvement in workplace decision-making** and other effective workplace practices;
- **Well-trained supervisors**, who support, encourage and guide workers; and
- **Well-trained administrators**, whose core value is to strengthen the essential caregiving relationship between the consumer and her direct-care worker.

☪ ☪ ☪

~ **Five Immediate Priorities** ~

Acknowledging the emerging crisis within direct-care services, Pennsylvania's *Direct Care Workforce Workgroup* recommends that the Commonwealth pursue five immediate initiatives, in the following areas:

1. *Health Insurance Access.*
2. *Rate-Setting and Reimbursement.*
3. *System-Wide Procurement Standards.*
4. *Training and Career Advancement.*
5. *Governor's Commission on the Direct Care Workforce.*



~ **Strategic Recommendations** ~

The **Direct Care Workforce Workgroup** selected the five priority initiatives from a broader set of recommendations to the Commonwealth as set forth in the following overarching strategy.

I. SYSTEMS COORDINATION AND PROGRAM OPERATIONS

A. SYSTEMS COORDINATION

The Workgroup recommends increasing coordination among oversight agencies within state government and that the resulting coordinated efforts focus on key factors associated with job quality:

1. **Revise the “conditions of participation” of the procurement and certification process** for state-purchased direct-care services. The Workgroup recommends new procurement and certification standards, to include:
 - a) **Direct-care worker compensation;**
 - b) **Entry-level and incumbent worker training;**
 - c) **Orientation and support for new workers;**

- d) **Supervisory training** for those who manage front-line workers;
 - e) **Effective workplace practices** that improve **retention**;
 - f) **Quality of care and services**; and
 - g) **Retention / turn-over / vacancy rates**.
2. **Improve data collection:** As an important first step, the Commonwealth should require annual data collection on indicators of workforce quality across all settings, such as:
- a) **Turnover, retention and vacancy rates**;
 - b) **Wage and income levels** (by competency level and seniority);
 - c) **Hours worked**;
 - d) **Health insurance coverage** (affordability, adequacy and access);
 - e) **Skill levels**;
 - f) **Employee and consumer satisfaction**;
 - g) **Injury rates**; and
 - h) **Other effective workplace practices**.
3. **Develop a public education campaign** within the various program and regulatory offices, to inform consumers of the link between a quality workforce and quality services.

B. ASSESS AND RE-STRUCTURE REIMBURSEMENT AND PROGRAM PROCEDURES

The Workgroup recommends that the *Departments of Public Welfare, Aging, Health, Education, Labor and Industry, the Governor's Office of Health Care Reform* assess how their reimbursement systems and program procedures currently impact the stability and quality of direct-care worker jobs.

1. **Assess Rate Setting and Reimbursement Systems.** The relevant Departments and initiatives should undertake a comprehensive analysis and comparison of reimbursement methods and rates for all publicly financed long-term care services across the full array of care settings in Pennsylvania in order to make recommendations regarding the design of a reimbursement methodology that ensures appropriate and adequate compensation to build and retain a high quality, stable direct care workforce.

2. **Initiate Quality Workforce Incentives.** Departments and initiatives should require and provide incentives for all prospective providers to improve workforce practices:
 - a) **Develop comprehensive workforce retention plans;**
 - b) **Conduct worker satisfaction surveys;**
 - c) **Maximize coordination among service providers** within a region; and
 - d) **Link workers to support services**, such as child care, transportation, etc.
3. **Provide Technical Assistance.** Key Departments should offer to providers technical assistance resources, to help them improve their current workforce initiatives.
4. **Create Opportunities for Full Time Work.** Such initiatives would enable direct-care workers to combine part-time employment opportunities in order to obtain full time work hours.
5. **Coordinate Information and Advice.** Coordinating entities should include the Long-term Living Council and all other entities with oversight of long-term care.

C. **HEALTH INSURANCE - CREATE A TARGETED HEALTH COVERAGE PILOT PROJECT**

The Workgroup in particular recommends that the Commonwealth organize funding and legislative support for a health coverage pilot – either geographically or occupationally-based – to offer both public- and employer-sponsored options for insurance coverage for direct-care workers.¹

II. **TRAINING, CREDENTIALING, AND CAREER ADVANCEMENT**

The Workgroup recommends that the Commonwealth **select a credentialing body and create a four-year plan**, implementing a comprehensive system of training and credentialing that will:

A. **Define competencies.**

¹ Provisions in Governor Rendell’s Cover All Pennsylvanians (CAP) initiative would expand coverage opportunities for small direct care employers (<50 workers).

- B. Establish requirements.
- C. Design a credentialing system.
- D. Establish criteria for specialized responsibilities.
- E. Develop and fund a statewide training system.
- F. Provide specialized training opportunities.
- G. Support career development.
- H. Ensure financial incentives for both direct-care workers and employers.
- I. Determine quality measures for all training programs.

III. WORKPLACE PRACTICES

The Commonwealth should create uniform, statewide quality standards – among all providers, across all settings – by:

- A. Promoting a “coaching approach to supervision.”
- B. Offering quality management training to employers.
- C. Providing incentives (including technical assistance) to employers.
- D. Facilitating the creation of regional “best practice” centers.
- E. Ensuring “balanced workloads.”

IV. STUDIES AND DATA ANALYSIS

Two types of information collection/analysis are recommended: Initial *fact-finding* (to help craft program recommendations) and on-going *progress monitoring*. Therefore, the **Governor’s Commission on the Direct Care Workforce** should consider supporting research in the following areas:

A. Compensation policies including:

- 1. Fiscal impact;**
- 2. Provider practices;**
- 3. Expected savings; and**
- 4. Share of staffing and organizational resources.**

B. Health insurance coverage to assess health status and health insurance utilization (affordability, adequacy and access) for direct-care workers across all long-term care sectors.

C. Rate-setting and reimbursement mechanisms.

D. Pennsylvania’s Nurse Practice Act.

E. Training requirements across settings.

F. All direct-care related pilot projects.

G. State and national best practices, including:

- 1. Full-time work and benefits;**
- 2. “Pay for performance” initiatives;**
- 3. State and federal statutory reforms;**
- 4. Direct-care worker “registries.”**

H. Undertake statewide surveys.

V. GOVERNOR’S COMMISSION

Achieving the goals described below will require a concentrated and coordinated effort by Commonwealth agencies, providers, consumers, and workers. Therefore, the Workgroup recommends the establishment of a Governor-appointed *Direct Care Workforce Commission*.



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Introduction

Pennsylvania's direct-care workforce includes more than 130,000 women and men who provide daily, hands-on support to elderly and younger consumers with physical and developmental disabilities. These frontline workers go by many names – nursing assistants, home health aides, home care workers personal care aides and attendants, and direct support professionals. These occupational designations vary according to levels of training, the setting in which direct-care workers are employed, as well as the community of consumers they serve.

Certified nursing assistants (CNAs) work primarily with seniors in nursing homes, while home health aides (HHAs) provide services to people of all ages in their own home. Personal care aides, attendants, and direct support professionals assist individuals with physical and/or cognitive disabilities, in their homes or in other community-based living arrangements. While regulatory and training requirements for these workers vary, what all these professional caregivers share is that they operate at the vital point where the long-term care system “touches” the individual consumer, and thus where the essential caregiving relationship between the consumer and the paid caregiver is formed.

Long-term care stakeholders – consumers, providers, and workers – have identified a crucial link between the *quality of jobs* held by direct-care workers and the *quality of services* provided to the full range of direct-care consumers. A rapidly aging demographic in our Commonwealth, combined with a fundamental policy shift

designed to serve greater numbers of people in home- and community-based settings, is now placing critical workforce demands on our long-term care system.

Yet, high turnover and vacancies – resulting from such factors as inadequate compensation, ineffective training, and a lack of workplace supports and career development – undermine the Commonwealth’s ability to meet this challenge. Projections indicate that by 2014, Pennsylvania will need an additional 24,610 direct-care workers – a 19 percent increase – or a rate of growth nearly three times the state average for all occupations.

In response, the Commonwealth of Pennsylvania is moving to address the needs of the direct-care workforce, improving job quality, retention, and ultimately the quality of services. The **Pennsylvania Center for Health Careers**, in partnership with the **Governor’s Office of Health Care Reform**, convened a workgroup that included providers, labor representatives, consumers and other advocates, to articulate the primary issues facing the direct-care workforce, research possible solutions, and make recommendations for action. Together, the *Direct Care Workforce Workgroup* and its sub-committees developed a set of core principles, a vision for job quality, and recommendations for achieving both.

This report describes the organization of the joint *Direct Care Workforce Workgroup*, its vision for job quality for direct-care workers, and the development of both a long-term and immediate strategy for addressing the critical workforce challenges facing Pennsylvania’s long-term care system.

The Workgroup concluded that the quality of long-term care is dependent on quality caregivers, supported by a coordinated statewide approach in which public policymakers, employers, consumers, and workers are contributing together to the creation of quality jobs. Investing in these high-demand occupations addresses a vital workforce development priority, as well as a health care priority, for all of Pennsylvania. Since the Commonwealth itself pays for the vast majority of these services, it has a rare opportunity to forge a “*quality care through quality jobs*” statewide public policy.

The Conveners

The *Direct Care Workforce Workgroup* was convened by two major Commonwealth entities currently engaged in solving significant problems within our health care system: the **Pennsylvania Center for Health Careers** and the **Governor's Office of Health Care Reform**. Because of their overlapping concentration in long-term care for a "quality care through quality jobs" initiative, the two groups brought together a diverse group of stakeholders, including consumers, providers, workers, and long-term care experts, to craft an action agenda for solving the direct-care workforce shortages and high rates of turn over.

The Pennsylvania Center for Health Careers

On April 14, 2004, the Governor created the *Pennsylvania Center for Health Careers*, a public/private initiative led by a Leadership Council of more than 25 employers, Commonwealth agencies, industry associations, labor unions, professional associations, and educational institutions. Since its inception, the Center has become a catalyst for developing an action agenda in response to Pennsylvania's health care workforce challenges. The Center, housed within the Pennsylvania Workforce Investment Board, serves as an organizational catalyst to develop an action agenda to address critical workforce shortages in health care, promote best human resource practices in the industry that improve retention and career advancement, and provide policy options to state government.

Addressing the nursing shortage was the Center's first initiative, which resulted in key strategies to increase nursing educational capacity, increase completion rates of nursing students, and recruit and retain non-traditional nursing students, including men and minorities. The Center's two current major initiatives include increasing nursing staff retention and improving recruitment and retention of direct-care workers.

The Governor's Office of Health Care Reform

On January 21, 2003, Governor Rendell issued his first Executive Order creating the *Governor's Office of Health Care Reform* (GOHCR) and establishing the Health Care Reform Cabinet to coordinate and implement the Commonwealth's health care reform agenda. The *Office of Health Care Reform* is aimed at improving access, affordability and quality by rejuvenating Pennsylvania state government's approach to healthcare. Its responsibilities include: facilitating the analysis of administrative, fiscal, and regulatory policies and practices; overseeing the redesign of operations and infrastructure; and assuring the accountability of designated agencies for their assigned duties and responsibilities.

The Health Care Reform Cabinet acts as the advisory body to the GOHCR. Its members include the Secretaries of Aging, Health, and Public Welfare, the Insurance Commissioner, and the Director of the Governor's Policy Office.

Background and Purpose

The *Direct Care Workforce Workgroup* met for the first time on February 16th 2005 in Harrisburg. The group crafted the following purpose statement and rationale:

Purpose Statement

This *Direct Care Workforce Workgroup* will examine, recommend, and promote the implementation of systemic policies and practices that strengthen the quality of direct-care worker jobs, improve the quality of care to consumers, and support the recruitment and retention of direct-care workers in Pennsylvania.

Rationale

The Workgroup's composition will be diverse and inclusive, with representation from stakeholder groups (workers, advocates, consumers, and providers) across the long-term care continuum. The Workgroup will provide a collaborative opportunity to gain an understanding of common direct-care workforce issues. The Workgroup will develop a comprehensive set of recommendations that crosses all service delivery systems. It will have the opportunity to make recommendations to a broad set of entities, both public and private. This Workgroup will not repeat studies or research that has been conducted, but rather take advantage of available state and national information.

The members of the *Direct Care Workforce Workgroup* also reviewed the key issues and obtained agreement on the following priority issues:

- Wages and Benefits
- Workplace Culture and Respect
- Training and Career Advancement
- Direct-care Worker Participation
- Quality of care and services
- Funding and Reimbursement
- Lack of a coordinated system

The Workgroup was chaired by **Sandi Vito**, Deputy Secretary for Workforce Development in the Pennsylvania Department of Labor & Industry. Three co-chairs were selected to lead the Workgroup, **Kevin Hefty**, Nursing Home Team Coordinator of the Service Employees International Union, 1199P; **Lori Griswold**, Executive Vice

President of the Griswold Special Care; and **Ralph Trainer**, Executive Director of Abilities in Motion.

Members from the workgroup were recruited from all stakeholder groups in the long-term care system, including providers, consumer, workers, and government oversight agencies (for a full list of Workgroup and Sub-Committee members see Appendix A.). The Workgroup divided the issues up among three subcommittees – Training, Workplace Practice and Systems Change – each with the following charge:

1. Clearly articulate the major issues involved in the issue area;
2. Acquire the necessary data to describe accurately the issue, and then identify what additional data would help;
3. Describe what is currently being done in this area;
4. Describe exemplary practices in Pennsylvania and nationally;
5. Make and prioritize comprehensive recommendations for a Pennsylvania strategic solution, and specify action steps to achieve the goals agreed upon by the sub-committee members.

Each sub-committee met three times over the summer of 2005 and conducted research between meetings. The sub-committees were open to any interested stakeholder and a wealth of perspectives and ideas were shared at these meetings. The sub-committees identified the critical elements of the issue area they were addressing and examined model practices in workplace retention, training, and policy initiatives that are improving the quality of direct-care jobs nationally and in Pennsylvania.

The full *Direct Care Workforce Group* re-convened on October 24th 2005. Each of the Training, Workplace Practice, and Systems sub-committees' chairs reported their preliminary recommendations back to the full Workgroup for review. In total, the three sub-committees presented close to forty recommendations to the Commonwealth, addressing such issues as wages and benefits, training and career advancement, organizational culture, state reimbursement, and quality of care and services. From these, the *Direct Care Workforce Workgroup* developed a synthesis – identified as being of particular import to strengthen Pennsylvania's direct-care workforce and the quality of service received by long-term care consumers.

The Workgroup then prioritized these recommendations into four separate categories:

- Systems Coordination and Program Operation [including procurement standards, reimbursement policies and systems infrastructure that reinforces and promotes job quality]
- Training and Career Advancement
- Workplace Practices

- Studies and Data Analysis

The Workgroup also came to general agreement on core principles as well as job-quality goals for the direct-care workforce.

The Workgroup met again on December 14th 2005 in Harrisburg. The purpose of that meeting was to gain consensus on a strategy for promoting the priority recommendations, and to choose from among them a subset that would form the basis for immediate action from the Commonwealth. Considerable discussion among Workgroup members led to a number of comments and suggested changes to the recommendations.

The Co-Chairs then reviewed and approved a final draft version of the recommendations in preparation for the May meeting of the Pennsylvania Center for Health Careers.

On May 17th, 2006 the Workgroup's draft recommendations were presented to and approved by the Pennsylvania Center for Health Careers Leadership Council. The recommendations were approved by the state Workforce Investment Board in 2006.

The members of the Workgroup hope that the *Direct Care Workforce Workgroup* and its sub-committees will continue as a joint initiative of the Pennsylvania Center for Health Careers and the Governor's Office of Health Care Reform, to ensure the advancement and implementation of the strategies recommended.

The Need for Action

Direct-care occupations form a critical segment of Pennsylvania's health and long-term supportive services delivery system. Direct-care workers go by many designations and work in a variety of service settings. They include nursing assistants, home health aides, personal care aides and attendants, home care workers, and direct support professionals.

Nursing assistants and home health aides provide essentially the same services in Medicare- and Medicaid-certified nursing homes and home health agencies. Under the direction of a licensed nurse, they assist consumers with activities of daily living (ADLs) such as eating, dressing, bathing, and toileting; they also perform clinical tasks such as range-of-motion exercises and blood pressure readings. Home health aides may also perform light housekeeping tasks, such as preparing food or changing linens.

Personal and home care aides and attendants, like home health aides, may work in either group or private homes, but the majority do not provide clinical assistance. They are known by a variety of names, including home care aide, personal care assistant, and personal care attendant. Those who assist people with intellectual and developmental disabilities are often known as direct support professionals. In addition to providing assistance with ADLs, personal and home care aides often assist consumers with housekeeping, meal preparation, medication management, shopping, and bill paying. A growing number of personal assistance workers are employed and supervised directly by consumers rather than working for an agency. These workers often provide clinical assistance as well.

Increasingly, direct-care workers provide services to consumers in other settings, such as adult day services centers, licensed personal care homes, and community- and institutional-behavioral health settings.

These workers provide the bulk of the hands-on care to Pennsylvania's consumers of long-term supports and services. In addition, these positions currently form almost 19 percent² of the healthcare workforce in Pennsylvania, and are projected to become over the coming decades some of the fastest growing occupations in the Commonwealth. Growing demand for long-term care services, particularly in the community, combined with an aging cohort of caregivers, has created a need for an additional 26,000 nurse

² Pennsylvania Department of Labor & Industry, Center for Workforce Information and Analysis. 2004. *An Analysis of the Healthcare Workforce in Pennsylvania*.

aides, home health aides, personal care attendants, and psychiatric aides by the end of this decade.

Direct-care work has typically been beset by high turnover and low retention. Low wages, difficult working conditions, and a lack of quality training and support have historically created a revolving door where direct-care workers constantly move from job to job. What has changed in recent years is that these workers are leaving the profession altogether – just as the pool of potential new workers is shrinking – putting pressure on employers to fill empty positions. Vacancy rates for direct-care positions in Pennsylvania exceeded 11 percent at one point in the early part of the decade, and though they have improved somewhat, remain close to 10 percent.³

As the need for these workers expands, both the Commonwealth (as primary payer and regulator of services) and the long-term care industry will need to make additional investments in improving job quality, not just in compensation, but in training, career opportunities and supervisory support, as well as in overall workplace organization and the structure of long-term care service delivery.

The availability of these resources will be challenged by difficult budget times and the demand on the Commonwealth to manage healthcare spending efficiently. Since most health care costs are funded by taxpayers, health care services must compete in the political arena for public dollars – with health care being only one of a wide array of public needs, and long-term care being only a portion of total health care costs. For this reason, the *Direct Care Workforce Workgroup* undertook its charge with great care, recognizing the need to suggest essential, yet still cost-effective, recommendations.

³ 2004 Pennsylvania Long-term care Workforce Surveys: A Report to the Intra-Governmental Council on Long-term Care. http://www.directcareclearinghouse.org/s_index.jsp

Quality Jobs: Core Principles, Vision, and Recommendations

The *Direct Care Workforce Workgroup's* charge was to outline the key issues and challenges facing Pennsylvania's direct-care workforce, form a vision for quality jobs and quality care, and present a set of recommendations designed to achieve that vision. Workgroup members agreed that the successful implementation of these recommendations – and the ability of all stakeholders to meet their shared responsibility to resolve Pennsylvania's direct-care workforce crisis – requires sufficient funding from the Commonwealth.

In addition, while all stakeholders agreed to the need for improved quality assurance standards for workplace practice, there was considerable support for using appropriate incentives and technical support for providers, in tandem with greater accountability.

~ Core Principles ~

The formation, implementation and monitoring of the following direct-care workforce strategy is based upon the following six core principles:

- **Compensate direct-care workers adequately.** The Commonwealth, Pennsylvania's network of providers, and consumers value direct-care workers, and seek to create quality, well-compensated jobs.
- **Acknowledge shared stakeholder and Commonwealth responsibility.** As the primary funder of direct-care worker services, the Commonwealth must ensure that there are necessary resources to fulfill these recommendations. Providers, consumers, family, members, and workers must also work with each other and the Commonwealth to ensure quality jobs and quality care.
- **Engage workers.** Direct-care workers from all settings must be included in shaping these recommendations.
- **Engage consumers.** Consumers who receive direct-care services must be included in shaping these recommendations.
- **Engage providers.** Providers, who are the employers of direct-care workers, must be included in shaping these recommendations.
- **Address consumer-directed initiatives.** The Commonwealth must seek advice from participants in consumer-directed settings, to determine how standards can be improved without compromising consumers' autonomy and consumers' right to hire and train direct-care workers.

The Workgroup believes that investing in these high-demand occupations addresses both a vital health care priority as well as workforce development priority for Pennsylvania. Since the Commonwealth directly pays for most of these services, it now has a rare opportunity to forge a “*quality care through quality jobs*” statewide public policy.

~ **Vision: Job Quality Goals for all Direct-Care Workers** ~

By the year 2010, the Commonwealth must implement policies to ensure that all direct-care workers in Pennsylvania secure:

- **A minimum starting wage that ranges between \$12.00/ hour⁴ and the median wage for all workers in Pennsylvania⁵.** In addition, annual increases, at minimum, that are indexed to inflation;⁶
- **Health insurance coverage** (affordable, adequate and accessible) across all settings;
- **Access to full-time work** for those workers who seek full-time work (35 hours +);
- **Appropriate training** that will create credentials portable across all settings;
- **Access to a career ladders**, toward the nursing professions, but also toward rungs *within* the direct-care, paraprofessional services;
- **Peer mentors and counselors** who will assist in on-the-job training and support;
- **Involvement in workplace decision-making** and other workplace practices;
- **Well-trained supervisors** who support, encourage and guide workers; and
- **Well-trained administrators**, whose core value is to strengthen the essential caregiving relationship between the consumer and her direct-care worker.

⁴ This figure is based on the Family Economic Self-Sufficiency Standard (FESS) for Pennsylvania. The FESS measures how much income a family of a certain composition needs in a given place to meet their basic needs without public or private assistance; in most Pennsylvania counties, \$12.00/hour, at 40 hours per week, typically meets this standard for a single parent and one pre-schooler.

⁵ Per May 2005 occupational wages, the median wage across all occupations was \$13.85 per hour (or \$28,810 annually) http://www.bls.gov/oes/current/oes_pa.htm#b00-0000

⁶ There was considerable discussion among workgroup members regarding this goal. The primary concern was about unfunded mandates, i.e. that providers would be held accountable for paying a particular, targeted wage without the attendant increases in funding necessary to do so. However, the Workgroup agreed that when the Commonwealth increases reimbursement to providers, there must be accountability for it actually reaching workers' paychecks.

~ Five Immediate Initiatives ~

The **Direct-care Workforce Workgroup** has identified an overarching strategy to forge a “*quality care through quality jobs*” policy agenda (see **Strategic Recommendations** below). While having achieved impressive participation and cooperation from a broad range of stakeholders, the entire strategy is likely too ambitious to undertake in the short-term. Therefore, within these priorities, the Workgroup proposes that the Commonwealth pursue the following as a cohesive – yet immediate – set of integrated initiatives.

The Workgroup selected the following based on a mix of: support from key stakeholders, items that can be pursued through Administrative authority, and items that build upon investments this Administration has already made in health care and workforce development policy.

1. **Health Insurance Access.** Organize Administration and legislative support for an allocation of at least \$15 million/year over three years to design and fund a targeted health insurance pilot project to offer both public- and employer-sponsored options for insurance coverage for direct-care workers.
2. **Rate-Setting and Reimbursement.** Design one or more pilot programs to implement a “pay-for-performance” methodology – one that rewards providers for building and retaining a high-quality, stable workforce.
3. **System-Wide Procurement Standards.** Use the current, on-going review of publicly-funded long-term care programs to establish uniform performance and funding standards for workplace quality and organizational practice, including supervision. Identify specific ways in which these programs can provide financial and other incentives and technical support for providers to improve workplace practice.
4. **Training and Career Advancement.** Establish a credentialing body to determine training standards and credentials for direct-care workers and the organizations that train those workers. At the same time, draft a statewide competency-based system – and secure stakeholder buy-in across all settings – that the credentialing body would then implement.
5. **Commission on the Direct Care Workforce.** Seek Governor Rendell’s leadership to establish a high-level Commission to underscore the importance of the direct-care workforce to both long-term care consumers and low-wage workers. The Commission would oversee statewide analysis, recommend solutions, and establish milestones toward securing a quality workforce for Pennsylvania’s elders and people with disabilities.



~ Strategic Recommendations ~

The Workgroup’s specific recommendations below are strategic interventions intended to help reach each of the Job Quality Goals.

Acknowledging the emerging crisis within direct-care services, Pennsylvania’s *Direct Care Workforce Workgroup* recommends that the Commonwealth pursue a comprehensive, overarching strategy. From among the following recommendations, the Workforce Workgroup has selected five *immediate* initiatives, highlighted above.

I. SYSTEMS COORDINATION AND PROGRAM OPERATIONS

A. SYSTEMS COORDINATION

A critical impediment to implementing a quality-jobs strategy for direct-care workers is the fragmentation among delivery systems, each with its own set of overseers, policies, regulations, and payment mechanisms. The Workgroup recommends increasing coordination among oversight agencies within state government and that the resulting coordinated efforts focus on key factors associated with job quality:

1. **Revise the “conditions of participation” of the procurement and certification process** for state-purchased direct-care services, to include the use of performance-based workforce standards. The Workgroup recommends that the *Department of Public Welfare*, the *Department of Aging* and any other funder of direct-care services design, and monitor compliance to, new procurement and certification standards – founded upon evidence-based effective practice. The Council on Long-Term Living may be the mechanism to ensure coordination of the development of standards across delivery systems. Specific planning and performance targets should include:
 - a) **Direct-care worker compensation;**
 - b) **Entry-level and incumbent worker training;**
 - c) **Orientation and support for new workers;**
 - d) **Supervisory training** for those who manage front-line workers;
 - e) **Effective workplace practices that improve retention;**
 - f) **Quality of care and services;** and
 - g) **Retention / turn-over / vacancy rates.**

Where the Commonwealth is not a direct payer of provider services, legislation, regulation, and other methods of quality assurance should be aligned with these goals for direct-care workforce quality. Whenever current regulations are revised or new laws/regulations promulgated for particular service sectors, they should reflect the core workforce principles and strategy of these recommendations.

2. Improve data collection: As an important first step, the Commonwealth should require annual data collection on indicators of workforce quality across all settings, such as:

- a. **Turnover, retention and vacancy rates;**
- b. **Wage and income levels** (by competency level and seniority);
- c. **Hours worked;**
- d. **Health insurance coverage** (affordability, adequacy and access);
- e. **Skill levels;**
- f. **Employee and consumer satisfaction;**
- g. **Injury rates;** and
- h. **Other effective workplace practices.**

3. Develop a public education campaign within the various program and regulatory offices, to inform consumers of the link between a quality workforce and quality services. This includes creating a direct-care workforce public “report card” for each provider, across all settings on all key direct-care worker provider practices. This data should be posted on key state websites, as well as other sources of consumer information and service (*Ombudsman, AAA, CIL*), and be integrated into any *already-existing* state reports on quality measures and quality assurance in long-term care.

B. ASSESS AND RE-STRUCTURE REIMBURSEMENT AND PROGRAM PROCEDURES

The Workgroup recommends that the *Departments of Public Welfare, Aging, Health, Education, Labor and Industry, the Governor’s Office of Health Care Reform*⁷ assess how their reimbursement systems and program procedures currently impact the stability and quality of direct-care worker jobs. Where necessary, those reimbursement systems and

⁷ And any other key state initiatives addressing systems change and quality of services, such as the 2002 Real Systems Change, QA/QI, ADRC, and the Cash and Counseling initiative.

program procedures should then be re-structured, or new efforts should be initiated, to maximize the quality of direct-care workforce jobs.

1. Assess Rate Setting and Reimbursement Systems. The relevant Departments and initiatives should undertake a comprehensive analysis and comparison of reimbursement methods and rates for all publicly financed long-term care services across the full array of care settings in Pennsylvania. The primary focus should be to make recommendations regarding the design of a reimbursement methodology that ensures appropriate and adequate compensation to build and retain a high quality, stable direct care workforce. This methodology may include incentives to providers to encourage investments in the direct care workforce or mechanisms that target a **fixed percentage of provider reimbursement** for direct-care wages and benefits.

2. Initiate Quality Workforce Incentives. In addition to new procurement standards, the Departments and initiatives should require and provide incentives where appropriate for all prospective providers to improve workforce practices. These incentives might include, but not be limited to:

- a) **Develop comprehensive workforce retention plans;**
- b) **Conduct worker satisfaction surveys;**
- c) **Maximize coordination among service providers** within a region; and
- d) **Link workers to support services**, such as child care, transportation, etc.

3. Provide Technical Assistance. The Workgroup recommends that the key Departments offer to providers technical assistance resources, to help them improve their current workforce initiatives, and to collect and evaluate data.

4. Create Opportunities for Full Time Work. Create statewide or regional structures that enable direct-care workers to combine part-time employment opportunities in order to obtain full time work hours. Pilot projects might include development of a registry, linking workers to work across service silos, and increased training opportunities.

5. Coordinate Information and Advice. The Workgroup recommends that the Commonwealth develop formal mechanisms to coordinate systems improvement. Coordinating entities should include the Long-term Living Council and all other entities with oversight of long-term care⁸.

⁸ These include: Medical Assistance Advisory Committee and its sub-committees (Long-term Care, Consumer etc); HCBS Stakeholder Planning Team; Community Living Advisory Council; PA Council

In addition, Pennsylvania should establish a Direct-care Workforce Commission to oversee statewide analysis, recommend solutions, and establish milestones toward securing a quality workforce.

C. HEALTH INSURANCE - CREATE A TARGETED HEALTH COVERAGE PILOT PROJECT

The Workgroup in particular recommends that the Commonwealth organize funding and legislative support for a **health coverage pilot** – either geographically or occupationally⁹-based – to offer both public- and employer-sponsored options for insurance coverage for direct-care workers.

This pilot would explore a range of financing options and models of public and private health insurance vehicles, and could expand any of the various state or state-supported pools for covering direct-care workers (e.g., *Adult Basic Care*, *Medicaid*, and the *Commonwealth's employee health benefit fund*). This pilot would include an evaluation of the budget impact of providing health insurance to Pennsylvania's direct-care workers and should be coordinated with the Office of Health Care Reform's {CMS planning grant}.¹⁰

II. TRAINING, CREDENTIALING, AND CAREER ADVANCEMENT

The Workgroup recommends that the Commonwealth **select a credentialing body and create a four-year plan**, with input from all key stakeholders, implementing a comprehensive system of training and credentialing that will:

A. Define competencies. The Commonwealth should formally acknowledge a set of basic core competencies, portable across all direct-care worker settings.^{11 12} These competencies should incorporate a range of both “hands-on” and “soft” skills, including problem-solving, contextualized literacy, and communications.

on Aging; Intra-Governmental Council on LTC; State Independent Living Council, the PA Developmental Disabilities Council, and other advisory groups in the MH/MR arena.

⁹ E.g., within a particular waiver program's workforce

¹⁰ Provisions in Governor Rendell's Cover All Pennsylvanians (CAP) initiative would expand coverage opportunities for small direct care employers (<50 workers).

¹¹ Current regulations for various programs may require *additional* competencies. Changes may be required in legislation or regulation to create fully portable credentials.

¹² The consumer community should advise on the core/basic training – in particular distinguishing between what is “common” versus what is “essential” within different settings.

B. Establish requirements. With these definitions in place, key Departments will require all direct-care workers to achieve these basic competencies as a condition of employment.

C. Design a credentialing system. The training and credentialing system will be empowered to issue a phased-in set of credentials (both entry-level and incumbent), based on defined training and achievement.¹³ The system will also offer a pre-employment competency evaluation.

D. Establish criteria for specialized responsibilities: Beyond the base of core competencies, the Commonwealth should establish additional competencies for specialized settings, such as behavioral health, working with brain injury survivors, or dementia care. The intent is to develop a “scope of practice” for direct-care workers that allows for broad delegation of job duties, based upon appropriate skills training and experience.

E. Develop and fund a statewide training system. Create a statewide training structure (within and outside the workforce development system, and including employer-based training) that will produce qualified trainers and training services, and identify and coordinate all training supports and services.¹⁴ Maximize use of current funding sources.

{Examples of potential funding sources are *Job Ready Pennsylvania*, including the *Industry Partnership* and *Industry Partnership Worker Training* grants, as well as adult education and literacy programs.}

F. Provide specialized training opportunities. Support specialized competency requirements, by providing specialized training opportunities (classroom and/or on the job), specific to each setting.

G. Support career development. Build clearly articulated pathways, within both the higher education system and the healthcare system itself, that connect advanced training to higher educational credits and attendant financial rewards. These pathways should include ladders *within* the direct-care, paraprofessional level, and also provide opportunities for literacy education that allows direct-care workers to take advantage of additional training. In addition, the State Board of Education should be consulted to ensure that training designed to provide career advancement

¹³ One credential will authorize a direct-care worker to practice at any setting.

¹⁴ For example: Ensure that the state medication administration training program (currently available to direct support professionals in MR) is extended to other service settings.

also provides prerequisite course work for LPN and RN programs wherever possible.

H. Ensure financial incentives for both direct-care workers and employers to reward increases in levels of credentialing.

I. Determine quality measures for all training programs. The Commonwealth will formally approve, and regulate the quality of, all programs offering direct-care training within the state—including, but not limited to, curriculum and instructors and the training program as a whole.¹⁵

III. WORKPLACE PRACTICES¹⁶

The Commonwealth should create **uniform, statewide quality standards**, as well as encourage “effective workplace practices”¹⁷ beyond these minimum standards—among all providers, across all settings—by:

- A. Promoting a “coaching approach to supervision.”** The Commonwealth should work with the State Board of Nursing to integrate coaching supervision training into the training requirements for nurses, administrators, and other supervisors.
- B. Offering quality management training** to employers to improve workforce retention practices in all service settings. This training could be provided directly by agency staff, or contracted for with third-party training agencies that specialize in improving workforce retention.
- C. Providing incentives (including technical assistance) to providers** who implement supportive workplace elements, have effective retention measures, and maintain a stable workforce.
- D. Facilitate the creation of regional “best practice” centers**, including the formation of a cadre of peer networks among employers to assist in implementing these practices.
- E. Ensuring “balanced workloads.”** In residential settings, the Commonwealth should require higher staffing levels of direct-care workers relative to the

¹⁵ Effective methods must be demonstrated to engage students in developing competencies and provide for sufficient hours of training that aligns with the required curricula.

¹⁶ The PCHC’s Working Group on the Retention of Health Care Workers has also issued a report addressing the need for improved retention in nursing and other allied healthcare occupations. The report recognizes the correlation between retention and supportive workplace environments, and calls for similar innovations in overall workplace culture with attention to issues such as work design, workforce development, safety, and workplace relationships at all levels of the workforce.

¹⁷ For examples of state and national initiatives aimed at improving workplace culture and direct-care worker retention, see Appendix D.

number and acuity level of consumers, consistent with national best practices. In home- and community-based settings, funding should also be available to assist providers to create a supply of direct-care workers to serve as a backup. Commonwealth Departments responsible for service delivery and coordination should explore ways to facilitate systems that allow direct-care workers who wish to obtain consistent, fulltime work.

IV. STUDIES AND DATA ANALYSIS

Part of the Workgroup's original charge was to identify areas where more specific data is needed in order to develop meaningful policy recommendations. Two types of information collection/analysis are recommended: Initial *fact-finding* (to help craft program recommendations) and on-going *progress monitoring*.

Therefore, the **Governor's Commission on the Direct Care Workforce** should consider supporting research in the following areas:

A. Compensation policies for direct-care workers, across all settings, including:

1. **Fiscal impact** of increased wages/benefits;
2. **Provider practices** that encourage / discourage stable recruitment and retention;
3. **Expected savings** from reduced turnover; and
4. **Share of staffing and organizational resources** devoted to direct-care compensation.

B. Health insurance coverage to assess health status and health insurance utilization (affordability, adequacy and access) for direct-care workers across all long-term care sectors in Pennsylvania. Current Insurance Department data will provide a foundation for this research.

C. Rate-setting and reimbursement mechanisms, within each funding silo, to determine which elements encourage / discourage stable recruitment and retention. This includes research on implementing mechanisms to target a **fixed percentage of provider reimbursement** for direct-care wages and benefits.

D. Pennsylvania's Nurse Practice Act, to recommend which nursing tasks are delegable to direct-care workers.

- E. **Training requirements** across settings, to determine obstacles to creating a fully portable set of credentials.
- F. **All current pilot projects**, assessing all pilots relating to direct-care workers, to determine their efficacy.
- G. **State and national best practices**, including:
 - 1. How to encourage **full-time work and benefits**;
 - 2. **“Pay for performance”** initiatives;
 - 3. **State and federal statutory reforms**, including the **Nurse practice act**; and
 - 4. Use and design of **direct-care worker “registries.”**
- H. **Undertake statewide surveys.** The Commonwealth, using state and national data sources, should conduct benchmarking surveys for the same direct-care workforce indicators specified above.

V. GOVERNOR’S COMMISSION

Achieving the goals described below will require a concentrated and coordinated effort by Commonwealth agencies, providers, consumers, and workers. Therefore, the Workgroup recommends the establishment of a Governor-appointed *Direct Care Workforce Commission*. The Commission should be a high-level *ad hoc* body – underscoring the importance of the direct-care workforce and establishing specific milestones toward securing quality jobs for direct-care workers – in order to provide high-quality care for Pennsylvania’s long-term care consumers.



The Commonwealth’s guiding principles for systemic long-term care reform emphasize consumer choice, self-determination and access to quality services. Without a stable, well-qualified and well-compensated workforce, the Workgroup believes these principles cannot be fully realized.



Appendix A: Direct-care Workforce Work Group Members

Chair

Sandi Vito, Deputy Secretary for Workforce Development, Department of Labor and Industry

Co-chairs

Dr. Lori Griswold, Executive Vice President, Griswold Special Care

Kevin Hefty, Nursing Team Coordinator, District 1199P/SEIU

Ralph Trainer, Executive Director, Abilities in Motion

Members

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Kevin Casey, Deputy Secretary, Department of Public Welfare (MR)

Rocco Claroni, Aging Services Specialist, Department of Aging

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Cheryl Feldman, Director, District 1199C Training and Upgrading Fund

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Mary Ann Kelly, Executive Director, Southwestern Pennsylvania Partnership on Aging (SWPPA)

Ray Landis, Associate State Director Advocacy, AARP, Pennsylvania Office

Angie Logan, Executive Policy Specialist, Department of Public Welfare Office of Policy Development

Joan Martin, Executive Director, United Cerebral Palsy of Pennsylvania (UCP of PA)

Russ McDaid, Vice President & Chief Public Policy Officer, PA Association of Non-Profit Senior Services

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Fred Dedrick, Executive Director, PA Workforce Investment Board

Erika Young, Executive Policy Specialist, Department of Labor and Industry Policy Office

Steve Dawson, President, Paraprofessional Health Care Institute

Appendix B: Sub-Committee Participation

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Jennifer Burnett, LTC Strategic Operations, Office of the Governor Health Care Reform
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Ralph Trainer, Executive Director, Abilities in Motion

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Janet Black, Personal Care Attendant, Abilities in Motion
Karen Burgess, Executive Director, Metropolitan Career Center
Judy Dotzman, Special People in the Northeast, Inc. (SPIN)
Grace Egun, PA Health Law Project
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Workplace Practice Subcommittee

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Appendix C: References

Direct-care Workforce Bibliography

- Abt Associates. 2001. *Training and Education: What is Needed to Prepare Nursing Assistants to Deliver Good Care*, (Ch. 7) in: *Appropriateness of Nurse Staffing Ratios in Nursing Homes, Phase II Final Report*. Cambridge Massachusetts: Report prepared for the Centers for Medicare and Medicaid Services.
- Bernstein, Mark J. October 2002. *Turnover and Vacancy Rate Survey for Direct-Support Staff in Montgomery County Agencies Serving Families and Persons with Mental Retardation and Persons with Mental Illness*. Springfield, PA. Montgomery County Association for Excellence in Service.
- Bowers, Barbara. 2001. "Organizational Change and Workforce Development in Long-Term Care." Paper prepared for Technical Expert Panel Meeting, University of Wisconsin-Madison, School of Nursing, 30 November.
- Davis, Mark and Steven Dawson. 2002. *Pennsylvania's Care Gap: Finding Solutions to the Direct-care Workforce Crisis*. New York, NY. Paraprofessional Healthcare Institute.
- Dawson, Steven, Ann Kempinski, and Sally Tyler. 2001. *Cheating Dignity: The Direct-care Wage Crisis in America*. Washington, D.C.: American Federation of State, County, and Municipal Employees, AFL-CIO.
- Eaton, Susan. 1997. *Pennsylvania's Nursing Homes: Promoting Quality Jobs and Quality Care*. Harrisburg, PA: Keystone Research Center.
- Fegley, Chris, Stephen Herzenberg, and Mark Price. October 2003. *Threatening the Promise: Workforce Crisis and Funding Shortfalls Jeopardize Community-Based Mental Health and Mental Retardation Services*.
- Friedland, Robert B. July 2004. *Caregivers and Long-Term Care Needs in the 21st Century: Will Public Policy Meet the Challenge?* Washington D.C. Georgetown University Long-Term Care Financing Project.
- Harmuth, Susan and Susan Dyson. March 2004. *Results of the 2003 National Survey of State Initiatives on the Long-Term Care Direct-Care Workforce*. Paraprofessional Healthcare Institute (PHI) and the North Carolina Department of Health and Human Services' Office of Long-term Care (NCDHHS).

HRSA 2004. Health Resources and Services Administration. *Nursing Aides, Home Health Aides, and Related Health Care Occupations – National and Local Workforce Shortages and Associated Data Needs*. Washington D.C. National Center for Health Workforce Analysis.

Keystone Research Center. 2001. *Elder Care: Improving Jobs and Care Quality in Nursing Homes and Other Long-Term Care Settings in Pennsylvania*. Harrisburg, PA: Keystone Research Center.

Leon, J., J. Marainen, and J. Marcotte. 2001. *Pennsylvania's Frontline Workers in Long-term Care: The Provider Organization Perspective*. Jenkintown, PA: Polisher Research Institute at the Philadelphia Geriatric Center.

Lipson, Debra and Carol Regan. 2004. "Health Insurance Coverage for Direct-care Workers: Riding Out the Storm". Washington D.C. IFAS (Institute for the Future of Aging Services). Issue Brief, Better Jobs/Better Care, March. www.bjbc.org.

Paraprofessional Healthcare Institute & The Institute for the Future of Aging Services. January 2005. *The Role of Training in Improving the Recruitment and Retention of Direct-Care Workers in Long-Term Care*. U.S. Department of Health and Human Services Issue Brief. *Workforce Strategies*, 3.

Paraprofessional Healthcare Institute and the North Carolina Department of Health and Human Services. March 2004. *Chart of Direct-Care Workforce Activities in Pennsylvania*. National Clearinghouse on the Direct-care Workforce. www.directcareclearinghouse.org.

Paraprofessional Healthcare Institute (PHI). January 2004. *Direct-Care Workers Speaking Out on their Own Behalf*. Issue Brief No. 2. Institute for the Future of Aging Services (IFAS). www.directcareclearinghouse.org.

Paraprofessional Healthcare Institute. September 2004. *Who are Direct-Care Workers?* National Clearinghouse on the Direct-care Workforce fact sheet. www.directcareclearinghouse.org.

Paraprofessional Healthcare Institute and the Catholic Healthcare Association. 2003. *Finding and Keeping Direct-care Staff*. New York, N.Y. Paraprofessional Healthcare Institute.

Pennsylvania Intra-Governmental Council on Long-Term Care. 2001. *In Their Own Words I: Pennsylvania's Frontline Workers in Long-Term Care*. Harrisburg, PA: Pennsylvania Intra-Governmental Council on Long-Term Care.

Pennsylvania Intra-Governmental Council on Long-Term Care. 2002 *In Their Own Words Part II: Pennsylvania's Frontline Workers in Long-Term Care*. Harrisburg, PA: Pennsylvania Intra-Governmental Council on Long-Term Care.

Polister, Barbara, K. Charlie Lakin, and Robert Prouty. 2003. *Wages of Direct Support Professionals Serving Persons with Intellectual and Developmental Disabilities: A Survey of State Agencies and Private Residential Provider Trade Associations*. Minneapolis, MN. Research and Training Center on Community Living, Institute

Salsberg, Edward. 2003. *Making Sense of the System: How States Can Use Workforce Policies to Increase Access and Improve Quality of Care*. Washington D.C. Milbank Memorial Fund.

Seavey, Dorie. October 2004. *The Cost of Frontline Turnover in Long-Term Care*. Better Jobs Better Care issue brief. Washington D.C. Institute for the Future of Aging Services.

Stone, Robyn, Steven L. Dawson, and Mary Harahan. October 2003. *Why Workforce Development Should be Part of the Long-Term Care Quality Debate*. Washington D.C. American Association of Homes and Services for the Aging.

U.S. General Accounting Office. 2001. *Nursing Workforce. Recruitment and Retention of Nurses and Nurse Aides is a Growing Concern*. Statement of William J. Scanlon, Director, Health Care Issues before the Committee on Health, Education, Labor and Pensions, U.S. Senate. Washington, D.C.

U.S. Department of Health and Human Services and Department of Labor. 14 May 2003. *The Future Supply of Long-Term Care Workers in Relation to the Aging Baby Boom Generation*. Washington D.C. Department of Health and Human Services and Department of Labor.

Zawadski, Rick and R.L.G Osterhout. June 2003. *Impact of Health Benefits on Retention of Homecare Workers: Preliminary Analysis of the IHSS Health Benefits Program in Los Angeles County*. Los Angeles, CA. RTZ Associates.

Many of these titles are available at the National Clearinghouse on the Direct-care Workforce: www.directcareclearinghouse.org

Appendix D: Selected Workplace Practice Initiatives

State Initiatives:

GOHCR Quality Management Training

In 2006, as part of its Quality Assurance/Quality Improvement initiative for Home and Community Based waiver programs, the Governor's Office of Healthcare Reform (GOHCR) implemented a training series on quality management business operations for stakeholders involved in Long-term Living services. As part of this training, agency and consumer-directed employers learned key strategies for improving retention of direct-care workers, attracting high -quality individuals for this field, and maintaining a work environment that is positive and supportive. Topics covered included direct-care worker training and orientation, peer mentoring, coaching supervision, and worker participation.

Trainings were held at regional sites throughout Pennsylvania. Altogether approximately 250 people have completed this training.

Recruitment and Retention of Direct-Care Workers

In 2004, the Pennsylvania Intra-Governmental Council on Long-term Care funded several demonstration project grants whose goals are to address direct-care workforce recruitment and retention. Projects included two direct-care worker associations. Descriptions of all the projects can be viewed at: www.directcareclearinghouse.org/s_index.jsp.

The following are some examples:

- **Effect of Supervisory Training of Line Supervisors on Retention of Direct-care Staff in Long-term Care Facilities**

The Lancaster County Workforce Investment Board, in collaboration with the Paraprofessional Healthcare Institute and PSU's Department Health Policy & Administration, has implemented a coaching supervision training (2.5 days) with 116 supervisors at 4 nursing homes. To measure the efficacy of the coaching supervision, they will: 1) Administer tests completed by supervisors' rating their self-efficacy as a supervisor before the training and after the training; 2) have nursing assistants rate their perceptions of their job, empowerment and intent to leave; 3) and compare current turnover rates of direct-care staff to the prior year. They found: 1) A significant increase in supervisors' self confidence as a supervisor; 2) Nursing assistants had mixed, non-significant changes in their perception of their job and intent to leave, and a trend toward improved

empowerment; 3) A generally positive trend toward reduced direct-care staff turnover.

- **Mentor Demonstration Project**

District 1199c Training and Upgrading Fund has developed a 2 day (one full day and two half days) training program offered to direct-care workers who would like to become mentors. Each worker will mentor 4 other direct-care workers in each of its 7 nursing homes, a home care agency and a mental health provider. As part of the program there are two half-day trainings for facility liaisons, done jointly with mentors, to develop implementation strategies. A 'Facility Liaison Guide' was developed and distributed to facility liaisons. After the training, many of these mentors shared stories illustrating how they were empowered in their work and personal life as a result of this project. All saw themselves as valued workers but were not always acknowledged as such until they became a mentor.

Better Jobs/Better Care-PA

BJ/BC-PA is a \$15 million demonstration project funded for over three years by Robert Wood Johnson and The Atlantic Philanthropies to five states to do policy/practice related workforce demonstrations. Pennsylvania's project includes the following practice components:

- Build upon and expand culture change initiatives to integrate the voices of DCWs into workplace design and the plan of care for long-term care consumers. Initiatives include: development of DCW groups within each pilot site with a focus on retention and mentoring, development of skills in communication, peer training, and team building.
- Workplace practice changes will be conducted through regional subcontractors working closely with nursing facilities, home and community-based agencies, personal care facilities and adult day services centers. Subcontractors will assess organizational readiness for demonstration activities, provide training and support to DCWs in each organization, and support a communication process between DCWs and management of each site. See: www.bjbc.org/

National Initiatives:

Institute for the Future of Aging Services Research Synthesis Project

The primary goals of this synthesis is to learn what initiatives have worked to reduce LTC direct-care workforce recruitment and retention problems, and to provide empirically-based insights on the factors that contribute to recruitment and retention problems. Project Description:

<http://www.futureofaging.org/page.cfm?name=Publications&pubid=74&ID=1>

Paper: <http://aspe.hhs.gov/daltcp/reports/insight.pdf>

North Carolina Foundation for Advanced Health Programs New Organizational Vision Award (NOVA)

As part of the provider initiatives under its Better Jobs Better Care grant, North Carolina's project partners developed consensus on the criteria, standards, and outcomes that will qualify providers for special licensure in four major domains: balanced safe workloads; training; supportive workplaces; and opportunities for advancement. The coalition worked with state LTC provider organizations to identify 60 pilot organizations statewide, including home care agencies, adult care homes and nursing homes, to offer training opportunities and identify resources to help the pilot long-term care organizations meet expectations and criteria of the licensure designation, and to test the measurement instruments.

The NOVA manual can be viewed at:

<http://www.dhhs.state.nc.us/ltc/providermanual.pdf>

MS Quality Initiatives for Nursing Homes, Home Health, and Home and Community-Based Services

See: <http://www.cms.hhs.gov/quality/>

Appendix E: Current Direct-care Worker Training Initiatives in Pennsylvania

- ***Industry Partnerships***

Through funding provided by Governor Rendell's Job Ready PA initiative, Pennsylvania's industry sector initiative is the catalyst for the development of a dozen regional partnerships across the state focused on long term care. These partnerships, organized with the support of local workforce investment boards, unions and local non-profit organizations, bring together employers, workers, education institutions and health care organizations to address the needs of nursing homes, personal care homes, assisted living facilities and home care organizations. They provide training for supervisors and direct care workers as well as useful information on workplace practices that promote retention and advancement of employees.

- ***Better Jobs/Better Care-Pennsylvania: Universal Core Curriculum***

Funded by a grant from Robert Wood Johnson and the Atlantic Philanthropies, the project will enable a broad coalition of groups in PA to design and test a comprehensive core-training package for direct-care workers across the continuum. In an effort to design a universal core curriculum, the project has outlined a person-centered training curriculum that has six modules emphasizing the relationship between worker and consumer. The content areas are job readiness, interpersonal dynamics, rights and responsibilities, mind/body systems, safety practices, and assisting with ADLs. The training methodology is six case studies of typical consumers in different long-term care settings. The curriculum is now being written, to be piloted in late 2005, and then tested in several locations throughout PA. www.bjbc.org

- ***Rural Direct Care Worker Dementia Training Project***

One of the 2004 projects funded with Inter-Governmental Transfer funds. The Northeastern Pennsylvania Regional Office of Greater Pennsylvania Chapter of Alzheimer's Association and the Area Agencies on Aging and long-term care in Monroe & Pike Counties provided 12 sessions of an 8-hour training about dementia care and related services to 105 direct-care workers and other staff of personal care homes, skilled nursing, and community based services programs. The training implemented adult learner education methods, i.e. case studies, role plays, and a variety of audio-visual materials. To measure the effectiveness of the training, a survey was taken before and after the training. The post survey found that 99% thought training was related to their issues and 80% felt comfortable discussing topics presented during the training. It

is recommended that the training be reduced to 4 hours and included in mandated training for direct-care workers.

- *Institute for Caregiver Education*

The Institute conducts a variety of training programs for direct-care workers in long-term care, including entry-level Nurse Aide training, an advanced Nurse Aide Specialist course, as well as a number of continuing education and career development opportunities. The most recent initiative is “Empowerment through Education, collaboration with Quality Insights of Pennsylvania and Montgomery County Aging and Adult Services that focuses on building mentoring, relationship, and communication skills for direct support staff. www.caregivereducation.org.

- *Direct-care Worker Initiatives*

This funding, through Dept. of Public Welfare’s Office of Social Programs and Office Mental Retardation and Department of Aging, began in FY 01-02 and continues. This money provides funding for: entry-level and specialized training skills; one day seminars, best practices, etc.; life skills including communication, conflict resolution, attire, etc.; mentoring assistance; basic skills at vocational schools, community colleges. Provides tuition assistance through local CareerLinks

- *Southwest Regional Direct-care Workforce Center.*

The regional workforce center is a three county pilot project designed to create a registry to match workers to full time work and build a larger pool to obtain improved health insurance rates. In addition, the Center provides appropriate access to quality training and supports systems such a child care and transportation in order to facilitate a stable work environment.

- *Department of Labor Home Care Registered Apprenticeship Program*

Under its High Growth Initiative grant the U.S. Department of Labor recognized Home Health Aide as a new apprenticeable occupation (joining CNA and DSP). Apprenticeable occupations are highly technical or skilled, clearly identifiable occupations that are recognized within an industry. They require at least one year of structured on-the-job learning and related technical instruction. The most fundamental characteristic of registered apprenticeship is that a skilled mentor at the work site trains apprentices, with classroom training playing a minor role. The apprentice receives a certification from the DOL that is nationally recognized and portable. PHI is involved in a pilot project that includes Pennsylvania that will assist individual employers who

want to implement this model. The local partner, Home Care Associates in Philadelphia, is scheduled to begin the program in late 2005.