

UNIVERSITY OF HAWAI‘I SYSTEM

REPORT



REPORT TO THE 2019 LEGISLATURE

Report on Review of In-Home Care Services and
Recommendations to Improve Quality of Care

SCR 149 SD1 HD2 (2018)

December 2018

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Review of In-Home Care Services & Recommendations to Improve Quality of Care
By
University of Hawai'i Center on Aging and the Executive Office on Aging
December 2018
SCR 149, SD1, HD2

Introduction

Pursuant to SCR 149, SD1, HD2, the University of Hawai'i respectfully submits its report with the Executive Office on Aging to review in-home care services and make recommendations to improve quality of care. Given its expertise in gerontology, the UH Center on Aging was tasked with this opportunity.

Background

- From 2015 to 2050, numbers of U.S. older adults aged 65 and over will almost double, growing from 47.8 million to 88 million.
- Numbers of adults aged 85 and over is expected to more than triple over the same period, from 6.3 million to 19 million.
- One-third of persons aged 65 and over and two-thirds of those aged 85 and over report functional limitations (CBO, 2013).
- Numbers of older adults in Hawai'i and the U.S., especially the oldest old (85+ years) most likely to require home care, are rapidly expanding.
- Numbers of working-age adults (aged 18-64) in Hawai'i are expected to remain stable.
- There are 32 working-age adults for every adult aged 85 and over. By 2050, that number will plummet to 12.
- Despite growth in demand for home care workers (hcws), the pool of likely applicants will be considerably smaller from 2014 to 2024 than in the previous decade.
- The delivery of long-term services and supports has increasingly shifted from institutional settings, such as nursing homes, to private homes and communities.
- With more frail elders remaining in the community, home care has become more medically advanced
- Home care jobs must become more competitive, offering higher wages and benefits, full-time hours, better training and advancement opportunities, and improved working conditions.

The following report addresses the nine questions posed by SCR 149 and the three areas of recommendations requested. (NOTE: "Aging in place care models" represent residential care, rather than in-home care, and thus fall outside the scope of this report.)

Question #1:

A description of the various ways in which people in Hawai'i receive home care, including care provided by home care agencies authorized under section 321-4.8, Hawai'i Revised Statutes and home health agencies authorized by section 321-11,

Hawai‘i Revised Statutes.

Table One

Definitions

Term	Definition	Hawai‘i Administrative Rules (HAR)
Home Care	<p>"Home care service:" personal care or homemaker services provided in the client's temporary or permanent place of residence; custodial or unskilled care</p> <p>Personal care: activities of daily living (ADLs), including but not limited to:</p> <ol style="list-style-type: none"> 1. Personal hygiene and grooming 2. Bathing 3. Skin care 4. Oral hygiene 5. Hair care 6. Dressing 7. Assistance in toileting 8. Assistance with ambulation, mobility, transfers, and positioning 9. Assistance with exercise, range of motion. <p>Homemaker services: or chore services, including but not limited to:</p> <ol style="list-style-type: none"> (1) Routine housecleaning, e.g., sweeping, mopping, dusting, making beds, washing dishes, cleaning toilets, sinks, showers, or bathtubs, or disposing of rubbish (2) Care of clothing and linens, including washing, drying, ironing, mending (3) Shopping for household supplies, clothing, personal essentials (4) Running errands, picking up medication (5) Shopping for food, preparing meals (6) Escorting client to medical care services or to nutritional or recreational programs (7) Assisting with simple health care routines, e.g., reminders to take oral medication, to 	<p>Chapter 11-700</p> <p>Licensed by DOH</p>

Term	Definition	Hawai'i Administrative Rules (HAR)
	<p>maintain diet restrictions, or to perform recommended exercises.</p> <p>Neither personal care nor homemaker services include management of client's money or finances, or balancing the client's checkbook.</p>	
Home Care Agency	<p>A public or proprietary agency, a private nonprofit organization, or a subdivision of an agency or organization that provides personal care services or homemaker services to clients in the client's temporary or permanent place of residence. It does not include organizations that provide only housecleaning services, nor does it apply to an individual, including an individual who is incorporated as a business or is an unpaid or stipended volunteer.</p>	
Home Health	<p>Direct or indirect skilled nursing services and other therapeutic services under a physician's direction to homebound patients. Refers to a higher level of care, requiring medical training, e.g., checking vital signs, and respiration, or assisting with braces, artificial limbs and other medical equipment.</p> <p>"Homebound patient": a person who, due to an illness or injury-related condition, is restricted in ability to leave place of residence without aid of supportive devices, e.g., crutches, canes, wheelchairs, walkers, use of special transportation, or the assistance of another person; or a person for whom leaving home is medically contraindicated.</p>	<p>Chapter 11-97</p> <p>Licensed by DOH</p>
Home Health Agency	<p>A public or proprietary agency, a private nonprofit organization, or a subdivision of such agency or organization that primarily provides direct or indirect skilled nursing services and other therapeutic services under a physician's direction to homebound patients on a part-time or intermittent basis (in a place used as the individual's home).</p>	

Term	Definition	Hawai'i Administrative Rules (HAR)
Case Management	<p>The process of continuous assessment of service needs of the client in a community care foster family home, expanded adult residential care home, or assisted living facility; the development, review, and updating, as necessary, of the client's service plan; and the locating, coordinating, and monitoring of an integrated and comprehensive combination of services necessary to cost-effectively maintain, support, and ensure the welfare of the client in the community on a twenty-four hour basis. Case management assists the client to access needed care and services on a timely basis and to prevent inappropriate institutionalization through a thorough consideration of community-based alternatives.</p>	<p>Chapter 1454; soon to become Chapter 11-800 Licensed by DOH</p>

(Ridley, K., Department of Health, 2018)

Licensing: DOH recently adopted rules to license home care agencies (v home health care agencies). As of November 7, 2018, 18 home care agencies in Hawai'i have applied for licensure, and their licenses are pending.

Home care system in Hawai'i: State Executive Office on Aging (EOA)

- EOA is Hawaii's lead agency to coordinate the statewide system of aging and caregiver support services
- EOA receives both federal and state funds for elderly and caregiver support services
- Hawai'i State Legislature appropriates state monies for Kupuna Care Services in the EOA's base budget.
- EOA contracts with each county Area Agency on Aging (now called ADRC) to procure, manage, and coordinate the delivery of elder and caregiver support services in their respective counties.

EOA-Administered Programs: Kupuna Care (KC) Services:

- KC = in-home community-based care services and supports for Hawaii's older adults/ Kupuna, enabling aging in place
- Home care agencies provide on an hourly basis, based upon individual needs determined through a personalized needs assessment provided by home care agency's case manager.
- Benefits: KC monies cover nine core home and community-based services (HCBS). The following three pertain to home care:
 - Chore Service(s). Assistance with heavy housework, yard work, sidewalk maintenance; or for whom the performance of these chores may present a health or safety problem.

- Homemaker/Housekeeper. Assistance to Kupuna unable to perform one or more of the following IADLs: preparing meals, shopping for food and other personal items, managing money, using the telephone, doing housework, traveling, taking medication.
 - Personal Care. Personal assistance, stand-by assistance, watchful oversight for Kupuna unable to perform one or more of the following personal care activities (i.e., ADLs): eating, dressing, bathing, toileting, transferring in and out of bed/chair, ambulating.
- Eligibility:
 - Sixty (60) years of age or older
 - A citizen of the United States or a qualified alien;
 - Not covered by any comparable government or private home and community-based services
 - Not living in a long-term care facility or institution
 - Has impairments of at least:
 - Two (2) Activities of Daily Living (ADLs) or
 - Two (2) Instrumental Activities of Daily Living (IADLs) or
 - One (1) ADL and one (1) IADL or
 - Substantive cognitive impairment requiring substantial supervision.

EOA-Administered Programs: Kupuna Caregiver

- Launched in 2018, for employed Hawaiian residents who are also unpaid primary caregivers of a relative aged 60 years or over.
- Purpose:
 - To ease financial burden of family caregiving, while allowing caregivers to continue employment outside of the home.
 - To prevent unnecessary institutionalization of Kupuna
- Benefits:
 - Up to \$70 / day towards the cost of long-term eldercare and services, such as adult day care, in-home personal assistance, respite care, and more.
- Eligibility: Must require assistance with
 - A minimum of two ADLs, such as eating, bathing, and transferring from a bed to a chair
 - OR two IADLs, such as housecleaning, preparing meals, doing laundry
 - OR one ADL and one IADL
 - OR have a considerable cognitive impairment that requires significant supervision
- First year use:
 - ADRCs received 2,706 inquiries about the program from 1,704 individuals
 - ADRCs received 179 applications for KCGP services prior to 7/1/18
 - 159 were determined eligible for KCGP services
 - Of the 159 eligible caregivers, 101 (64%) had service orders and 46 (30%) were waitlisted to receive KCGP funding.
- Ineligible inquirers:
 - Screened for eligibility into other public funded programs
 - Provided information and referral services and optional counseling.

Hawai‘i Community Living Program (CLP)

- Alternate labels: Self-direction, Consumer-direction, Cash and Counseling, Nursing Home Diversion Program, Community Living Participant Direction Program, (see below, #11)
- New statewide program for older adults who require long-term care and supports in their home.
- Purpose: Provides services necessary to promote independent living and delay or prevent more costly nursing home placement.
- Services and benefits:
 - Monthly budget established based on need, determined by application assessment
 - A coach assists in developing care plan.
 - Financial management services also available to handle fiscal obligations of being an employer (e.g., payroll, taxes)
 - Funds can be used for long-term care services and supports as participant sees fit. Eligible applicants can hire and manage their choice of care and service providers
 - Gives program participants the opportunity to decide what best fits their needs and situation.
 - A program participant can designate a relative or close friend as their representative.
 - Services covered: companion care, assistive technology, durable medical equipment, personal emergency response systems, home modification for access and safety purposes, and hiring a personal care assistant or home health aide.
- Eligibility criteria:
 - Hawai‘i resident
 - 60 years of age or older
 - Resides in own home or the home of a relative.
 - Cannot reside in assisted living facility, nursing home, adult foster family home, or adult residential care home
 - Functional requirements (ONE of the following):
 - Requires assistance with a minimum of three ADLs OR
 - Resided in a nursing home facility or an adult residential care home at some point during the last six months OR
 - Has a medical diagnosis of Alzheimer’s Disease or related dementia
 - Financial requirements:
 - Monthly income between 101% and 300% of the Federal Poverty Level
 - Asset limit is set at \$100,000
 - Uncountable assets: Applicant’s main home, one automobile, funeral/burial plan, and a life insurance policy.
- Those choosing self-direction are responsible for certain employer functions:
 - Recruiting/selecting providers
 - Determining provider duties
 - Scheduling providers

- Instructing and training providers in preferred duties
 - Supervising providers
 - Evaluating providers
 - Verifying time worked by provider and approving time sheets
 - Discharging provider
- Surrogate option: designate one individual to act as surrogate on older adult's behalf
 - Surrogate assumes all self-direction responsibilities for the individual, cannot be paid for performing these duties
 - Surrogate may not serve as paid provider of services for the individual.
 - The individual can change surrogate at any time

Question #2:

A description of the home care workforce, including the relationship of home care workers to the people they are caring for

National:

- Number of home health aides = 820,630
- Number of personal and home care aides = 1,369,230
- Nearly 90% of home care workers are women, median age is 45
- Legal and employer-based requirements in education, experience, and training are generally low
- More than half of home care workers have completed no formal education beyond high school.
- People of color represent more than half of all home care workers.
- Over one-quarter of home care workers were born outside the U.S.
- Thirty-seven percent of home care workers report speaking English “not well” or “not at all.”
- Eighty-seven percent of all home care workers are U.S. citizens.
- Independent providers: In addition to home care workers tracked by the Bureau of Labor Statistics, approximately 800,000 independent providers are employed as personal care aides directly by consumers through publicly funded programs. These workers bring the total home care workforce to nearly 2.4 million workers. (PHI 2017)
- Independent providers do not include “gray market” workers, who are employed through informal arrangements with consumers. We know little about this group, who could represent a significant number of hcws.

Hawai'i:

- Number of home health aides = 3,920, personal and home care aides = around 4,160 (Department of Labor and Industrial Relations (DLIR) 2016)
- Medicare only pays for home health aide services provided by a home health agency in conjunction with skilled care.
- Medicare does not pay for services provided by private duty agencies, including private duty nursing.

Question #3:

A description of the continuum of work being performed AND

Question #4a: A description of the skills that home care workers need

(NOTE: Because the continuum of work and skills required so closely dovetail, we opted to combine #3 and #4a. Information regarding training follows, in section 4b.)

Personal and home care aides: Continuum of work (DLIR)

- Help people do tasks they cannot do for themselves, allowing older adults to live at home instead of in a health facility.
- Work with elderly or disabled clients who need more care than family or friends can provide.
- Help patients discharged from the hospital and need short-term help.
- Aides help clients complete daily personal tasks including: bathing, eating, dressing, walking
- Perform light housekeeping tasks, e.g., laundry and changing bed linens.
- Some aides plan meals (including special diets), shop for food, and cook.
- Train family members to provide bedside care.
- Personal and home care aides may work directly for a client or a client's family.
- Also work for social service or nursing agencies, supervised by a social worker or nurse.
- Under supervision of a nurse or other medical professional, some home care aides provide help with medication (but not in Hawai'i) and taking vital signs.
- Record client's condition and report progress to the supervisor.
- May participate in case reviews with the team caring for the client.
- Often speak a language in addition to English to assist non-English speaking patients with daily activities. Languages in high demand are Chinese (especially Cantonese), Hawaiian, Ilokano, Japanese, Korean, languages of Micronesia and the Marshall Islands, and Tagalog.

Personal Care Aides: Necessary skills and abilities

- Communicate
 - Understand spoken information.
 - Speak clearly so listeners can understand.
 - Listen to others and ask questions.
 - Understand written information.
 - Write clearly so other people can understand.
 - Additional language skills often needed to provide basic care services such as bathing, grooming, feeding, communicating emotional support.
- Reason and problem solve
 - Notice when something is wrong or is likely to go wrong.
 - Use reasoning to discover answers to problems.

- Analyze ideas, use logic to determine their strengths and weaknesses.
 - Judge the costs and benefits of a possible action.
 - Combine several pieces of information and draw conclusions.
 - Follow guidelines to arrange objects or actions in a certain order.
- Manage oneself, people, time, and things
 - Check how well one is learning or doing something.
 - Time management of self and others.
- Work with people
 - Look for ways to help people.
 - Be aware of others' reactions and understand the possible causes.
 - Teach others how to do something.
 - Change behavior in relation to others' actions.

Home health aides: Continuum of work (DLIR)

Care for recovering patients, older adults, people with disabilities in their homes.

- Work under the supervision of a nurse.
- Help clients with medication, measuring vital signs, assist in getting out of bed and into bathroom, bathing, dressing, grooming, exercising
- Train clients to use adaptive tools, prepare healthy food
- Massage sore muscles, apply treatments, e.g., ointments or heating pads.
- Clean clients' houses, change bed linens, do laundry.
- Monitor physical and emotional status of clients, notify supervisors of significant changes
- Keep records of clients' health and the work they do each visit.
- Participate in case reviews with entire care team. Care teams may include nurses, social workers, and therapists.
- Often speak languages in addition to English to identify patients' needs and explain and perform basic health care procedures.

Home health aides: Necessary skills and abilities.

- Communicate
 - Same skills as for personal care aides
 - Read and understand work-related materials.
 - Language skills to perform medical procedures, assist patients with personal services such as bathing and dressing, teach them to use medical equipment, assist with physical exercise, offer emotional support
- Reason and problem solve
 - Same skills as personal care aides
 - Develop rules that group items in various ways.
 - Judge the costs and benefits of a possible action.
 - Concentrate and not be distracted while performing a task.
 - Understand new information or materials
 - Recognize the nature of a problem.

- Manage oneself, people, time, and things
 - Same skills as personal care aides
 - Go back and forth between two or more activities or sources of information without becoming confused.
- Work with people
 - Same skills as for personal care aides

EOA administered: Kupuna Care Continuum of Care and Required Skills

EOA developed the following service and skill specifications for Kupuna Care.

Kupuna Care Personal Care:

- Collaborate and coordinate with other service providers that serve the same client, as appropriate.
- Record service units delivered to each client in client's record.
- Provide, under the supervision of an appropriate health care professional, any of the following personal hygiene and personal care activities as described in the client's Support Plan.
 - Assist with bathing, showering, shampooing.
 - Assist with dressing and grooming (routine nail, skin, and hair care).
 - Assist with oral or personal hygiene.
- Assist with positioning and turning.
- Provide observation and feedback to supervisors and primary caregiver on changes in client's health or social situations and include in client's records.
- Enter other relevant information into client's record as directed by the ADRC
- Participate in required trainings and meetings as designated by the ADRC and/or EOA.
- Comply with all Kupuna Care requirements.

Kupuna Care Homemaker Services:

- Collaborate and coordinate with other service providers that serve same client, as appropriate.
- Record service units delivered to each client in client's record.
- Perform routine light housekeeping duties, e.g., dusting, sweeping, vacuuming, mopping, bathroom cleaning, dishwashing, kitchen cleaning, laundry, changing linens, making beds, emptying household trash.
- Manage money by assisting older adult to pay bills on time and check writing.
- Shop for and store food, personal items, medication, and household supplies.
- Assist with using the telephone.
- Plan, prepare and serve regular, simple meals.
- Perform other light housework and home management activities, if necessary.
- Assist client with safety issues.
- Provide observation and feedback to supervisor and primary caregiver on changes in client's behavior and general condition, record in client's record.
- Enter other relevant information into client's record as directed by the ADRC
- Participate in required trainings and meetings as designated by the ADRC and/or EOA.

- Comply with all Kupuna Care requirements.

Kupuna Care Chore Services:

- Collaborate and coordinate with other service providers that serve same client, as appropriate.
- Record service units in client's record.
- Perform heavy household work to maintain safe and sanitary living conditions, e.g., cleaning walls, ceilings, windows and screens, ovens, refrigerators, cabinets, closets, and floors (stripping and waxing).
- Perform yard work to maintain safe living conditions, e.g., cleaning the yard, mowing lawn, raking leaves, trimming hedges, clearing sidewalks, collecting and bundling rubbish and debris for refuse collection.
- Coordinate and pack household goods for moving.
- Perform other activities as needed to assure client's safety, except the handling of hazardous materials, e.g., removal of asbestos and toxic chemicals, that are dangerous to the health and safety of the chore worker.
- Provide observation and feedback to supervisor and primary caregiver on changes in client's behavior and general condition and record in client's record.
- Enter other relevant information into client's record as directed by the ADRC
- Participate in required trainings and meetings as designated by the ADRC and/or EOA.
- Comply with all Kupuna Care requirements.

Question #4b:

The current percentage of Hawaii's home care workers with training or certification and the nature of that training or certification

(No available data)

Personal Care Training: National

- Training standards vary considerably from state to state.
- Unlike home health aides and nursing assistants, their training is not governed by federal standards.
- Only a few states have uniform training standards across personal assistance services programs.
- Even among states with uniform requirements, requirements are often minimal and do not adequately prepare personal care aides to provide high-quality care to people with a range of complex disabilities.

PHI survey of PCA training standards:

- 21 states have at least one personal assistance services program with no training requirements. (Note: this count excludes participant-directed PCA services)
- Less than 20 percent of states have a state-sponsored curriculum.
- Only 35 percent of states have a training hours requirement for PCAs in one or more programs Of these, only 5 require 40 hours of training or more.

- While 18 states and District of Columbia 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.

Personal Care Training: Hawai'i

- Personal assistance services are offered under a Medicaid 1115 Waiver program, QUEST Integration (QI) as well as through a Medicaid 1915 HCBS Waiver for persons with developmental disabilities and intellectual disabilities (DD/ID).
- The state specifies that providers of personal assistance services must be trained in several broad areas, but leaves training to employer agencies.
- Under the managed care waiver, personal assistance services are provided by five Managed Care Organizations (MCOs), AlohaCare, Kaiser, HMSA, Evercare and 'Ohana, which are responsible for determining contracting standards for provider agencies.
- For example, health plan or contracted agencies provide orientation for personal care aides in disease management and other topics, which is also mandatory for participant-directed aides.
- *Participant-directed services* are available under the managed care waiver as well as the DD/ID waiver. Under the latter, training is at the discretion of the participant.

(Hawai'i: Hawai'i Administrative Rules: 17-1421, 17-1439, 17-1441; Medicaid Provider Manuals)

- No formal education is required for this job. However, many employers prefer a high school diploma or its equivalent.
- Almost all personal and home care aides learn their skills on the job from an experienced worker. Training may last up to one month.

Related Educational Programs:

- Voluntary certification is offered by the National Association for Home Care and Hospice.
- The home care aide certification program consists of training and requires demonstrating skills and passing a written exam. (Note: license required as of 2018.)

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(The following information was provided by DLIR)

Home Health Care Training: National

- Federal legislation (42 CFR 484.36) requires that Medicare-certified home health agencies employ home health aides who are trained and evaluated through training programs approved by their states.

- Federal regulations require that these training programs consist of at least 75 hours of training, including at least 16 hours of supervised practical or clinical training and 12 hours of continuing education per each 12-month period.
- Federal regulations also list the subject areas and skills to be taught, outline qualifications for approved trainers, and define the competency evaluation process.
- In its recent report on adequacy of healthcare workforce for older Americans (*Retooling for an Aging America*, 2008), the National Academy of Medicine (formerly the Institute of Medicine) recommends “federal requirements for the minimum training of certified nursing assistants (CNAs) and home health aides should be raised to at least 120 hours and should include demonstration of competence in the care of older adults as a criterion for certification” (Recommendation 5-1).

Home Health Care Training: Hawai‘i

- Minimum of 100 training hours and 70 clinical hours.
- Certificate programs are offered at several schools throughout Hawai‘i.

Course Work:

- Listed below are some courses that may be required. Course requirements and titles may differ from school to school.
- Basic Nutrition, Emergency Recognition and Referral, First Aid, Geriatric Care, Home Sanitation, Infection Control, Interpersonal Communication Skills, Legal and Ethical Responsibilities, Personal Hygiene, Supervised Home Management

Hawai‘i Career Pathways:

- Health Services
- Related Career Kokua Programs
- Licensed Practical/Vocational Nurse Training Medical/Clinical Assisting Nursing Assistant/Aide and Patient Care Assistant/Aide

O‘ahu

- Kapi‘olani Community College (12113) Location: Honolulu
 - "Long-Term Care Nurse Aide": 6-credit certificate of competence program. Prepares students for employment as nurse aides in long-term care settings or home health settings.
 - Upon successful completion, students are eligible to take the Certified Nurse Aide (CNA) exam as administered by the American Red Cross.
 - Knowledge of CPR, TB clearance, criminal background check, and/or medical and drug screening may be required.

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Medication Aide/Home Health Aide:

- Prepares individuals to administer prescribed medications, observe and report patient reactions and side effects, and perform related emergency and recording duties under the supervision of nurses and/or physicians.
- A certificate program is available in Hawai‘i.

- Some of the required courses (may vary by school).
- Administration of Medications, Basic Anatomy and Physiology, Introduction to Pharmacology, Medications and Their Effects, Patient Observation, Pharmacological Treatment of Diseases, Recordkeeping

Hawai'i Career Pathways:

Health Services

Maui

- University of Hawai'i Maui College (12211) Location: Kahului
 - "Medication Assistant": 3-credit certificate of professional development program.
 - Contact the Allied Health department chair for more information.

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Home Health Aide/Home Attendant (Licensed Practical/Vocational Nurse Training Medical/Clinical Assisting)

Kaua'i

- Kaua'i Community College (12411) Location: Puhi
 - "Nurse Aide": 6-credit certificate of competence in Nurse Aide.
 - Provides training for entry-level nurse aide care.

Maui

- University of Hawai'i Maui College (12211) Location: Kahului
 - "Nurse Assistant": 6-credit certificate of competence program.
 - Contact Allied Health department chair for more information.

O'ahu (3)

- Caregiver Training School (15184) Location: Honolulu
 - "Certified Nurse Assistant-State CertificaTION": 13-day (day), 21-day (evening), or 7-week (weekend) certificate of completion program.
 - Provides basic techniques in patient care to prepare for work in hospitals, continue education towards becoming licensed practical nurses or registered nurses, or owning own foster care or care home business.
 - Students must be at least 18 years of age, be physically fit, and have TB clearance.
 - "Nurse Assistant II": 5-week certificate of completion program.
 - Intensive course training for certified nurse assistants who want to advance their knowledge in clinical skills.
 - Students learn basic EKG, I.V. insertion, disorders of the body systems, challenges of cancer patients, emergency care and blood glucose monitoring, and oxygen therapy.
- Hawai'i Job Corps Center (43111) Location: Waimanalo
 - "Health Occupations": A 16-week lock step program with entry four times a year.
 - Applicants must possess a high school/GED diploma and have strong reading and math skills.

- Training includes, but not limited to, general safety, communication and observation skills, medical terminology, infection control, basic anatomy and physiology, ethics, patient rights, health care provider responsibilities, and the aging process.
 - Also includes training in OSHA standards, emergency procedures, admitting, translating, and discharging patients, positioning and moving patients, dietary needs and fluids, and taking vital signs.
 - Successful completion enables participants to take the American Red Cross Certified Nurse Assistant (CNA) exam.
 - Program includes six weeks of clinical training off-center.
- Kapi'olani Community College (12113) Location: Honolulu
 - "Long-Term Nurse Aide": 6-credit certificate of competence program.
 - Prepares students for employment as nurse aides in long-term settings and home health settings.
 - Upon successful completion, students are eligible to take the Certified Nurse Aid (CNA) exam as administered by the American Red Cross.
 - "Nurse Aide": 8-credit certificate of competence program.
 - Prepares student for employment as nurse aides in acute care hospital settings.
 - Nursing programs at KCC may require TB clearance, knowledge of CPR, criminal background check, and/or medical and drug screening.

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Question #5:

Data regarding how current and expected workforce supply meets demand, including:

Retention rates of caregivers employed by care agencies

No available data

Ability of families to access home care

- Affordability is a big factor in accessing homemaker and home health care services.
- Median annual cost for homemaker services in Hawai'i is \$57,200, compared to \$48,048 nationally.
- Median annual cost for a home health aide is \$68,640 in Hawai'i, compared to \$50,336 nationally (Genworth Cost of Care Survey 2018).
- Medicare will only pay for services provided in a Medicare certified home health agency.
- Medicaid will pay for services, provided client meets certain financial criteria.
- Long term care insurance pays for these services to a limited degree, but the plans are expensive, leaving a gap for those in the middle income range.
- Lack of staff is also a barrier to care
 - Most agencies are willing to take on more clients however, staff are hard to come by.
 - Private duty staff hours can change very quickly.

- Unlike a nursing facility where an aide staffs a shift, private duty services can be varied with limited hours. There are no guarantees.

(Emilie Smith, Home care agency director)

- Additional healthcare challenges include high medical costs and limited health literacy.
- Difficulty in accessing care may contribute to many older adults in Hawai'i not being up to date on a core set of clinical preventive services
- In 2013, influenza and pneumonia vaccination rates among adults 65+ were 69.9% and 68.2%, respectively.
- *Support systems:*
 - Multi- generational living in Hawai'i is a hidden system of long-term care, which is susceptible to change.
 - Family caregivers are the backbone of long-term care and support and need support themselves.
- *Continuity of care:*
 - Lack of coordination for healthcare services and nonmedical needs for older adults.
 - Support services include home risk assessment, fall prevention, nutrition education, Medicare outreach and enrollment, caregiver support, and transportation.

Projected workforce shortage, if any, over the next ten years

National:

- From 2016 to 2026, home care workers are projected to add more jobs than any other single occupation, from 1,970,900 in 2016 to 3,003,900 in 2026, an increase of 52%, with an additional 1,033,000 new jobs anticipated (U.S. Bureau of Labor Statistics 2017).
- Home care ranks among the top 10 fastest-growing occupations in the U.S. Personal care aides will account for more than half of projected home care employment growth.
- Employment projection models from Bureau of Labor Statistics account for recent industry and employment trends, but not for the projected population growth of the older adult population.
- Because the size of the older adult population is expected to increase dramatically in coming decades, and a large percentage of older adults will receive home care, employment projections for home care occupations likely underestimate actual future demand.

Hawai'i:

- Home care workforce employment information in Hawai'i is available only for home health aides. In 2016, there were 4,330 home health aides. They are projected to increase to 6,230 by 2026, representing 1,900 additional workers, or an increase of 43.9% (Hawai'i State Department of Labor and Industrial Relations, 2018).
- Current Employment Outlook

- Much faster than average employment growth is expected for personal and home care aides in Hawai'i and nationally through the year 2024.
- Factors affecting the outlook include the number of qualified applicants, industry growth, and replacement needs

Question #6:

Data regarding the current wages and benefits paid to home care workers and by whom

National: (PHI)

- Two-thirds of home care workers work part time or for part of the year.
- Most home care workers report wanting to work full time, but are unable to obtain full-time hours due to:
 - Employers hiring part-time workers to avoid paying benefits and save costs
 - Erratic scheduling due to the unpredictable nature of clients' needs.
- 23 percent of home care workers live in households below the federal poverty line, compared to seven percent of U.S. workers overall.
- Direct care workers rely heavily on public benefits to support themselves and their families, e.g., food and nutrition aid, Medicaid, or cash assistance.
- Low pay and irregular hours make it difficult for many direct care workers to qualify or pay for employer-based or individual health coverage.

PHI. 2017. *U.S. Home Care Workers: Key Facts*. Bronx, NY: PHI.

Wages: National and Hawai'i

- The median hourly wage for home health aides is \$10.87 in the U.S., \$12.78 in Hawai'i, and \$12.77 in Honolulu.
- The median yearly wage for home health aides is \$22,600 in the U.S., \$26,580 in Hawai'i, and \$26,560 in Honolulu.
- The median hourly wage for personal care aides is \$10.54 in the U.S., \$11.87 in Hawai'i, and \$11.93 in Honolulu.
- The median yearly wage for personal care aides is \$21,920 in the U.S., \$24,690 in Hawai'i, and \$24,810 in Honolulu.
- Hawai'i ranked 5th highest in the nation for personal care aides' median hourly wage. (PHI 2017)

Benefits: National

- The uninsured rate among home care workers is 18 percent.
- Forty percent of home care workers rely on public health care coverage, most often Medicaid.
- From 2010 to 2015, the uninsured rate among home care workers fell from 35 percent to 18 percent, largely attributable to the Affordable Care Act, which expanded health care coverage through Medicaid, employer-sponsored plans, and individual plans.

U.S. Census Bureau. 2016. Service Annual Survey, Table 4: Estimated Sources of Revenue for Employer Firms: 2010 through 2015.

<https://www.census.gov/services/index.html>; analysis by PHI (May 9, 2017).

Benefits: Hawai'i (DLIR)

- Because reimbursement for private duty services is so low, agencies are generally unable to provide a full menu of benefits as other health care facilities.
- Health insurance is offered based on what's required by law.
- Paid time off is limited or non-existent.
- Home health aides are paid only for the time they work in the home. They are not paid for the time it takes to travel from one job to another.
- Most employers hire only "on-call" hourly workers. These workers do not receive benefits such as health insurance.
- In 2017:
 - 57% of home care workers in Hawai'i received health insurance through employer/union
 - 28% had Medicare, Medicaid, or other public coverage
 - 14% purchased health insurance directly (PHI 2017).

Question #7:

Data regarding home care worker and client injuries, including abuse and neglect

- In 2017, 1,075 assaults against health care workers occurred in Hawai'i hospitals, nursing homes and patients' homes — during in-home health care.
- According to testimony from Hawai'i Nurses Association, 84 percent of nurses who have served 21-plus years have been physically threatened by patients.
- "There are rising rates of assault and violence against health care workers in Hawaii," Dan Brinkman, CEO of Hilo Medical Center.
- Currently, if a patient is found guilty of assaulting a lab tech, nurse or physician in a Hawai'i ER, the crime is classified, by law, as a felony.
- If the assault occurs instead in a patient's hospital room, at a nurses' station, in a hallway or during in-home health care, the crime is just a misdemeanor.
- One director with 25 years of experience with home health agencies and private duty agencies noted that they experienced more issues with family members who were responsible for the care of individual clients
- Staff who provide home and community based services for Medicaid clients are required to be fingerprinted and have regular background checks including abuse and neglect.

(Emilie Smith, director, home healthcare)

Question #8:

The relationship between the quality of care provided and the wages, benefits, and training and certification standards of home care workers

Training:

- There is a need for on-going training with all home care workers, including those in private duty.
- That is why the home care licensing requirements were established.
- These rules are minimal standards that agencies must meet.

- The regulations include education standards as well as criminal background checks (Emilie Smith, 2018).
(See #12 for a recommendation)

Question #9:

Evaluation of experiences in other states between increased wages, benefits, and training and certification standards and the quality of care provided

- An 18-month pilot program for advanced training among home health aides in New York City found that clients served by aides with advanced training were admitted to the ER at a rate eight percent lower than those admitted in the previous year (when clients weren't paired with aides with advanced training). "New Home Care Aide Training and Employment Initiative Improves Job Satisfaction and Retention, Study Finds." PHI, February 20, 2015. PHI.

Recommendation #10:

Recommendations on how to improve the quality of care for people receiving home care services in Hawai'i

- Nearly three quarters of AARP survey respondents strongly agreed that they would "really like to stay in their current residence for as long as possible" (AARP, 2010).
- Recognizing older adults' preference to age in place in their own home and community, and the potential for home-based care to reduce care delivery costs, national policies have begun to increase support towards noninstitutional care settings and consumer based home care.¹
- Delivery of eldercare is shifting from services from traditional clinical institutional or care facilities to person-centered home care services that meet each consumer's needs
- As National health care system and care models for older adults shift towards consumer directed, home care services, it is imperative that the State of Hawai'i moves in this direction as well.
- The following are recommendations on how the State of Hawai'i can improve quality of care for older adults (Kupuna) receiving home care services:
 - Utilize a person-centered approach to determine provision of services needed by our Kupuna.
 - Develop integrative and comprehensive client needs assessments, care plans and care coordination plans that meet the needs of each Kupuna and review on a regular basis.

¹ Landers, S., Madigan, E., Leff, B., Rosati, R.J., McCann, B.A., Hornbake, R., MacMillan, R., Jones, K., Bowles, K., Dowding, D., Lee, T., Moorhead, T., Rodriguez, S., Breese, E., "The Future of Home Health Care: A Strategic Framework for Optimizing Value", Home Health Care Management & Practice, 2016, Vol 28(4). p. 262-278.

- Needs assessments, care plans, and care coordination group meetings should focus upon the needs of Kupuna and be developed collaboratively on a regular, periodic basis with active participation and feedback from the Kupuna, their caregiver(s), close family members and friends, health care providers, and other individuals that provide care or services to the Kupuna.²
- Provide each Kupuna, their caregivers and family with information on what good care looks like and a detailed description of the types of services that are available to the Kupuna.
- Allow Kupuna to determine types of services that best meet their needs
- Provide opportunities for Kupuna to confidentially provide input, comments, and satisfaction/dissatisfaction on types of home care services they currently receive and how these services can be improved by conducting periodic interviews, surveys (telephone, online, etc.), focus groups, etc.
- Utilize the input and comments provided by Kupuna receiving home care services to make any programmatic changes needed to improve Hawaii's home care services for Kupuna.
- Conduct constructive evaluations of the effectiveness of the Hawaii's Home Care Services System for Kupuna.

Models from Other States:

Matching Service Registries

- Several states and organizations are experimenting with solutions that more efficiently connect consumers with workers.
- One approach is a “matching service registry.”
- This labor market intermediary creates a platform for matching supply and demand by allowing consumers to tap into an up-to-date registry of available workers, and workers to signal their availability for employment.
- Matching service registries gather information about needs and preferences of consumers, and availability, skills, and preferences of workers—creating a centralized, region-specific online resource where both sides can “match” with one another.
- Consumers and workers must each initiate their side of the transaction.
- When a consumer contacts the registry with a request for a worker, the matching itself is done in one of two ways:
 - The consumer performs their own electronic searches of the worker database using one or more searchable criteria (e.g., zip code or availability by day of week/time of day), or
 - The consumer connects with trained staff who in turn conduct the database searches and report the search results back to the consumer.

² State of Victoria, Department of Human Services, Metropolitan Health and Aged Care Services Division, Program Branch, Continuing Care Section, Improving Care for Older People: A Policy for Health Services, November 2003.

- Matching service registries also may connect users to additional services such as: worker screening and orientation, access to consumer and worker training, and recruitment and outreach to potential workers.

(PHI 2017)

Recommendation #11:

Recommendations on how to finance home care services in Hawai'i

Revisit proposal to consider a Limited, Mandatory Public Long-Term Care Insurance Program in Hawai'i

- Six years ago Hawai'i Long-Term Care Commission issued its final report. One recommendation: establish a limited, mandatory public long-term care insurance program. The following excerpt provides their concluding argument:

Long-Term Care Reform in Hawai'i: Report of the Hawai'i Long-Term Care Commission. What was its fate and why? Hawai'i Long-Term Care Commission Final Report (2012)

- Recommendation: The Hawai'i Long-Term Care Commission recommends, in principle, that Hawai'i establish a limited, mandatory public long-term care insurance program for the working population, which would be funded primarily by premiums rather than state general revenues. Final decisions on whether to implement a program and on the details of the design would depend on additional financial and actuarial analyses, which the Commission was not able to conduct because of time and cost constraints. The final decision on the program design and whether to implement the program will be made by the Legislature and the Governor.
- Many possible program designs are possible to ensure long-term fiscal solvency of the program. The Commission offers the following possible approach for consideration:
 - The program would be financed by mandatory premiums paid for by the eligible population. The mandatory premium should be very modest, much below typical private long-term care insurance policies. Except for the proposed study and startup costs, no Hawai'i general tax revenue would be used.
 - The program would be mandatory for employed individuals, including the self-employed, for adults younger than age 60. No medical underwriting would be conducted.
 - Participants would have to pay premiums for 10 years before they would be eligible for benefits.
 - Eligibility for the benefit would be limited to people with two or more deficits in the activities of daily living (e.g., eating, bathing, and dressing) or moderately severe dementia, as verified by professional staff.

- The benefit period would be limited to 365 consecutive or nonconsecutive days.
 - The daily benefit would be \$70 in cash, indexed to increase 5 percent annually. Although the benefit could be used for nursing home care, it is designed primarily to finance home and community-based services.
 - Eligibility for benefits would be determined by the Aging and Disability Resource Centers.
 - Premiums would be collected through payroll deduction, income tax filings, or periodic invoicing.
 - Because the program is mandatory for the eligible population and publicly run, marketing costs would be low, no profits would be necessary, no taxes would be paid, and no agent commissions would be paid. As a result, administrative costs should be much lower than for private insurance.
 - The insurance benefits would not be considered income under the Hawai'i income tax and, to the extent possible under federal law, would be excluded from income for federal income tax, Medicaid, and other means-tested programs administered by the state.
- Funds from the proposed public long-term care insurance program may be used to pay the new copayment fees that the Commission proposes for Kupuna Care, which would generate additional revenue for Kupuna Care.
 - Given the limitations of private long-term care insurance, it is highly unlikely that more than a minority of people in Hawai'i will ever have private long-term care insurance.
 - To provide something closer to universal coverage, a public insurance program is required.
 - In principle, the proposed public insurance program would be similar to Social Security, which is designed to provide modest income support financed through mandatory contributions by the working-age population.
 - Just as Social Security is not intended to replace retirement savings, the proposed long-term care program would not be intended to provide for all long-term care needs and would supplement, not replace, private initiatives such as private long-term care insurance.
 - With a base of public insurance funding, the private insurance industry may be able to market more affordable voluntary supplementary insurance.
 - The public insurance would provide a measure of financial protection for individuals who are uninsurable.
 - In some respects, the proposed program is similar to the German long-term care insurance program.

Consumer Directed Services (CDS) (Also, see EOA recommendations below regarding Med-QUEST and VD-HCBS)

- A Medicaid-based program that provides personal care attendant (PCA) services to individuals with disabilities, enabling them to live independently.
- Participants in the CDS program are trained to hire attendants to assist them with tasks of daily living.
- The SCR 149 report has provided data on home care workers' wages, but has neglected to document what older adult clients actually pay for those services.
- It has been estimated that consumer-directed services cost between 20-30% less than agency-based services.
- Consumer-based services are labor-intensive on the part of the client, in that considerable paperwork is entailed.
- Perhaps there could be a move to diminish at least some of that paperwork and/or provide assistance to clients in this regard.
- The premise underlying consumer-direction is that the individual receiving the service is able to determine what he or she requires and can use good judgment in purchasing those services and overseeing their delivery.
- As states pursue options for consumer-direction, important questions remain:
 - What beneficiary protections should be built into these programs?
 - How does one ensure the quality of consumer-directed services
 - What types of services are most compatible with consumer-directed service options?

Comparison of Agency and Consumer-Directed Personal Care Models (Tritz, 2006)

Feature	Agency-based provider model	Consumer-directed model
Services provided	A prescribed number of service hours are authorized by the state or agency.	Some programs use an authorized number of service hours. Other programs provide cash to purchase goods and services, with the amounts of services and number of hours available dependent on the prices paid for services.
Consumer screening	None.	Some programs have no screening. Others may screen the consumer for his or her financial competency in managing an individualized budget or the direct cash option.
Hiring legally responsible family	Generally not permitted.	In some states it is not permitted. Other states permit this but use state-

Feature	Agency-based provider model	Consumer-directed model
members as a provider a.		only funds to pay for these services. Other programs have received approval through a Medicaid waiver to use Medicaid funds to hire a legally responsible family member. Starting in January 2007, states that choose to offer a consumer-directed model under Section 1915(j) of the Social Security Act may pay legally responsible family members as providers.
Role of case manager (service consultant)	Some states have no case managers as part of personal care programs. When there is a case manager, the duties often include assessing the need for services and locating, managing, coordinating and monitoring those services.	Variable, depending on the type of program. Generally, the consumer has more independence and responsibility and assumes many of the functions of the case manager. The case manager (sometimes referred to as a "service consultant") may take on other functions such as education, guidance, and reviewing a consumer's expenditure plan and receipts for purchased goods and services.
Supervision of direct care worker	Agency	Consumer; or in some programs the consumer receives support from a service consultant.
Fiscal responsibilities	Agency	May be handled by the county, state, a contracted intermediary, or the consumer.
Degree of consumer choice	Variable	In most cases there is a high degree of consumer choice. b

- a. A legally responsible relative is generally a spouse or the parent of a dependent child, but may include others depending on state law.
- b. In California, most Medicaid beneficiaries are automatically assigned to a consumer-directed model of services.

Other recommendations for older adults regarding financing (from EOA)

Med-QUEST

- Medicaid currently provides financial assistance for nursing home care and limited personal care assistance to low-income elderly and frail, disabled individuals.³
- Unlike other States, Hawaii's elderly residents do not have Medicaid Waiver options, which have enrollment caps.
- The State of Hawaii services eligible older residents through a single Medicaid managed care program, Med-QUEST.⁴
- Med-QUEST provides Medicaid-funded care outside of nursing homes, including adult day care, home health services, adult foster care, and more.⁵
- Eligibility criteria for Medicaid as a disabled or elderly person,
 - Must be a resident of Hawaii
 - At least 65 years of age, or
 - Under 65 years of age and disabled.⁶
 - A monthly income limit is \$1,605 an individual, with an asset limit of \$2,000.⁷
 - Medicaid eligibility for a married couple changes depending upon whether there are one or two Medicaid applicants. Consult with the State of Hawaii Department of Human Services, Med-Quest Division for assistance.

Other EOA Programs

- As stated earlier, EOA also offers several assistance programs that provide in-home, community-based services and supports, e.g., Kupuna Care (adult day care, attendant care, case management, chore services, homemaker/housekeeping services, personal care, transportation services, home delivered meals), Kupuna Caregiver services, adult foster care, and the community living program to enable older adults and special needs populations that are residents in Hawaii to remain in their homes and community for as long as possible without having to move to more costly nursing facilities.
- These programs are funded annually by state funds appropriated by the Hawaii State Legislature, county funds approved by the City Council, and federal funds from the Department of Health and Human Services, Administration of Community Living.

³ American Elder Care Research Organization, "The PayingforSeniorCare.com" website located at [The Paying for Senior Care Webiste](#).

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.

⁷ Ibid.

Veterans Directed Home and Community Based Services Program (VD-HCBS)

- VD-HCBS is open to U.S. veterans who require an intermediate nursing facility level of care and are enrolled in VA's healthcare network.
- VD-HCBS provides eligible veterans with a budget to pay for the services that they need rather than receiving nursing home care from the VA's healthcare system.
- Eligible veterans can choose the self-directed option and receive care at home by providers that they choose under their own direction.
- The veteran must first work with family members, and usually an advisor or representative from the State to collectively develop a "Care Plan" outlining the services, supports, supplies that the veteran needs as well as the estimated budget for the veteran to live at home or in the community instead of a nursing home.
- Once the Care Plan is approved, the veteran manages his own care, hires and schedules their own caregivers and supplies needs according to their "Care Plan."

Reverse Mortgage/ Home Equity Conversion Mortgage

- May be used to help finance a home owner's home care.
- Must be obtained from an approved Federal Housing Administration (FHA) lender and be insured by the US federal Government.⁸
- Applicant/borrower (home owner) must be at least 62 years old to qualify.⁹
- This type of funding to pay for home care involves obtaining a loan against the borrower's (home owner) home equity.¹⁰
- Lender then makes payment(s) to the home owner in several ways and the loan is not due until the borrower no longer lives in the home or passes away.¹¹
- In reverse mortgages:
 - Applicant/borrower (home owner) does not owe more than the value of their home
 - The loan does not affect the Social Security or Medicare benefits of the applicant/borrower (home owner)
 - The loan can be refinanced
 - There are no restrictions on how the applicant/borrower can spend the money
 - Are allowed to borrow no more than 70% of the value of the home
 - The applicant/borrower cannot move from their home
 - If the applicant/borrower passes away, cannot pass ownership of home to heirs (heirs will need to purchase the house back from lender).¹²

⁸ Richmond, Steven, HomeHero Blog article, "10 Ways to Finance Elderly Home Care", Nov. 18, 2016, website: [Home Hero Webiste](#).

⁹ Ibid.

¹⁰ Ibid

¹¹ Ibid.

¹² Ibid

Long-term Care Insurance

- another option to pay for home care
- If this option is used, you must have invested in long term care insurance when you are generally younger in age, healthy and not in a frail condition or in need of immediate care and assistance.
- Typically, insurers that offer long term care insurance will not cover applicants that need home care right away and, if accepted, premiums may be very high

Recommendation #12:

Recommendations on how to improve wages, benefits, training and certification requirements, and training delivery for home care workers in Hawai'i

- Change the professional classification of home care workers to home care professionals to recognize that individuals pursuing a career in home care are professionals and should be compensated with higher wages, benefits, and overtime compensation that are commensurate to the cost of living in Hawai'i.
- Propose a bill with funding so that the community colleges (with assistance from UH) could collaboratively develop home care professional certification or licensure programs with standard educational curriculums, trainings, professional competency standards of care and skill requirements for individuals that want to pursue the profession of becoming a home care professional. (See below for model programs.)
- Improve competencies of home care professionals by providing continual competency trainings and education and promoting continuing college credits classes that are commensurate with increases in pay compensation for home care professionals.
- Advocate for higher compensation pay for home care professionals.
- To address the training needs of personal care aides, Hawai'i should invest in:
 - Comprehensive training standards for personal care aides that address core competencies, including the communication and problem-solving skills necessary for delivering quality care.
 - A training infrastructure that offers accessible, learner-centered teaching that is effective for adults with multiple learning barriers.
 - Adequate reimbursement for personal care aide training expenses for providers delivering Medicaid-funded long-term services and supports.

Training and training delivery models from other states are available. We suggest proposing a bill with adequate funding to adapt and implement such training:

Personal and Home Care Aide State Training (PHCAST) Grant Program (NIH HRSA)

- There is tremendous need to improve training standards for personal care aides.
- The federal government (HRSA) took an initial step in this direction in 2010, when six states—California, Iowa, Maine, Massachusetts, Michigan, and North Carolina—were awarded three-year grants through the **Personal and Home Care Aide State Training (PHCAST)** program to develop competency-based training and credentialing systems for personal care aides in their states.
- The training standards established under these grants are expected to be utilized as a ‘Gold Standard’ for future training of personal care aides
- PHCAST goals:
 - Define core competencies across direct care workers
 - Develop and implement training programs to promote further development of competency standardization.

Four PHCAST Program Models

- Stand-alone (California and Michigan): Revision of current standards to implement a statewide curriculum
- Individual competency-based instruction modules (Massachusetts): Modules can be incorporated in various training venues across the state
- Competency-based core curricula (Maine and Iowa): Serve as the foundation to various direct care specialties
- Career ladder (North Carolina): Progressive direct care specialty training with a foundation in the core competencies

PHCAST is also working on the development of complementary training for consumers.

- The eventual curriculum consists of 13 stackable, universal core modules:
 - **Roles and Responsibilities:** Includes definitions of PCA and PCHM, as well as discussions of duties required of these professions.
 - **Communication Skills:** PCAs and PCHMs learn how to interact with consumers and surrogates, including learning about body language and learning to be active listeners.
 - **Culture & Diversity:** Since consumers may have different backgrounds than their PCAs or PCHMs, this module focuses on respecting these differences through good communication and accepting behaviors.
 - **Health Care Support: Body Systems and Common Diseases:** Provides a summary of general body systems and functions, as well as common conditions or diseases that pertain to each system.
 - **Infection Control:** Focused on universal precautions, this module teaches PCAs and PCHMs how to wash their hands properly, how to use gloves and other basic protective equipment, and how to maintain a sanitary environment.

- **Basic Restorative Skills:** Proper body mechanics, toileting, repositioning and transferring, use of assistive devices, and instruction on how to help PCAs and PCHMs assist consumers with self-care.
- **Personal Care Skills:** Proper techniques for bathing, providing mouth care, grooming, and dressing individuals.
- **Nutritional Skills:** Review food groups and healthy eating to encourage consumers to eat well, and proper techniques for safe food handling and preparation.
- **Housekeeping:** Proper techniques for maintaining a clean home
- **Consumer/Needs-Specific Training:** Overview of various types of health conditions and disabilities commonly observed in the field.
- **Safety and Emergency Training:** How to respond to medical emergencies and maintain safety for consumers in their homes.
- **Consumer Rights, Ethics, and Confidentiality:** How to respect the rights of consumers, maintain confidentiality, resolve disputes, and interact appropriately with consumers' family members.
- **Life Skills:** Information on managing time management, stress abatement, relationship development with consumers, and basic problem solving skills.

Work with the State's Health Science Career Pathways

- Insert basic gerontology and eldercare in K-12 and Post-Secondary classes

Training regarding the relationship between home care workers and care recipients

- See: Perkinson, MA. (2002) *Nurturing a family partnership: Alzheimer's home care aide's guide*. Washington, DC: AARP Andrus Foundation. DOI: 10.13140/RG.2.1.3339.9442.

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