I-1029 Issues Brief

I-1029, the initiative to implement new training standards for workers in home and community-based care settings, is slated to go into effect on January 1, 2011. According to the Office of Financial Management, the initiative will cost the state an estimated $43 million for the 2011-13 biennium, and $47 million for the 2013-2015 biennium. Those estimates relate solely to the state costs and do not factor in the costs for boarding homes, caregivers and private-pay residents.

What is the problem with I-1029 training and certification standards?

- I-1029 drives costs for the state, caregivers, providers and their residents.
- I-1029 is an impractical one-size fits all approach that includes boarding homes that are already staffed by personnel subject to stringent training and competency testing. Unlike other home and community-based care settings, caregivers in boarding homes are being supervised by trained professionals – in most instances licensed nurses.
- I-1029 mandates that the majority of training be provided in the classroom – despite the fact that on-the-job training and mentoring are proven methods used by boarding homes to ensure patient-centered, resident-specific care.
- I-1029 standards will not result in a career ladder for caregivers but potentially creates barriers to working in long-term care.

The issue of caregiver training standards for home and community-based care settings is not new. In Washington boarding homes, stringent training and testing standards have been in effect since 2002, with caregivers in this setting receiving, on average, 54 hours of classroom training with state-approved training curriculum delivered by state-approved trainers. The current requirements for caregiver training in Washington's licensed boarding homes are among the highest in the nation, and are the highest of all home and community-based care settings in Washington.

The same training standard is not in existence for other home and community-based care settings. A comparison of training standards is provided here. As the result, in 2007 the Legislature passed ESSHB 2284 to establish a work group to provide the legislature with recommendations regarding training for ALL home and community-based care settings. The work group met eight times and provided a final report that was comprehensive and provided specific recommendations for meeting those needs.

There was, in fact, legislation offered to address the recommendations provided by the workgroup, however progress was stalled in the waning hours of the 2007 session. From the Seattle Post-Intelligencer editorial board:

> *SEATTLE POST-INTELLIGENCER EDITORIAL BOARD (October 14, 2008)*
>
> *There's a sensible, forward-looking, responsible way to improve the training of long-term health care workers in Washington state. It starts with rejecting the highly political Initiative 1029, which purports to be the solution.*
>
> *I-1029 would load up the expenses and worsen Washington's serious budget problems. It's an overreaching piece of legislation, and remember, you're hearing this from the unabashedly liberal Seattle P-I Editorial Board.*
>
> *The better alternative is to let the Legislature pass a smarter bill, which already is in waiting. I-1029 is, in fact, a my-way-or-the-highway substitute for good legislation that was sailing into law before the powerful Service Employees International Union intervened to strike fear of lost campaign support in cowardly lawmakers.*
>
> *After leading a state task force on the issue, Democratic Rep. Dawn Morrell -- a registered nurse who knows the issues well -- wrote a bill that passed the House of Representatives 95-0. It would have provided new training in a smarter, targeted, cheaper way, which was designed to help workers advance into nursing assistant and even nursing training. A similar version went through the Senate 47-2, but the SEIU had the clout to keep lawmakers from finishing work so the union could run its initiative.*
>
> *I-1029 sounds good, and the idea behind it is absolutely necessary. But manipulating the process to thwart good lawmaking is completely wrong. Reject I-1029 and let Morrell and the Legislature finish their good work on the cause.*

As noted in the above, when the Legislature failed to act on the consensus legislation offered by Representative Morrell, Service Employees International Union (SEIU) sponsored I-1029, a long-term care worker training initiative.

In addition to being sponsor of the measure, SEIU was also the major contributor to the campaign, spending nearly $1 million to promote the measure. Economic hardship precluded boarding home providers from participating in a counter campaign. In 2008, Washington voters passed I-1029 to implement new training and fingerprinting standards for workers in nursing home and community-based care settings.

Despite months of work on the issue, the SEIU initiative failed to take into account the recommendations of the Long-Term Care Worker Task Force and instead prescribed worker training standards that are notably inflexible, not specific to the care setting or to the student receiving training, and do not provide an opportunity for students to pursue other pathways to

certification. The failure to do so drives costs and creates barriers for entry-level employees and will likely create significant staffing problems in home and community-based care settings.

The initiative was slated to go into effect in January 2010, however, last year the Legislature voted to delay implementation of the new standards because of budgetary constraints. Beginning January 1, 2011, all newly hired workers in home care, adult family homes and boarding homes will be required to complete 75 hours of long-term care worker training and will also be required to pass a skills demonstration exam and written certification test.

The Department of Health and the Department of Social and Health Services have been working on rule promulgation to implement the new standards, but that work has yet to be completed. And, while the skills demonstration exam and the written certification test have been developed, there has been no review to determine if the test is valid and reliable.

In addition to the lack of readiness for implementation, there are other legitimate reasons to delay implementation of the initiative, and to consider other paths to worker certification in home and community-based care settings.

I-1029 drives costs for the state, caregivers, providers and boarding home residents

In boarding homes, the majority of residents pay for the cost of their own care. While the state did provide a $0.13 cents per day Medicaid rates increase for the state's share of the new training costs, the actual cost of I-1029 requirements in much greater. For a 50 bed assisted living community in Washington, the cost of training is estimated to be an additional $5,656. If, as is the statewide average, that facility serves 77% private pay residents and 23% Medicaid residents, the level of reimbursement is $546. A cost model is provided here. Furthermore, those boarding homes that receive no Medicaid dollars will receive no payment for additional training costs. Those costs will ultimately be borne by private-pay residents.

The costs to the caregiver are also significant. The initial certification application fee is estimated to be $60, the cost of the exam is estimated to be $107, and recertification will cost about $60 annually. In order to meet the timeline for taking the certification test, a caregiver (or provider) will be forced to pay the $60 certification application within three days of employment. Clearly, this provision will be a barrier for entry-level, low-wage workers.

The initiative creates other challenges with regard to requirements around timing of training and certification. Currently, boarding homes have 120 days to train newly-hired caregivers. This timeframe allows the employer to assess skills and abilities of the caregiver, and it allows newly employed caregivers to determine if the work is suitable. Under I-1029, an employer will be responsible for providing costly new training before an employee has completed the probationary period, despite the fact that the training may not ultimately result in a qualified caregiver.

Boarding homes caregivers are already subject to stringent training and competency testing, and, are being supervised by trained professionals

The new training standard fails to take into account the differences in home and community-based care settings. While in-home care workers have no direct supervision, and adult family home workers have a requirement for indirect supervision (someone must simply be available

by telephone for a new caregiver), in boarding homes, a caregiver may not perform hands-on personal care without direct supervision until training has been completed. “Direct supervision” means oversight by a person who has demonstrated competency in the basic training (and specialty training, if required), or who has been exempted from the basic training requirements (registered and licensed nurses and certified nursing assistants who have passed the “Modified Revised Fundamentals of Caregiving” course developed by DSHS) is on the premises, and is quickly and easily available to the caregiver. (Chapter 388-112-0005 WAC). Additionally, boarding homes are subject to unannounced survey and complaint investigation processes, and the general public, including resident families, ombudsmen, DSHS workers and others have routine interaction in the boarding home.

I-1029 mandates that the majority of training be provided in the classroom – despite the fact that on-the-job training and mentoring are proven methods used by boarding homes to ensure patient-centered, resident-specific care

As mentioned previously, boarding home caregivers receive a minimum of 54 hours of education and training before working independently with clients – the highest training requirement for all home and community-based care settings. Skills and knowledge are gained and mastered by way of classroom-based training, on-line courses, one-to-one training, observation, shadowing, on-the-job training, and mentorship programs, among other training delivery methodologies. These training methodologies are central to the provision of resident-focused care. For example, rather than learning the technique for bathing an individual in the classroom, providers want staff to know and understand the individualized, specific needs of residents served in the boarding home. When experienced employees take new employees under their wing, instructing and coaching them on how to perform their job, giving them the benefit of years of experience, there are significant advantages for both the worker and the clients served.

Adult learning theories have repeatedly demonstrated that adults tend to retain information that is relevant to their current life and work. Spending 75 hours in a classroom does not translate into 75 hours of usable information that can be immediately utilized. Providers have learned that the best education for a caregiver consists of resident-specific information that will be immediately relevant in caring for that particular client. For this reason, the most effective training for any caregiver includes on-the-job training, mentoring, shadowing and other hands-on aspects of care. Prescriptive hours will not lead to improved resident care; rather, focused education on specific client needs and preferences enhances customer service and care delivery.

It is important to understand that on-the-job training is typically less expensive, is task-specific, and is suitable for teaching small groups. More importantly, it has been effective in the boarding home setting for the past eight years. Training in a classroom prohibits an integral level of personal knowledge about resident preferences and services needs.

I-1029 standards will not result in a career ladder for caregivers

While the intent of the initiative, as it relates specifically to worker training, is to provide a formal system of education and experiential qualifications for workers caring for the elderly and persons with disabilities, there is little to support that the training and certification requirement

will result in advancing careers of those workers. The Occupational Outlook report of the Bureau of Labor Statistics notes:

> Advancement for home health aides and personal and home care aides is limited. In some agencies, workers start out performing homemaker duties, such as cleaning. With experience and training, they may take on more personal care duties. Some aides choose to receive additional training to become nursing aides, licensed practical nurses, or registered nurses. Some may start their own home care agency or work as a self-employed aide. Self-employed aides have no agency affiliation or supervision and accept clients, set fees, and arrange work schedules on their own.[1]

The initiative actually creates a barrier to the career ladder for caregivers in home and community-based care settings, in that nurse delegation cannot be performed under the Home Care Aide Certification. Those caregivers who wish to provide nurse delegated tasks must either have a nursing assistant-registered (NA-R) or nursing assistant-certified (NA-C) credential and the required classes. After January 1, 2011, workers must be certified as a home care aide within 150 days of employment as a long-term care worker; if that individual wants to provide nurse delegated tasks before certification as a home care worker, the worker must have the NA-R credential and the required classes. Once workers have the home care aide certification, workers will continue to need the NA-R to be delegated to perform nursing tasks. Not only is this duplicative, but costly: $60 per year to be a home care aide, and another $48 per year to maintain the NA-R credential.

Furthermore, entry into the majority of Washington nursing schools requires the nursing assistant certification as a prerequisite to admission. By January 2012, the Nursing Commission must have a plan in place so that newly certified home care aides can complete an approved 24-hour course, then sit for the nursing assistant certification exam. Rather than meeting the 85-hour training requirement for certified nursing assistants, a certified home care worker must complete 99 hours of training to seek admission to nursing school. There is no advantage for a caregiver to complete the home care certification if the intent is to continue on to nursing school, thus the requirement for home care certification is a barrier to career advancement.

It should be noted that career ladders are already available to workers in boarding homes. For the provider, the impetus for increasing pay and responsibility of a given worker relates more to advanced skills and/or responsibilities. The home care certification requirement doesn't change the nature of the job for entry-level workers, thus will not trigger additional pay. For boarding home providers, the typical progression from entry level positions to higher levels of pay, skill, responsibility, or authority are in place. For example, a caregiver might advance to

---

[1] Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2010-11 Edition*, Home Health Aides and Personal and Home Care Aides, on the Internet at http://www.bls.gov/oco/ocos326.htm (visited *August 30, 2010*).

the position of medication aide, activities director, or even lead caregiver. Each of those job classifications typically leads to greater responsibility and, commensurately, greater pay.

Alternate pathways to certification

Initiative 1029 dismantles existing, effective caregiver training requirements in boarding homes. The changes in training accrue little advantage for providers and for caregivers, and the Legislature has a legitimate interest in assuring that this new standard does not create additional barriers for workers in a sector of health care that is already struggling with worker shortages.

A better plan is to ensure that there are multiple routes available to caregivers who must meet state qualifications and requirements in order to be employed. If the independently-administered skills demonstration exam and written certification test are the measure of caregiver competence, then the route for achieving this aim is not important.

We urge the legislature to continue to delay implementation of the expensive new standard, and to work with all stakeholders to develop alternate pathways to certification. This is a cost-effective means to support person-centered, quality care to residents and a career ladder for caregivers.