



NEW MEXICO
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Planning Council**

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October 28, 2009

The Honorable Dede Feldman, Chair
Legislative Health and Human Services Committee
New Mexico Senate
1821 Meadowview Dr. NW
Albuquerque, NM 87104

Dear Senator Feldman:

The Developmental Disabilities Planning Council is pleased to submit this Final Report on House Memorial 37, requesting a study to plan and implement a training and education program leading to credentialing of individuals who work as direct caregivers for disabled and elderly New Mexicans.

The House Memorial 37 Task Force began meeting in May 2009. The outcome of this group of stakeholders--including state agencies, licensing agencies, family and professional direct caregivers, service providers and advocates, self-advocates--has resulted in this Final Report of recommendations for training and credentialing those working in the field of direct care.

Some of the recommendations here may be tackled immediately. Others require additional study or will require a longer period of time if they are to be thoughtfully executed and implemented.

Using Federal funds, my office funded this effort to coordinate the Task Force, its committees, stakeholders and the general public.

The Task Force seeks continuation which would require agency or legislative funding if it is to further pursue recommendations presented here. Due to budget reductions, DDPC does not have funds available to support future work of the Task Force.

Thank you for this opportunity to contribute to the important and life-saving work that direct caregivers do each day.

Sincerely,

A handwritten signature in blue ink that reads "Pat Putnam".

Pat Putnam
Executive Director

cc: The Honorable Jeff Steinborn

**House Memorial 37
Credentialing of Direct Caregivers
for Elderly and Disabled New Mexicans**

**Legislative Task Force
Recommendations of the Work Groups**

The Credentialing of Direct Caregivers Task Force was created in 2009 to study, plan and implement a training and education program leading to credentialing of direct caregivers in New Mexico. The plan is to include training and education credentialing for the variety of occupations in the field of direct care, and is to consider costs.

The Task Force includes a variety of state agencies associated with care for persons who are elderly and/or disabled as well as individual caregivers, those from the education community, advocates and service providers.

The Task Force has been meeting since May, 2009 and most recently has been working in Work Groups to study issues in greater detail. Work Groups were asked to develop a set of 3-5 recommendations each, identifying barriers associated with implementation of those issues.

The work of the Task Force has developed as a set of recommendations to create a “foundation” system of education and training for all direct care workers in New Mexico that is accessible, portable, flexible in delivery and that accomplishes better outcomes in care with fewer administrative and regulatory burdens. This goal drives recommendations that focus on functional occupational classification (rather than setting) to allow for consistency and portability in education, training and credentialing.

Like their clients, caregivers too are at a variety of ages and stages of development. Some are starting their work in the field, actively seeking career pathways, ways to advance within the field and connect to a profession. Other caregivers may be nearing the end of their careers, seeking recertification to continue working or perhaps in need now of health or retirement benefits themselves. Also, some workers are self-directed; others, less so. Task Force members believe that addressing only one a particular segment of direct care workers distorts the issues, challenges and solutions.

Task Force members agree on the necessity of balancing considerations that afford the greatest possible liberty to direct caregivers who are self-directed, who can and do get what they need to promote their advancement, career growth and provide quality care versus others who require education, training, credentialing and/or practicum to be able to work with our state’s most vulnerable citizens.

A Final Report is being readied for presentation to the interim legislative Health and Human Services Committee October 31, 2009.

Following are the reports of the five Work Groups of the Task Force.

Career Pathways Work Group

Grant college credit to learners for experiential knowledge. We recommend that branch and community colleges market direct care work programs to youth and adult learners and that they grant credits to learners for training provided by service provider and state agencies. To accomplish this, the Work Group requires additional information about whether articulation agreements are needed by individual colleges in order to do this, or will Higher Education Department find ways to make this possible. We also need additional information from HED as well as a copy of the Dona Ana articulation agreement as an example.

There are common educational needs for all direct care workers. Caregivers have a variety of requirements of the job depending on the setting and the needs of the populations they serve. There is a foundational or, core, curriculum common to all direct care workers--regardless of setting in which they work or type of needs of the consumers they serve. Once developed, specialty and sub-specialty training or certification should be developed that branches out from that core set of learning and education. We recommend additional study of the Centers for Medicare and Medicaid Services (CMS) requirements to inform this process.

Meet learners at their levels and reach them through a variety of methods. Educators and trainers involved in delivery of education and credentialing will benefit from a map of learning resources available to address the diversity of learners, such as geographic locations, life circumstances; learning styles;

An effective system of education and training must be fully inclusive in addition to considering adults learning styles. Effective training will incorporate distance learning and other alternatives to classroom training. Members of the Work Group support development of options that include any person in the workforce.

Remove barriers to wage increases for additional training. We recommend that existing obstacles to compensation increases be removed for career ladder training. For example, the Mi Via Waiver could be amended to allow for attendant training as well as benefits in within the budget.

Consolidate knowledge and resources for education and training of direct care workers. The Work Group recommends that Task Force report include a range of existing agency resources, tools and websites. As one example, the Career Clusters website of the Public Education Department contains information on career pathways and job advancement that could be used address a variety of the recommendation made above.

Continue to involve consumers and direct care workers in development of a credentialing system. Further, the Work Group supports convening consumers and direct care workers alike to provide feedback to the recommendations and subsequent development of tools, resources and training.

Barriers to Recommendations:

1. Many home health and personal care attendants do not have ready access to job and career counseling;
2. A person seeking work in the field of direct care must typically be a student in order to gain information at community colleges;

3. There appears to be a lack of standardization of articulation processes among the New Mexico's community colleges in that Articulation Agreements must be developed individually (more information is needed from HED);
4. The Work Group requires additional time to thoughtfully consider and identify a model(s) of certification;
5. Many caregivers work all day and would have a difficult time attending classes to get credentialed.
6. Caregivers would need financial assistance for classes at community colleges.

Retention Work Group

The purpose of the following recommendations is to improve the retention of direct caregivers in New Mexico.

1. Provide information about options* available that promote Direct Caregiving as a **career** or profession to interested individuals and organizations in New Mexico.

Short-term Steps:

- a. Include links to resources on current UNM/CDD Retention Project website.
- b. Create hardcopy information to disseminate to those without Internet access. Issue: Need funding for duplication of materials.
- c. Disseminate hardcopy and website URL to interested individuals and organizations in New Mexico. Issue: Need funding for postage and need compilation of contact information for organizations with direct caregivers.

Examples of Options available include:

- Federally approved "Direct Support Specialist" apprenticeship program through U.S. Department of Labor, Office of Apprenticeship. Website: <http://www.careervoyages.gov/healthcare-longterm.cfm>
 - Pre-developed and proven strategies to market Direct Caregiving as a job and viable career opportunity. Website: <http://dswresourcecenter.org/tiki-index.php?page=Recruitment+and+Retention>
 - Credentialing Program with a Mentor through the National Alliance for Direct Support Professionals. Website: <http://nadsp.org/credentialing/index.asp>
 - College of Direct Support online training. Website: <http://info.collegeofdirectsupport.com/>
2. Encourage a **Code of Ethics** that is daily demonstrated by Direct Caregivers across New Mexico to promote professionalism and excellence of service.

Short-term Steps:

- a. Review already-developed Code of Ethics related to Direct Caregiving and adapt to New Mexico. Issue: Statewide group needed – perhaps the New Mexico Direct Caregivers Coalition.
- b. Promote the Code of Ethics (i.e. through training) across all positions related to Direct Caregiving. Issue: Statewide group needed – perhaps the New Mexico Direct Caregivers Coalition.
- c. Encourage involvement of regional or national best practice discussions.

Long-term Steps:

Advocacy and involvement in legislation related to Direct Caregiving at the New Mexico and national levels. Issue: Statewide group needed – perhaps the New Mexico Direct Caregivers Coalition.

Examples of options include:

- Code of Ethics of the National Alliance for Direct Support Professionals:
<http://www.nadsp.org/orglibrary/codetext.asp>
- Western regional teleconference calls quarterly

3. Communicate the need for **benefits** for Direct Caregivers as a retention incentive.

Short-term Steps:

- a. Review findings of 2009 UNM/CDD Direct Support Staff Retention Study. Issue: Statewide group needed – perhaps the NM Direct Caregivers Coalition.
- b. Review and disseminate information about low-cost insurance options available. Issue: Statewide group needed – perhaps the NM Direct Caregivers Coalition.
- c. Promote recognition of Direct Caregivers through awards and celebrations of accomplishments.

Examples of options include:

- Insure New Mexico. Website: <http://www.insurennewmexico.state.nm.us/SCIHome.htm>
- Group insurance options through NM Direct Caregivers Coalition

4. Reduce **stress and increase skills** to deal with difficult situations in Direct Caregiving.

Short-term Steps:

- a. Increase the ability of direct caregivers to effectively deal with stressful situations that involve verbal, emotional, and/or physical abuse from the person they are serving.
- b. Promote a common sense approach to solve problems at the worksite.
- c. Provide innovative and proactive leadership training for supervisors of DSPs on such topics as “How to motivate your employee.”
- d. Encourage opportunity and use of personal day leave as a stress reduction strategy. Promote health and wellness programs for Direct Caregivers.
- e. Provide a “voice” to express stress and frustrations.

Examples of options include:

- Mandt training website: <http://www.mandtsystem.com/>
- Encourage opportunity and use of personal day leave as a stress reduction strategy.

Education and Training Work Group

Recommendations:

1. When developing a procedure for credentialing, take into consideration the difference between the direct support professional and the family living provider. Consider providing a way to give "credit" for life experience/knowledge.
2. The curriculum developed will meet federal regulations, state regulations and any other legal requirements (i.e. Jackson lawsuit) for the job titles included in the credentialing process.
3. A variety of delivery mechanisms will be considered including but not limited to: classroom training, on-line training, computer based learning, self-study, and the provision of materials/training in other languages.*
4. Include input and recommendations from individuals receiving services and family members. This may be provided by survey prior the development of curriculum and/or through review after the development of curriculum.
5. A basic level credential will reflect the common competencies across the fields of direct support. An advanced level credential will be discipline-specific.*

Bill Tapp from the College of Direct Support gave a short presentation over the phone of the CDS and what it could offer New Mexico. Some questions from the group included consideration of cost, web administration, New Mexico specific information and how that is incorporated into the curriculum, and if this curriculum is currently being used elsewhere with populations other than Developmentally Disabled. Bill Tapp offered to arrange access for a two-week period with a follow-up meeting to review the Learning Management System.

The group identified potential barriers or places where more information needs to be gathered. There was not enough time to complete this discussion. Some further considerations and concerns will be sent to the work group via email for comment and an additional meeting (via phone) may be scheduled to discuss some of these concerns in more detail.

1. When considering providing training in other languages, the group was in agreement that there needed to be some limits. A suggestion was made that a demographic study of individuals/families receiving services could provide information on how many people would need this provision and what the most common languages were. It was also discussed that each language may have multiple dialects making it even more difficult to provide training in the language of the learner. It was noted that a glossary function in an online class would be extremely helpful. A comment was made that the real consideration for language accommodation needs to be focused on the individual receiving services. With this information a determination can be made as to what languages the training development would address.
2. To address suggestion number 5, a comparison study of skill sets/competencies between the identified job titles will need to be completed. The group also discussed that this would not be something the workgroup could accomplish during this time. It was also noted that training needs to be addressed to those least able to fulfill each role. The group also discussed that the basic credential would hopefully provide enough training for at least one of the identified job titles.

3. There is a need to clearly identify what populations and job titles will be utilizing this curriculum and the potential credentialing process. *The HM 37 states: personal care assistant, home care aide, home health aide or certified nursing assistant.* This workgroup felt this list was not specific enough to provide a direction for curriculum development. *The HM 37 includes populations who are "elderly or disabled."* This also was not specific enough to provide a direction for planning.
4. Before determining a common set of competencies, the Taskforce needs to know any specific competency or training required by the federal Center for Medicare and Medicaid Services (CMS) for each service provided, regardless of relationship to the individual receiving services. This relates specifically to suggestions 1, 2 and 5 listed above.
5. Who will provide the training? State, central organization, providers, open trainings via web registration, etc.?

Program Funding, Agency and Worker Compensation Work Group

Principles

We believe that a system for education and credentialing of New Mexico's direct care workers should:

1. Regularly involve service providers and direct care workers as we seek options and for developing a plan for a better-trained, more highly-skilled workforce;
2. Balance considerations that afford the greatest possible liberty to workers who are self-directed, can and do get what they need to promote their advancement against workers who require education, training, credentialing and/or practicum to be able to work with our state's most vulnerable citizens; and
3. Accomplish better outcomes for consumers and for direct care workers with fewer administrative burdens.

Direct care workers should be able to demonstrate skills acquired. The Work Group recommends further study of the apprenticeship model of U.S. Department of Labor for implementation because of the high degree of focus on education, practical training and requirement that skills are demonstrated by the apprentice.

Identify the core curriculum common to all direct care worker needs. There is a foundational or, core, curriculum common to all direct care workers--regardless of setting in which they work or type of needs of the consumers they serve. Once developed, specialty and sub-specialty training or certification should be developed that branches out from that core set of learning and education.

Improve on the image of direct care work as a profession. Work Group members further understand there exists a high degree of interest among workers, agencies and providers alike for gaining recognition, increasing the sense of professionalism and developing public awareness around the work of direct care workers.

Needed For Further Study

Seek a planning grant for ongoing work of the Task Force. In order to build a model of training and credentialing, the Work Group recommends additional time in order to pursue the recommendations above.

We recommend seeking and obtaining a planning grant that proposes additional study and builds on recommendations above to develop a comprehensive statewide program of education and credentialing for direct care workers.

Locate, document and correct program funding inefficiencies. Evaluating system efficiencies is the key to effectively funding a program of education and credentialing. While the study, "Credentialing of Direct Caregivers for Elderly and Disabled New Mexicans Education and Training Requirements (May 2009)," identified training requirements for the variety of direct care workers by agency and program, there is also a need to research what agencies are providing funding to do, what caregivers are receiving for that funding in return and to build upon that knowledge.

Members of the Work Group believe that duplication most likely exists within agencies providing education, training and credentialing for those serving persons who are elderly and those with disabilities. As a way of gaining greater efficiencies, additional research is needed on how those funds are distributed, spent and accounted for.

Identify and build the set of core competencies to determine system and worker outcomes. As a matter of workforce development, there are a set of key competencies rather than a list of training components—a direct care worker should be able to demonstrate. Further discussion and development of ways to coordinate a core curriculum of education/training requirements among state agencies and providers is needed so that core competencies drive the development of a statewide system of education.

A focus on core competencies will identify occupational requirements for direct care work, career pathways possible for workers and the transferable skills that can be used to help workers gain further education and go on to better jobs/careers.

Regulatory and Systemic Issues in Direct Care Work Group

1. First observation: Use regulations to reinforce quality of care:
 - a. Regulations have become too “rule bound” triggering intensive and defensive documentation. Make a distinction between operating standards vs. regulation that reflect the improbability of eliminating risk.
 - b. Government interpretation of rules generates more attention to detail but not necessarily attention to quality of care.
 - c. Some experienced caregivers report leaving the field because they spend more time documenting care than care giving.

First Recommendation:

- a. Ask contractors and advocates to suggest redrafting specific “rules”.
 - b. Use intensive documentation for shorter periods of time for clients with ill-defined clinical/behavioral concerns. Consider more documentation “by exception.”
2. Second observation: Re-balance consumers’ health, safety and independence over time:
 - a. Consumers who “self care” and “age in place” make tradeoffs in health, safety, or liberty as they lose cognitive capacity.
 - b. The responsibility of the individual, family, community, contractor and government(s) to provide oversight needs better definition. The practical application of consumer-directed vs. delegated service provision does not equate with monthly supervision of caregivers.
 - c. Define the criteria for “involuntary termination” of a self-directed wavier participant.
 - d. Suggest mechanisms to re-balance health, safety and liberty or accept that government will oversee the process with “unfunded mandates.”

Second Recommendation:

- a. Suggest regulatory and contractual “best practices” that balance the tradeoff in consumer’s health, safety and liberty. Describe if and when a “self directed” consumer should lose the right to “self direct” and who should make that determination.
 - b. Promote “duty to report” as an essential safety mechanism to protect consumers from abuse, neglect (including self neglect) and exploitation.
3. Third observation: Review basic through advanced training for caregivers:
 - a. Increase skill- base of direct care staff to promote competency that may result in improved service delivery and better pay and better opportunity.
 - b. Review care giver training and reimbursements.
 - c. Contrasting client-base, less supervisory overhead costs or training costs allow self-directed hire pay base.
 - d. Integral part to/in system of care rights of individuals and payer capacity.

Third Recommendation:

- a. Any caregiver (either agency or self-directed) must demonstrate skills based services they offer consumers.
- b. Hold people who are directing their own care accountable for requiring an appropriate level of training for their caregivers?

Barriers to implementing the recommendations developed above:

1. The workgroup suggests “dynamic tensions” need to be addressed. For example:
 - a. There is and should be accountability and civil penalties if providers fail to properly train or supervise workers. Clients are hurt when providers fail to adequately train or supervise caregivers. Standards should not be lowered.
 - b. Providers are concerned that the quantity and sophistication of training has increased while reimbursements and resources remain flat. Providers suggest they do not get credit for the amount of “apprenticeship” type mentoring they currently provide.
 - c. The rules governing training (depending upon the specific population) are driven by Medicaid (federal) while licensing (state) has to enforce the rules. The state may have to increase vigilance of the federal rules or risk sanctions.
2. Standards should not be lowered but if “credentialing” becomes a vehicle by which standards are raised without a corresponding adjustment of resources, credentialing will become counterproductive.
3. When the rules were developed, no one anticipated that turnover of front line employees might be 200% a year in some areas! The burden of training and staff retention are impossible to address at the provider level.