Report of the Direct Care Worker Task Force
Submitted to the
Maine Department of Health and Human Services

January 2010

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EXECUTIVE SUMMARY

The Direct Care Worker Task Force was convened by the Department of Health and Human Services (DHHS) to review LDs 400, 1078 and 1364; to recommend changes to direct care worker employment policies and training programs; and to gather information about a health insurance demonstration project for LD 1059. Worker and employer members agreed that deliberate and systematic changes are necessary to resolve the issues of too many different job titles, varied qualification and training requirements, financial barriers to training and health benefits, and training credentials that are not recognized or transferable across programs, inconsistent and inequitable wages and benefits. The Task Force reviewed DHHS personal care services, program rules, workforce titles, training and wages, and health insurance proposals and recommends that DHHS and the Legislature support steps to:

1. Develop a rational, equitable, clear framework for defining jobs, administering compensation, designing and delivering training, and ensuring a sufficient and quality workforce.
2. Set rates for all titles to include wages, benefits (including health insurance and workers' compensation), training, travel, supervision, administrative costs (including but not limited to, liability insurance, recruitment costs, background checks, and motor vehicle violation checks) in order to establish and achieve wage levels, transparency, and parity across programs.
3. Ensure participation of direct care workers in the federal grant recently awarded to the Governor's Office of Health Policy and Finance to provide affordable health insurance for uninsured low income direct care workers, part-time, and seasonal workers.
4. Establish a statewide job classification system of direct care and direct support job titles, focusing on personal care jobs within the DHHS home-and-community-based service programs
5. Develop a logical sequence of employment tiers, showing employment and training links among long-term care and acute care jobs – in both facility-based and home-based services;
6. Continue the work that's been started in order to complete the development of the classification system (pursuant to LD 1078 and LD 400) and implement a systemic approach to Maine's long-term care programs and policies. Consider creating a multi-departmental mechanism with the responsibility and authority to implement the recommendations.

CONTEXT

An estimated 22,000 people in Maine are currently employed in jobs to provide personal care, aide and support services to elders and people with disabilities living in their homes and communities, and in residential and nursing care facilities. The aging population, along with increasing demands for consumer-preferred, lower-

cost, quality assured, home and community-based options are contributing to an increasing and long-term demand for direct care/support services. ***"Personal care,"*** *defined generally as the broad set of personal care (ADL, IADL) and personal support (housekeeping, cooking)* ***is currently a covered service, available to eligible consumer/clients, in over 25 different federal and/or state-funded programs administered through the Maine Department of Health and Human Services.*** *The legislative and administrative processes that established these programs include rules to manage them, and these rules include staff specifications- such as job functions, qualifications, background check and training requirement. Since personal care services are provided by "unlicensed" personnel, there is no single universal title or standardized training credential required. The combined effect of these practices – the requirement for programs to identify job specifications, and the absence of standardized specifications for personal care job, has permitted personal care jobs to be defined by the programs that employ them, in a parallel job creation process, some with unique titles and others generally referenced as the "unlicensed assistive personnel". An inventory of Maine's publicly-funded long term care program illustrates the cumulative outcome: Within the 25 programs, mentioned above,* ***more than 20 different job titles are used for the staff persons who perform "personal care services"****. While this could be a diverse group of customized jobs, with unique functions and specialized skills, a closer comparison shows a different picture. Many of these titles have similar job functions and entry-level qualification requirements, but their titles, training requirements and training programs, wage rates and/or benefit options are different.* (Excerpt from Scala presentation 11/30/09)

KEY ISSUES

Vague name for the workers: There are a lot of different names used to describe people/ workers who are employed to provide for personal care services (e.g. -Direct care, personal care, personal assistance, nursing aid, direct support workers, or direct service workers). As a result, vague, unclear, and even incorrect names are used to describe and/or represent this growing workforce.

Workforce planning or development: Many of the MaineCare and state-funded programs (> 25) cover personal care services and employ direct care staff with similar general qualifications to perform similar functions, yet they use different job titles (>20), require different training programs, have different wages and benefits, and their employers are reimbursed for their services using different methods and rates. As a result, there is confusion, miss-information, redundant or insufficient training offered/taken, there is a lack of transferability and employment flexibility/versatility for workers, employers, and consumers and undermine efforts to recruit and retain workers and to ensure a quality workforce.

Lack of competency-based information**:** Few of the personal care jobs have been assessed using a competency-based approach. Program and/or consumer-specific terms are used for job functions and training topics use unique and/or out-dated language/terms to describe comparable job functions, and the job information may not be updated to meet best practice and quality measures. As a result, a competency-

based study should be conducted across programs so the jobs can be accurately defined, grouped and linked for workforce planning and development, and a more efficient training system. The process would help identify common and unique job functions and connect them to knowledge and skill requirements, and be the foundation of a salary administration/equity system.

***Need to identify common core functions and transferable skills*:** As described in #3, above, the lack of comparable and current information limits workers, employers and the state. As a result, efficiency and workforce development outcomes cannot be accomplished. Assessing competencies may identify a common core of job functions and help develop a job title that offers a versatile core workforce. A standardized program for such a job would serve as a foundation for high performance and/or advancement to other training programs, credentials and job opportunities.

Limited workforce data: The data available on this workforce are as variable and inconsistent as the job titles used to categorize them and gather information from worker, employers and consumers (#1 and 2, above). As a result, the state's workforce data are not as reliable or accurate as needed to resolve and manage home-and-community-based workforce needs, or to measure the outcomes/effectiveness of workforce or program initiatives.

Health Insurance Options: The complexity of the issues and financial needs of health insurance and health coverage are well beyond the time frame and capacity of the Task Force. Other factors that influenced the Task Force's decision to postpone work on this LD were: Maine's budget crisis, the federal health reform changes that are being debated, and the opportunities presented by the HRSA grant. Trish Riley's presentation to the Direct Care Worker Task Force provided a clear opening to an exciting, but challenging, program. The members of the Task Force could gain important information, and possibly help to ensure the grant outcomes, by having a more active role.

Coordination: Much of the variability evident in the system of direct care work stems from independent oversight of various aspects of direct care work exercised by the Maine Department of Education, the Board of Nursing, the Department of Labor, and the Department of Health and Human Services.

FINDINGS

Too many titles: 26 DHHS programs include personal care as a covered service. A review of program rules identified 24 titles listed for the names of the workers who perform these services. 15 of these titles are standardized (Certified Nursing Assistant, Certified Residential Medication Aide, Direct Support Professional, Homemaker, Personal Support Specialist, Attendant, Mental Health Rehabilitation Technician-level 1, Otherwise Qualified Mental Health Professional), and the others include an assortment of general titles, like unlicensed assistive personnel.

Need for standardization: The level of detail available to describe direct care job functions and qualification requirements varies widely. Consumer-specific terms and a lack of specific listings for each job title inhibit comparison of jobs.

The lack of consistent workforce information collected from providers and within program areas limits workforce management and development efforts. While it is difficult to cross-walk the many direct care worker titles used in DHHS programs, the Department of Labor, Bureau of Labor Statistics tracks standardized employer data useful for comparing and projecting workforce activity. The Department of Labor information in the attachments provides a snapshot of direct service worker employment with a limited comparison showing worker and wage growth in four occupational titles for 2001-2008 and projections to 2016.

Inconsistency: The inconsistency in the rate-setting methods and structures limits the ability to make comparisons across programs and providers regarding wages, benefits, supervision, administrative and training costs.

The comparison of 2001-2008 rates shows that Registered Nurse, Certified Nursing Assistant, and Home Health Aide services across programs and funding sources have become more consistent—i.e. Home Health Aide services are reimbursed at the same level regardless of program. The rates for in-home personal care and supportive services show much more variation, ranging from $14.38 to over $25/hour in Mental Retardation/Developmental Disability programs. Some of these rates include benefits, training and transportation allowances and some do not.

Commonalities and Differences: On one hand, the direct care services include a wide array of different services, provided to a diverse population in many different kinds of settings, and use different reimbursement rate structures. On the other hand, direct care services play a common role in providing personal care and direct support services and employing workers with similar qualifications.

Need for interconnection: The service programs, job titles and training programs appear to function in silos.

Rate-Setting: The method of setting and managing reimbursement rates for Direct Care Workers varies across programs. The variations are:

- The rate-setting structure itself – the method/formula used to set provider payment/ service reimbursement rates (e.g. prospective versus cost reimbursed; case mix adjusted versus flat rate/ base rates and procedure code rates, agency rate versus worker wage rate;)
- The cost components included in the rate- categories and amounts (e.g. wages, benefits, training, travel, supervision, administrative costs, and other discretionary costs)
- The frequency and method for reviewing rates and options for providers to request a review (inflation, COLA adjustments, provider input);
- Requirements for providers to submit financial reports, like cost reports, that can be used to monitor costs, adequacy of rates, financial status of providers, and possibly workforce information (staffing levels, turnover, retention etc).
- The Maine Legislature's role in reviewing, setting/changing rates, structure and related rules is a default system that responds to targeted initiatives directed by a variety of groups or individuals. Over time, the targeting of select

programs, the timing, types and amount of the changes requested and approved, and the variations in the budget environment allows for widening variations across programs.

Training requirements: Even though many jobs in Maine's long-term care system share similar functions and hiring qualifications, the Task Force noted that training requirements for these positions often vary widely. A number of factors has contributed to this, including but not limited to, the absence of standard specifications for personal care jobs and a requirement for programs that use these titles to specify job qualifications. As a result, training credentials required from job-to-job may be redundant, cumbersome, and confusing to workers, providers, and consumers regarding the skill levels and required abilities of different worker categories, which also creates barriers to credential portability and opportunities for worker advancement.

In addition to the training curriculum itself, different job titles require different levels of education. As an example, some of the 24 job titles require some degree of college level training whereas other titles only require training at the high school level. The Task Force noted that barriers also exist for workers attempting to actively maintain credentials for more than one job title, even when the underlying tasks and functions of the two jobs are similar. As an example, the Task Force noted that on-going training requirements present barriers for a Certified Nursing Assistant (CNA) to remain active on the CNA registry when that CNA has been working as a Personal Support Specialist (PSS), even though that CNA has been performing many of the same tasks and functions as a Personal Support Specialist.

A review of job functions and training requirements across the programs identified core knowledge and skills that could link and qualify workers across multiple programs, reducing barriers for workers, providers and consumers. The Task Force noted, however, that any such effort would need to secure the participation and cooperation of the Board of Nursing, the Department of Labor as well as the various offices within DHHS responsible for the administration and licensing of the many long term care programs.

LD 1059, Health Insurance Options: Montana has been able to allocate state funds to this program to successfully implement the program, and it is expecting to continue operations into 2010. If the funds were available, this model, as Montana has designed and implemented it, could offer Maine an important development opportunity.

However, the grant recently received by the Governor's Office of Health Policy and Finance from the U.S. DHHS/Health Resources and Services Administration offers an immediate opportunity, and one that needs direct care worker support, so may be the better choice for pursuing the goal of providing workers affordable health coverage option.

RECOMMENDATIONS

1. Develop a rational, equitable, clear framework for defining jobs, administering compensation, designing and delivering training, and ensuring a sufficient and quality workforce.

2. Set rates for all titles to include wages, benefits (including health insurance and workers' compensation), training, travel, supervision, administrative costs (including but not limited to, liability insurance, recruitment costs, background checks, and motor vehicle violation checks) in order to establish and achieve wage levels, transparency, and parity across programs.
3. Ensure participation of Direct Care Workers in the federal grant recently awarded to the Governor's Office of Health Policy and Finance to provide affordable health insurance for uninsured low income direct care workers, part-time and seasonal workers.
4. Establish a statewide job classification system of direct care and direct support job titles, focusing on personal care jobs within the DHHS home-and-community-based service programs
5. Develop a logical sequence of employment tiers, showing employment and training links among long-term care and acute care jobs – in both facility-based and home-based services;
6. Continue the work that's been started in order to complete the development of the classification system (pursuant to in LD 1078 and LD 400), to achieve the following goals and objectives. Consider creating a multi-departmental mechanism with the responsibility and authority to implement the recommendations:

A. Goals:

a. Implement a systemic approach to Maine's long-term care programs and policies, to rationalize the personal care jobs and training.

b. Use the workforce planning process to support the state's service delivery objectives for an integrated and efficient publicly – funded home and community based service system

B. Objectives:

a. Establish standardized names/titles for the direct care jobs across Maine's facility services and home-based services

- Increase the level of awareness of the jobs and the people who perform them.
- Facilitate the employment process for providers, workers and consumers
- Engage a representative group workforce stakeholders (providers, workers, administrators, worker

b. Conduct a competency-based study of the jobs

- Update and compile comprehensive, quality-based information on the jobs
- Align with regulatory and quality performance standards
- Improve the job descriptions, their functions and training requirements, and Connect qualification requirements with job functions

- Identify common core areas and specialty skills to design and implement training programs
- Have the base information needed to design quality training programs – entry training and continuing education
- Have the information to align job functions, titles and training programs
- Offer workers clearer information and system support for training, credential portability and opportunities for employment flexibility and advancement;
- Quality assurance to benefit consumers with better trained workforce and training to match job requirements.
- Have the information to develop career lattice and career ladders for workforce development, shows how the jobs are connected along functional employment and career pathways
- Identify and connect similarities in service delivery, training skills/competencies and quality assurance across programs – like consumer-directed, self-direction, community integration and culture change.

c. Establish a standardized framework for the direct support aide jobs-titles, functions, training, in Maine

- Have a template for workforce planning and development that is aligned with regulatory and performance standards
- Have a framework for the jobs that helps training and education programs plan/schedule
- Have a framework to establish and review wage levels and parity across programs
- Have clear terms, guidelines for registry and workforce tracking, as required
- Have a template for guiding providers for hiring, training, promotions and ensures worker capacity and to meet program /consumer outcomes
- Provide legislative and administrative groups with a structure for discussing the issues and policy decisions on wages, benefits and training;
- Conduct data collection and studies to track the workforce and to evaluate development initiatives.

BACKGROUND

***Participants*:** The Direct Care Worker Task Force included direct care workers and providers (see attachment A) who met separately from the DHHS Core LEAN Group, although the majority of its members served on both groups. Five meetings were held

from September 209 through January 2010, and a subcommittee of worker-members held extended meetings with Office of Elder Services staff to maximize their participation and input.

***Meeting Objectives*:** The Task Force was asked to review the components of the LDs specific to personal care workers, listed below.

- **LD 400**, *An Act To Implement the Recommendations of the Blue Ribbon Commission To Study Long-term Home-based and Community-based Care*: Requires DHHS to report on a comprehensive and systematic approach to training, reimbursement and benefits for direct care workers in home- and community-based care, residential care, and nursing facilities
- **LD 1078,** *An Act To Strengthen Sustainable Long-term Supportive Services for Maine Citizens:* Requires a work group to analyze the extent to which provider rates and worker wages are standardized to promote overall efficiency and ensure a sufficient number and quality of direct-care workers. It also requires the work group to report back to the HHS Committee regarding the means to standardize rates and wages within the system.
- **LD 1364**, *An Act To Stimulate the Economy by Expanding Opportunities for Personal: Assistance Workers;* Proposal to standard administrative rates and wages at $12/hour, was held over so it could be considered as part of the work on LD1078.
- **LD 1059**, *Resolve to Enhance Health Care for Direct Care Worker:* Bill held- over by the Insurance and Financial Services Committee, to give DHHS time to gather information relating to Montana's model of providing health care for direct care workers and its applicability to Maine.

Process: The Direct Care Worker Task Force used presentations, handouts, invited experts and their own experience as the basis of information for their review and recommendations. They completed a comprehensive review of background information and a broad overview of Maine's direct care jobs and their training programs. An inventory provided a comparison of the job titles, qualifications and training programs, wages, health insurance benefits and program reimbursement policies. Information about the training programs was limited to those programs that are standardized and utilize statewide training materials. References and summaries for this information are listed below. The group discussions touched upon worker, employer and administrative perspectives on a range of employment issues, and frequently shifted from general statements and affirmations on the essential nature of the workforce to key questions about the systemic, programmatic, policy, regulatory and administrative factors that influenced these jobs. The Task Force reached its conclusion on the need for a classification system very efficiently and was able to complete preliminary work on a draft of the system. This is included as Attachment B and offered as a template for future work.

While health insurance was identified as an important employment-related benefit, and a major financial challenge for both workers and employers, specific discussions about coverage options were limited to one meeting. The agenda for reviewing LD 1059

shifted due to new program options that could offer benefits. Meeting time was used to hear about the HRSA grant. Some Task Force members were also members of the grant implementation task force. A review of the Montana model, as directed in the LD was limited and the support for it was limited due to budget concerns and some expectation that the HRSA grant would provide an alternative – pending the highly anticipated outcomes of federal health reform and insurance coverage initiatives.

RESOURCE INFORMATION:

Resource information was brought to the meetings by the following people/departments:

- Muskie School of Public Service, Cutler Institute for Health and Social Services, USM, Elise Scala, Research Associate, presented inventories of the personal care job titles employed by Maine's Medicaid and state-funded home and community based services, their job functions, qualifications and a comparison of standardized training programs.
- DHHS rate-setting unit staff: to discuss current rate-setting methodologies and rate structures.
- Trish Riley, the Governor's Director of Health Policy and Finance, provided a summary of the HRSA grant and plans to design and offer health insurance benefits to direct care workers and part-time workers in Maine.
- Consultation with the State of Montana, Department of Public Health and Human Services, Health Insurance for Health Care Workers Program, to learn more about how the program their legislature funded and how Maine's model demonstration, LD1059, compares.

LISTING AND DESCRIPTION OF HANDOUTS:

Summary reports of the personal care workforce employed by MaineCare and state-funded programs, and standardized training programs were presented. The following handouts were distributed, and are available on the LEAN website: http://www.maine.gov/dhhs/reports/ltc-services-adults.shtml or by contacting the presenter, Elise Scala (scala@usm.maine.edu).

The tables are labeled as drafts to allow for corrections and updates.

- **Rate-Setting Methods in Maine's Long-Term Care Programs** was constructed to compare the rate setting methods for programs that employ direct service workers. (draft with updates as of 4/23/09)
- **Summary Chart of Maine Programs that Employ Direct Care/Support Workers** highlights the employment of the direct care and support titles across Maine's DHHS programs.
- **Profile of Employment of Direct Service Workers, Maine DHHS Programs** was compiled as a reference document to the reimbursement table to provide background information on the direct service jobs and selected information to aid the discussion of rates and workforce planning. (drafted in early 2009 and updated in Fall 2009)

- **Summary Chart of Direct Care/Support Worker Job Titles and Job Functions** drafted to compare job functions across the multiple job titles.
- **Maine Direct Care Worker Employment Count and Median Hourly Wage, 2001-2008** provides a comparison of wages by category, over time.
- **Maine Direct Care Workforce Top Employers and Projections** drafted to see a snap shot of where direct care/support workers are employed and their wages.
- **Maine Fact Sheet,** a recently released state profile of Maine's direct care workforce, compiled by PHI National.
- **Mechanics Table**, Training Programs - a table summarizing general information about the selected list of standardized training programs for select direct care titles in Maine
- **DSW Title Training Crosswalk**, a comparative listing of the learning objectives in the standardized training programs.
- **Comparison Training Topics and Titles: Tally Sheet:** compares job titles and training topics covered in their standardized training programs, extracted from the Crosswalk.
- **Comparison Job Functions and Training Topics:** compares job functions and training topics extracted from the Crosswalk.
- **Montana Highlights: A Operating Model Providing Health Care Insurance for Direct Care Workers:**

ATTACHMENT A: MEMBERS

First	Last	Job title	Company
Mollie	Baldwin	CEO	HomeCare for Maine
Cathy	Bouchard	Personal Support Specialist	Maine Personal Assistance Services Association/KVO
Nicole	Brown	Lead Organizer	Kennebec Valley Organization
Rick	Erb	Director	Maine Health Care Association
Joyce	Gagnon	Direct Care	Maine Personal Assistance Services Association/KVO
Gattine	Elizabeth	Legal Services Developer	Office of Elder Services, DHHS
Helen	Hanson	Personal Support Specialist	MSEA/SEIU, AlphaOne, Direct Care Alliance (DCA) and Maine PASA
Don	Harden	Operations Director of Adult Services	Catholic Charities Maine
Jay	Hardy	Business Development	AlphaOne
Matt	Peterson	State Representative	AlphaOne
Joanne	Rawlings-Sekunda	Deputy Director, Consumer Health Care Division	Maine Bureau of Insurance
Cheryl	Ring	Commissioner's Office	DHHS
Ted	Rippey	Direct Care	AlphaOne-MSEA-SEIU
Elise	Scala	Research Analyst	Muskie School
Diana	Scully	Director	Office of Elder Services, DHHS
DeeDee	Strout	Direct Care	Home Care for Maine/KVO
Dawn	Worster	Regional Operations Manager	Arcadia Healthcare Maine

ATTACHMENT B: STEPS TO COMPLETE THE IMPLEMENTATION OF A STATEWIDE CLASSIFICATION SYSTEM (PURSUANT TO RECOMMENDATION 5):

1. Establish a Job Classification System (Tables 1 & 2, Figure 1)
   A. Establish a general name for the family of jobs - Direct Support Aides (DSA) - to encompass the direct care worker job titles in Maine that have comparable job functions and entry-level qualifications. The DSA name will replace the variety of general names, like direct care worker and personal assistance worker, currently used but as identified are not descriptive or clear.
   B. Organize the specific job titles currently used by the workers, employers, state services and training programs, like Personal Support Specialist , Direct Support Professional, Certified Nursing Assistant, etc., into 3 categories- DSA I, DSA II and DSA III, based on their qualification requirements, training objectives and job functions.
2. Develop a Competency-based Workforce Sector Plan (Table 2, Figure 2)
   A. Establish a work group to compile and review competency-based information about each job title, confirm the classification framework, identify common core competencies and review training standards and programs across the jobs/programs.
   B. Finalize the framework/classification system to establish and support a corp (core workforce) of versatile, competent and qualified Direct Support Aides that can meet the front-line personal care needs across Maine's programs, that is prepared and informed, and has access to continuing education and training opportunities to advance along identified employment and career pathways to fill specialized and professional service positions.
   C. Use the framework and competency-based information to identify, implement and communicate policy recommendations for training standards, workforce utilization, wage, benefit, reimbursement rate structures, and workforce planning and development initiatives.

Table 1: Proposed Classification

Proposed Classification Name	Job Titles in each group *
Direct Support Aides ("job family") (DSA)	To replace the variety of general names/titles that used when referring to this class of jobs (Personal care worker, direct care worker, personal assistant, direct service workers, etc.
DSA I/ Personal Daily Living Support	CD-PA, (CRMA), DSP, MHRT-1, PSS/PCA, Homemaker, OQMPH
DSA II/ Community Support	ADCA, CIPSS, Ed. Tech, Employment Specialist
DSA III/ Health Support	CNA, CNA-M, Mental Health Worker-1, HHA, Psych. Tech. (CRMA)

Notation about standard titles: The proposed classification model and names are intended for use as a classification system/framework, and will not replace the individual titles used by employers, and/or traditional nomenclature used by the Department of Labor or professional programs and organizations.

Job Title Key:

- ADCA: Alcohol and Drug Counseling Aide
- CD-PA: Consumer-Directed Personal Assistant
- CIPSS: Certified Intentional Peer Support Specialist
- CNA: Certified Nursing Assistant
- CNA-M: Certified Nursing Assistant with medication training
- CRMA: Certified Residential Medication Aide
- Ed Tech: Education Technician 1
- Employment Specialist
- HHA: Home Health Aide
- Homemaker
- MHRT-1: Mental Health Rehabilitation Technician, level 1
- OQMHP: Otherwise Qualified Mental Health Professional
- PCA: Personal Care Attendant
- PSS: Personal Support Specialist
- Psych Tech: Psychiatric Technician

Figure 1: Proposed Classification Model:

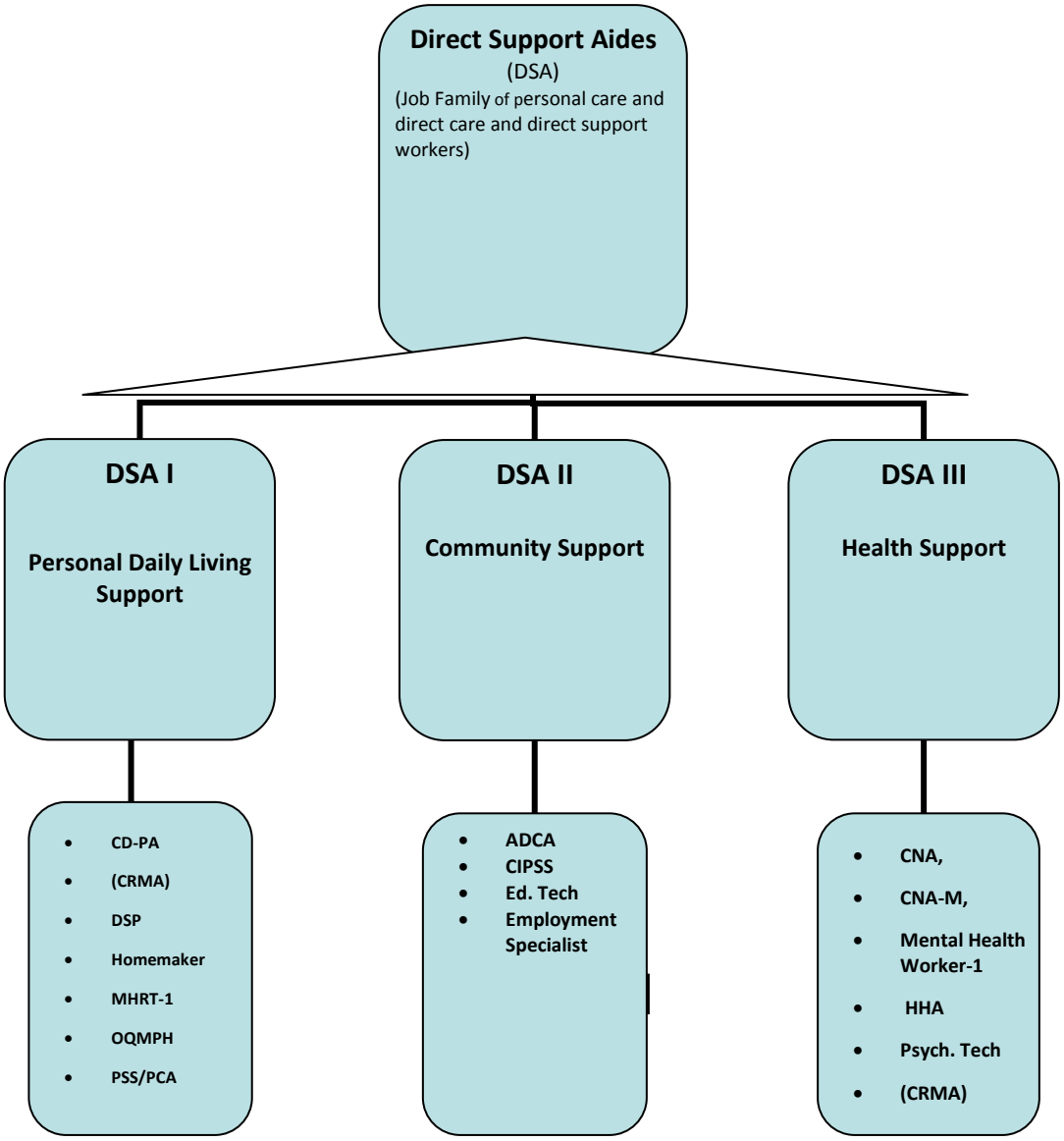


Table 2: Proposed Classification Groups- Direct Support Aides - Description

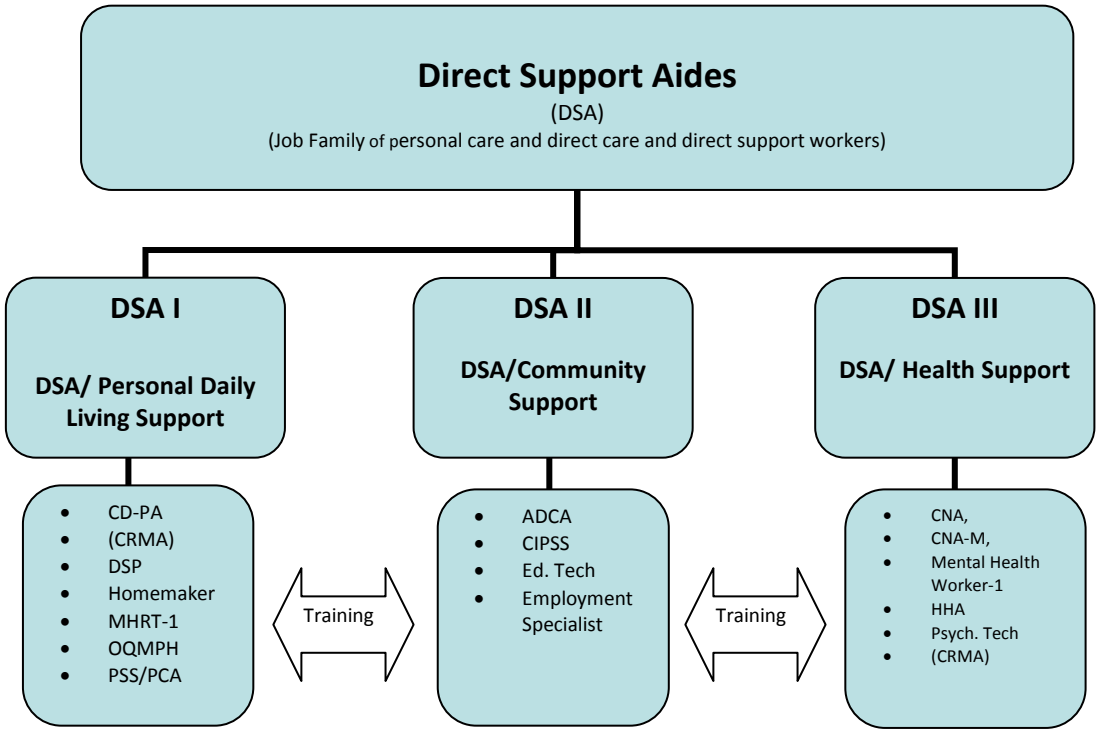
Direct Support Aides Groups	**Titles included in the Group**	**Scope of Services/ Job Functions**	**Knowledge/Skill Training**	**Programs/ Setting/ supervision**
DSA- I: **Personal Daily Living Support**	CD-PA, (CRMA), DSP, MHRT-1, PSS/PCA, Homemaker, OQMPH	Program and support functions focused on assisting and supporting consumers' personal and daily living needs within and outside their residence. Consumer engagement encouraged. Worker provides assistance as directed by the consumer and/or individual care plans. Worker provides assistance through coaching, cueing, supervision and therapeutic support to individuals to maintain the highest level of independence possible, to develop and maintain the skills of daily living while oriented, healthy, and safe.	**CD-PA**- no std training, directed by the consumer. **DSP**- 45 hrs. std training, emphasis on consumer independence. **MRHT-1**- 68 hrs. std training, emphasis on strategies and techniques to support consumer independence. **Homemaker**- limited training, focus on tasks and care plan. **PSS/PCA**- 50 hrs. std program, focus on health/safety and support tasks. **OQMHP-** some training, theory, information and intervention skills	**Programs**: MaineCare Sections: 12, 17, 19, 21, 22, 29, 41, 96, 97. OES Sect. 61,62, 63. MH 6A, 14 **Settings**: Home and community settings. **Supervision:** Agency-based and/or Consumer-directed
	PROPOSED Changes: Revise standardized training to encompass worker competency areas for both personal care and consumer independence / self-direction, converge the concepts of quality and best practice outcomes from all consumer groups. A single -common training program could be designed to cover core competencies and offer career pathways to other focus areas (DSA II/III) or other professional titles.			

Direct Support Aides: Groups	Titles included in the Group	Scope of Services/ Job Functions	Knowledge/Skill Training	Programs/ Setting/ supervision
DSA-II: Community Support	ADCA, CIPSS, Ed. Tech, Employment Specialist	Program and support functions focused on activities outside the residence and consumer engagement in learning, work activities and/or interactions that foster personal and professional growth and development .The worker functions to support the consumer and may be under the direction of a program, service plan and part of a team for and with the consumer.	No standardized training (with some provided to CIPSS), however the program objectives and workers' role is focused on supporting the consumer to engage and accomplish personal learning, employment treatment objectives through direct involvement. Worker is trained to know environment and program and to be available to assist /support the consumer in meeting objectives and managing in the setting.	**Programs**: MaineCare Sections: 17, 21, 29, 50, 97, Office of Substance Abuse, Education. **Settings**: Community settings. **Supervision:** Agency-based and/or Consumer-directed
	PROPOSED Changes: Identify and review standardized training programs and establish connections with DSA I training and identify career pathways in the mental health, behavioral health and education/special education professions.			

Direct Support Aides: Groups	Titles included in the Group	Scope of Services/ Job Functions	Knowledge/Skill Training	Programs/ Setting/ supervision
DSA- III: **Health Support**	CNA, CNA-M, Mental Health Worker-1, HHA, Psych. Tech. (CRMA)	Care and support services focused on the clients' health care needs and comfort. Requires core knowledge of body systems and care procedures, directed and performed with the supervision of a licensed health care professional.	Works with a medical care team. Has knowledge of body systems in health and illness, competence to observe and report changes, demonstrated skills to perform defined assessment and care procedures, regulatory, reporting and documentation. Training: 180 hours +	Hospital, nursing home, res.care or home care setting: MaineCare: Sections 2, 19. 21, 26, 29, 40, 43, 50, 67, 96, OES Sect 63, and Medicare programs, Psychiatric Institution.
	PROPOSED Changes: The CNA/medical training curriculum may find value in adopting the consumer direction components of the mental and behavioral health training programs to address the quality and competency –best practices of the Culture Change movement.			

Figure 2: Proposed Career Pathways using the Classification Model

(NOTE: The proposed pathways are focused on topics and credentials for career tracks, and do not illustrate staff supervision and management advancement that can occur within an organization)



Consumer Independence & Support Professions: Community, employment education

DSA I + Training → **DSA II + education/training** → **Mental Health Professions**

Consumer specific training — Community Support — **Behavioral Health & Support Professions**

Abuse/protection training — Work Support — **Education, Teaching, Special Education Professions**

(more?) — Education Support — **Accommodations, Adaptations, Technology fields**

Direct Care & Health Care

DSA I or DSA II + Training → **DSA III + education/training** → **Health Professions**

Consumer specific training — CNA Training + — **Nursing**

System navigation

Community Health Education

(more?)