

IN-HOME DIRECT CARE WORKER DATABASE WORKING GROUP

FINAL REPORT AND RECOMMENDATIONS

DECEMBER 9, 2010



WORKING GROUP MEMBERS

This working group came together with a firsthand knowledge of in-home service delivery. Its members have a common goal, to provide exemplary, cost-effective services to the aged and disabled residents of West Virginia. The group is comprised of professionals with a wealth of experience who recognize the pressing need to monitor the status of our in-home direct care workers along with the need to adopt a single course of study leading to a uniform certification. We thank each of them for their contributions to date and sincerely hope they will continue on as we work to see the In-home Direct Care Worker Database become a reality.

CHAIR

E. Mark Knabenshue, Executive Director, Committee for Hancock County Senior Citizens, Inc.

MEMBERS

Laura Boone, Director, West Virginia Long Term Care Partnership

Michael Dennis, Executive Director, Wood County Council on Aging

Tracy Hendershot, DC, MD, Family Practice Resident and Paul Ambrose Fellow, Joan C. Edwards School of Medicine

Tina Maher, Coordinator, West Virginia Olmstead Office, Office of Inspector General

Scott Mallery, Executive Director, Aging & Family Services of Mineral County

Ann Stottlemyer, Consultant, Former Commissioner, West Virginia Bureau of Senior Services

Dr. Brenda Wamsley, PhD, MSW, Chair, Department of Social Work, West Virginia State University

CONTRIBUTORS

Bart Chapman, Managing Director, Solid Code Solutions Corporation

ISSUE OVERVIEW

The In-home Direct Care Worker Database Working Group believes West Virginia must have a system of tracking individuals who perform duties on a daily basis related to activities of daily living in the homes of the aged and disabled. The method for completing this objective must be accomplished in a timely manner as West Virginia's aging and disabled populations continue to grow.^{1 2} Subsequently, the demand for in-home services delivered by a skilled and diverse workforce will increase as well.

The need for constructing such a tool is based on many factors such as giving employers the ability to conduct adequate research and evaluation prior to the offer of employment and enabling advocacy efforts within West Virginia by providing current information relative to our in-home direct care workforce.

Developing a base and working model warehouse for tracking in-home direct care worker background and work history information and for drawing statistical information is vital to the delivery of premier in-home services to the aged and disabled of our state. Further, housing this information in a central location will enable streamlined accessibility by appropriate personnel.

Finally, the development of such a tracking system is a crucial first step in the broader long-term project of developing a standardized curriculum and certification program for in-home direct care workers. Ideally, the centralized database would provide a means of keeping track of each in-home direct care worker and house information on work history and whether s/he has completed necessary training and possesses up-to-date certification.

¹ June 2010, Curry, Workforce Working Group, Final Report & Recommendations.

² February 2009, Edelstein, Seavey, Centers for Medicare and Medicaid Services, the Need for Long Term Care Direct Care Workforce and Recommendations for Data Collection.

IDENTIFYING DIRECT CARE WORKERS

The In-home Direct Care Worker Database would track in-home health aides and personal care aides, sometimes referred to as homemakers. These workers typically provide personal care and homemaking services to the aged and disabled. Their tasks, though basic, are vital. But, they often lack formal training and are at or near the bottom of most pay scales. Direct care workers are an essential workforce and represent one of the fastest growing professions nationwide.

Employers in West Virginia constantly deal with a high and costly turnover rate for these workers. The estimated cost of turnover is \$2,500 per incident. When asked, workers cite low wages as the primary reason for vacating a position.

Many different entities representing institutions of higher education, state government and service providers are either working on or have developed courses designed to provide some sort of certification or training program for workers. For example, Pierpont College offers a formal course of study for nursing assistants, many long-term care facilities offer in-house certifications, and the Hancock County Senior Wellness Center has partnered with West Virginia Northern Community College to develop a 43-hour Certified Direct Care Worker course with a clinical component. Other offerings include on-line courses such as aQuire. The working group believes that a single method of training and certification needs to be developed in order to provide a baseline of training prior to placing workers in the homes of our aged and disabled residents.

More than 10,000 West Virginia residents receive services through either the MR/DD or Aged & Disabled waiver programs as offered by the West Virginia Department of Health and Human Resources Bureau for Medical Services. Beyond that, senior centers throughout the state offer several different home and community-based programs as funded by the West Virginia Bureau of Senior Services, the Veterans Administration and on a private pay basis. An informal survey of West Virginia's Senior Center directors shows a client to worker ratio of 2.5:1. This ratio compares to a 1.6:1 ratio for recipients of the MR/DD Waiver only.

Many of the tasks assigned to the in-home direct care worker are, indeed, deemed menial. They include, based on a standard "7 Day Nursing Plan of Care:"

Grooming	Bathing	Toileting	Dressing
Repositioning	Transferring	Walking	Medical equipment
Meal preparation	Feeding	Housekeeping	Laundry
Dishwashing	Shopping	Bill payment	Assist with medications
Incontinent Laundry	Changing bed		

Furthermore, each county provider can share experiences regarding its in-home direct care worker who saved the life of an aged or disabled resident who may not have responded to a knock at the door. On any given day, throughout West Virginia, In-home direct care workers

place the needs of their clients above their own. Their job is demanding. Their rate of pay and benefits package is less-than-acceptable. Their training is lacking. Their rate of turnover is high. The ability to track important information related to these special individuals is non-existent.

PROJECT DEVELOPMENT

In July of 2010, the West Virginia Long Term Care Partnership (the Partnership) awarded mini-grants to four organizations, including the Hancock County Senior Wellness Center. The Hancock County Senior Wellness Center submitted a proposal to develop a method of tracking the total number of in-home direct care workers in response to the Partnership's request for projects for the topic: "Evaluate the state's current direct care workforce and make recommendations to improve recruitment and retention, as well as the development of standardized curriculum and/or certification programs.

The working group chairman began the process of contacting partners willing to serve on the committee. A listing of the working group members and contributors is on Page 2 of this report.

To date, two meetings have been held at the Marion County Senior Center located in Fairmont. The working group has identified the following items related to the development of a statewide database.

Required resources:

- 1. Internet Service Provider to provide hosting for data warehousing mechanisms.**
- 2. IT project planner to design the user interface and security for data tracking.**
- 3. Programmer for the implementation of source code related to said design. (IT project programmer and planner can be one in the same, provided they have expertise, therefore reducing costs.)**
- 4. Administrative participation to guide and steer the project to completion.**

It is more effective, both from a cost and a practicality basis that we not work to reinvent the wheel, so to speak. A database likely exists within some state agency that could be appended to begin collecting data on in-home direct care workers. Thus far, we have contacted the West Virginia Bureau of Public Health to explore the possibility of expanding the Certified Nursing Assistant database to include information relative to in-home direct care workers. As with any project of this nature, cost and maintenance is a primary concern and factor. In preliminary conversations with IT personnel at the WVBPH, there is optimism that the project can be accomplished.

Anticipated costs:

- 1. ISP hosting costs.**
 - a. Specific and relative domain name to the project to provide a scalable and universal model.**
 - b. Hosting costs. (May be purchased in monthly or annual increments.)**
- 2. Design costs.**
- 3. Source code development costs.**

Cost of the project is a factor not only in the initial construction of the database, but the ongoing maintenance and development as well. At this point, the exact cost is unknown and will depend on whether an entirely new database is needed or whether an existing database could be utilized. Meetings with members of the West Virginia Legislature are scheduled for mid January 2011 to discuss the project as a whole and explore sustainable funding sources. Scheduled attendees include Delegate Tim Ennis, D-Brooke, Vice-chair of the House of Delegates Senior Citizens Issues Committee; Delegate Randy Swartzmiller, D-Hancock, Assistant Majority Whip; and Delegate Larry Williams, D-Preston, Chair of the Senior Citizens Issues Committee. The Senior Citizens Issues Committee is keenly aware of the need for a pool of quality and skilled workers.

Stipulations and constraints:

- 1. Budgetary concerns.**
- 2. Focused, usable information gathering.**
- 3. Creating a scalable database.**
- 4. Universal data base design offering transportability and compatibility for possible statewide initiatives.**

Each of the stipulations and constraints listed provide only a glimpse of the hurdles this worthwhile project faces. They are not insurmountable so long as our partners are committed to it.

WORKING GROUP RECOMMENDATIONS

1. *Identify a state agency with the capability of housing and maintaining the In-home Direct Care Worker Database.*

The working group believes updates to the existing West Virginia Bureau of Public Health's Certified Nursing Assistant Registry is the most logical location upon which to warehouse this data. Still, the working group realizes that other state agency hosting sites must be explored as well.

2. *The West Virginia Long Term Care Partnership, West Virginia Bureau of Public Health, and West Virginia Directors of Senior & Community Services should initiate and foster relationships with members of the West Virginia Legislature to secure current and future funding for development and maintenance of the In-home Direct Care Worker Database.*

As mentioned, the House of Delegates Senior Citizens Issues Committee leadership is aware of the need to draw attention to each of the issues related in this Final Report. We, as a state, must address low pay, lack of benefits and non-uniform/statewide certification of these workers, sooner rather than later in order to allow in-home direct care work to become a respected and stable profession. State agencies dedicated to serving the aged and disabled of our beloved Mountain State must unite to accomplish this task.

3. *Develop a state-approved training and certification for all workers entering the homes of West Virginia's aged and disabled and MR/DD residents.*

A baseline, state-approved training and certification course is an obvious appendage and extension of the creation of the In-Home Direct Care Worker Database. As mentioned earlier in this report, several options already exist which could easily lead to implementation of this course. The working group suggests that key partners such as the West Virginia Community and Technical College System, West Virginia Bureau for Medical Services, the West Virginia Bureau of Senior Services, the Alzheimer's Association, the West Virginia Directors of Senior & Community Services, the Area Agencies on Aging, AARP, and other stakeholders begin working toward development and adoption of such a course. Each organization must equally share in the development and continuance of each aspect of this project.

CONCLUSION

This very important project is essential to the expansion and continuation of in-home services in West Virginia. It is the hope of the working group that its first step to address this daunting task sparks a broad-based effort to move forward. One glaring truth emerges: we cannot accomplish this goal alone. We need the backing, support and assistance of all the major aging and disability players. They include the West Virginia Bureau of Senior Services, the Office of Health Facilities Licensure & Certification, West Virginia Bureau for Medical Services, the Alzheimer's Association, AARP, the West Virginia Directors of Senior & Community Services and more. Additionally, a solid, working relationship with members of the West Virginia Legislature is critical to ensuring credibility and securing ongoing support and funding for this project.

The members of the working group are fully aware of the constraints of this major undertaking. Still, each is committed to seeing the project through to fruition. December 2010 technically marks the official end of the grant period. Yet, each member has agreed to continue working on this vital project. The aged and disabled residents of West Virginia deserve a skilled, approved workforce. Further, those employing these individuals require a tool with which to ensure qualified candidates are placed in the homes of their aged and disabled clients.