



PROPOSAL: ONLINE TRAINING FOR HOME HEALTH AIDES AND PERSONAL CARE AIDES

Contacts:

Andrew Koski
Home Care Association of New York State, Inc.
Vice President for Program Policy and Services
akoski@hcanys.org
518-810-0662

Kevin Kerwin
New York State Association of Health Care Providers
Vice President of Public Policy
kerwin@nyshcp.org
518.463.1118, ext. 806

Margaret Everett
LeadingAge New York
Policy Analyst
meverett@leadingageny.org
518 929-9342



PROPOSAL:

Online Training for Home Health Aides and Personal Care Aides

The Home Care Association of New York State, the New York State Association of Health Care Providers and Leading Age New York (the Associations) jointly submit this proposal to the Department of Health (DOH) to allow for home health aide and personal care aide initial training to be accomplished through a hybrid approach of virtual instruction supplemented with in person instruction with appropriate verification and in-person evaluation of skills. Prior to the onset of the COVID-19 crisis, the home care industry faced significant challenges with respect to aide recruitment and retention. Recent turnover rates in the industry were reported at all-time highs of more than 60%. The COVID-19 pandemic has amplified the workforce challenges and severely limited the ability of providers to recruit and provide in-person training. In response to these challenges, the Associations have convened provider workgroups, comprised of providers that operate training programs, to develop the following proposal. We feel this proposal adequately addresses all criteria identified by the Department to ensure that trainees are provided complete training, testing and competency evaluations and ensures an adequately trained and sufficient workforce to provide home care services during the pandemic and in the future.

The Associations respectfully urge the Department's adoption of this proposal, both now during the pandemic and permanently once the pandemic resolves, to alleviate long-standing recruitment and retention challenges experienced by the industry and those that have more acutely manifested as a result of the COVID-19 crisis.

COVID-19

In March 2020 with the onset of the global pandemic, the ability to train home health aides and personal care aides came to an abrupt halt. With the current restrictions on space and social distancing requirements, the ability to train aides in the traditional classroom setting has become difficult if not impossible for providers, especially in, but not limited to, the downstate metropolitan area of New York. Moving forward, until such time as the pandemic crisis is over, adherence to space limitations and social distancing requirements will continue to adversely impact the ability to train personal care and home health aides.

According to providers who have home health aide training programs, these restrictions allow for only 1/3 of capacity in their current classroom settings. Current class requirements as set forth in the Training Program guide limit class sizes to 20 students. However, adhering to the restrictions and functioning at 1/3 of capacity, equates to approximately 7 students per class. This is neither a cost-effective, nor efficient way to conduct training. Additionally, there are not an adequate number of clinical nurse educators to provide training to the number of classes that are needed to maintain previous trainee numbers. For example, one large provider in New



York City historically trains approximately 2,240 students per year. Of those, approximately 1,550 complete training annually.

Providers have not been able to conduct home health aide training programs since early March 2020. Four months of training has been lost and restrictions continue to adversely affect the ability of training programs to resume training activity. The workforce implications of the restrictions are apparent. Programs statewide have now lost nearly ½ year of student training. When and if the training resumes under the current restrictions they will operate at 1/3 capacity. As a result, approximately 500 individuals may be trained in 2020 by the provider that has historically trained 1,550 aides annually. This has long term negative effects on the ability of home health providers to provide home health and aide services and personal care services to the medically frail citizens of New York at a time during the pandemic when the availability of these services are most needed.

BACKGROUND

The Guide to the Operation of a Home Health Aide Training Program clarifies for home health providers the training requirements and the process and procedures for Department of Health approval of home health aide training programs (HHATP). The training and evaluation requirements and approval process set forth in the guide are consistent with Part 484 of Title 42 of the Code of Federal Regulations (42 CFR) and Section 700.2 of Title 10 of the New York Code, Rules and Regulations (10 NYCRR).

To provide home health aide services in New York State, a person must successfully complete a training and competency evaluation program or competency evaluation program only conducted by an approved HHATP and be issued a certificate of completion. A home health aide training program must include classroom and supervised practical training. The aide trainee must receive a minimum of 75 hours of training which includes a minimum of 59 hours didactic instruction and 16 hours of supervised practical training. Required testing and competency evaluation are not included in the 75 hours.

Similar requirements pertain to the personal care aide training programs which consist of 40 hours of training with competency evaluation.

ONLINE TRAINING

We propose that the delivery of training for both personal care aides and home health aides through online mechanisms be immediately approved by the Department for those training programs currently approved to operate home health aide or personal care aide training programs. Online training is a cost-effective model that provides an efficient mechanism for candidates to be trained and enter the workforce. Without incorporating modern, cost effective, flexible models of training, these valuable training programs are compromised and

new aide candidates left without a means of entry into the market. Online training provides a mechanism to maintain compliance with rules regarding social distancing in the current environment while at the same time decreasing costs. Currently, training of home health aides and personal care aides is not adequately funded through the Medicaid system. On-line training has proven to be very effective for in-service training and we contend the same would be true for on-line delivery of training for both personal care and home health aides during the pandemic and into the future.

It is our understanding that the State Education Department has approved, and CUNY has developed and delivered online training for home health aides with PHI through a grant with the New York City Department of Small Business Services.

The Associations' workgroups have developed and propose the following recommendations:

Technology and Methods

- Training program courses will be made available through Learning Management Systems. A learning management system (LMS) is a software application for the administration, documentation, tracking, reporting, automation and remote delivery of educational courses, training programs, or learning and development programs. The LMS have secure testing procedures as part of their programming.
- Students will have the option to enroll in a training program in person with requisite documentation or through on-line mechanisms currently available through application-based technologies. There are several technology providers in the home care space that provide an array of applications for several day to day functions for providers. These include human resource management functions, time keeping functions, OMIG compliance functions, EVV functions, and in-service training functions, among others.
- Most home care agencies have access to and utilize an LMS either through their individual agency or through participation with one of the statewide Workforce Incentive Organizations (WIO).
- Only existing training programs will deliver the requisite approved training. Individual training programs will continue to be required to meet all standards and requirements of their approval to conduct personal care and home health aide training.

- The training curriculum utilized for online training will be consistent with the approved curriculum previously approved by DOH. The only difference will be in the delivery method of the curriculum from an in-person to a virtual delivery of content.
- Policies and procedures will be developed and maintained that addresses all components of online training.

Access to Equipment Needed for Training and Experience and Capacity of Students to Access Technology

- Candidates will be assessed prior to acceptance in a program to determine access to equipment needed to successfully take and complete all required coursework online. Provisions for students will be made to make available needed equipment and technology through arrangements with WIOs if a relationship exists with the agency training program and the WIO. (e.g. Iroquois or Selfhelp). Otherwise, smart phone technology supplemented with in-person instruction or access to technology located at agencies will be provided.
- All necessary equipment to conduct the competency and practical training will be provided and available at currently approved sites. Each student will have access to a laboratory as required to complete all required training.
- The workgroups recognized that a hybrid approach of both on-line and in person instruction would be necessary to accommodate the needs of the programs and the students. As such, if students do not have access to or struggle with technology, in-person options will still be available.

Ability to Interact with Instructors, Ask Questions and Obtain Feedback

- All didactic (i.e. classroom areas of curriculum) will be made available through virtual means.
 - for home health aide training: 59 hours to be delivered online
 - for personal care curriculum: 40 hours will be delivered online with provisions for in person assessment and evaluation of competency
- Learning Management Systems and other online educational programming will be used to provide for both live in person interaction with instructors, as well as mechanisms which allow for virtual communication with instructors to allow for

questions and answers to be provided. Instructors will be available “live online” throughout the entire training and be available for questions through an on-line interactive process commonly utilized through online training programs such as Go To Webinar and other commonly used online training products. The ability to interact and provide feedback will be maintained for the instructors and students.

Number of Students per Class

- Student teacher ratios will be maintained and consistent with those policies currently in place for both the didactic and the supervised practical training (SPT) portions of the training. Class size will remain at no more than the current standard of 20:1 student/teacher ratio for classroom didactic and 10:1 student/teacher ratio for skills.

Skill Training, Method and Site for Instruction

- Supervised practical training, which comprises 16 hours of the home health aide training requirements, will require in person instruction and will be provided in a patient care setting when available or in a patient care laboratory (skills lab).
 - With social distancing precautions in place, instruction will be accomplished through a staggered approach adhering to space and distancing requirements to individually teach, assess and evaluate each student in the class. This approach may require a smaller than average teacher to student ratio. Once the pandemic resolves, instruction would be accomplished as is currently the approach.
- For personal care aide competencies, the competencies may be evaluated through an approach using Zoom which will allow for a return demonstration using family member or friend as a proxy for a real patient. A final competency evaluation will be performed in person. Using Zoom and other virtual products that are HIPAA protected may be utilized when appropriate and will provide the instructor and the student with in-person live feedback. If the assessor determines the skills do not meet the expectation of the instructor or the matrix developed to successfully meet competency, the student will be required to perform an in-person assessment and evaluation of skills.

Instructor Willingness

- Instructors currently approved by DOH for aide training programs will be allowed to conduct online training. This proposal will not change the current instructor approval process.
- All home care registry requirements will be adhered to.
- The training site for online training purposes in the registry will be the site location of the home care agency where the instructor is conducting the training online.

Instructional Materials, including Textbook

- Approved textbooks in the approved foreign languages will be made available to students without charge.
 - Training materials will be made available in those languages that have been approved by the Department for the program conducting the training.
 - Training materials will be made available electronically as feasible.

Languages for Instruction

- There will be no changes with respect to languages for instruction. Existing protocols and standards consistent with foreign language and approved languages for individual programs will be followed.

Testing and Competencies

- Testing will continue to be comprised from a test bank of questions and will be secure. Test takers will be authenticated through various e-learning testing capabilities used throughout the educational system and LMS to date. Testing of modules will follow the same protocols as currently outlined and described in each of the approved training programs. Test questions will be rotated as required in the current guidelines.
- Evaluation of competency for both home health aides and personal care aides will be in-person. Competency will be measured using a standard of 80% as currently required for both programs. Any student requiring additional in person instruction based on the competency in-person evaluations will be provided such if the student is willing to



participate in the remediation necessary to successfully complete requirements of the aide training program.

Evaluation of the Program

- The evaluation of the training program should be consistent whether provided by remote means or in person. As such, we recommend that the metrics for evaluation of the program used by the Department remain unchanged.

Process for Approval

- The Associations strongly recommend that the process for approval for online training be streamlined for providers that currently have training programs. Providers of existing approved training programs should be permitted to develop policies and procedures consistent with the criteria established for remote training and attest that they have incorporated such into their online programming. Monitoring of the programs by the Department can be accomplished through their regular surveillance protocols. This approach will ensure a facilitated and efficient implementation of online training for this much needed workforce.