



SB 1534 TRAINING WORKGROUP RECOMMENDATIONS

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Senate Bill 1534 Training Workgroup Recommendations

Background

Senate Bill 1534 passed during the 2018 Legislative Session and directs the Department of Human Services to adopt by rule minimum training and testing standards for homecare and personal support workers.

Other than suggested training topics, the bill is silent on the amount, frequency, and duration of training and testing, as well as the consequences for homecare or personal support workers for not meeting training and testing requirements. As a result, there is a lot of flexibility in terms of creation and administration of the program.

In July of 2018, the SB 1534 Training Workgroup convened to make training and testing recommendations to the SB 1534 Steering Committee.

SB 1534 Training Workgroup

The workgroup held two four-hour planning sessions, three subgroups, and additional follow-up meetings to discuss recommendations. The workgroup consisted of stakeholders and partners representing the home care workforce, older adults and people with disabilities, individuals with intellectual or developmental disabilities, individuals experiencing mental illness, and the APD and ODDS field structure. Regardless of a group's level of participation, meeting notes were sent to everyone and feedback was welcomed.

Workgroup membership included:

AARP	APD Policy	APD Provider Relations
Benton Co. CDDP	Clackamas Co. APD	Clackamas Co. CDDP
Community Access Services	Community Pathways	Creating Opportunities
DD/MH Committee	Disability Rights Oregon	Douglas Co. APD
Governor's Commission on Senior Services	Health Systems Division	LeadingAge Oregon

NWSDS Advisory	Oregon Council on Developmental Disabilities	Oregon Health Care Association
Oregon Home Care Commission Commissioners	Oregon Home Care Commission staff	Oregon Support Services Association
SAIF	SEIU	

Recommendation: Mandatory Training Topics

1. Use general training topics listed in SB 1534 for Oregon Administrative Rules:

Safety and emergency measures	Understanding requirements for providers paid with Medicaid funds	Providing person-centered care
Understanding how to support the physical and emotional needs of the individual receiving services	Managing medications	Providing personal care and assistance with activities of daily living

2. Under the six general training topics listed in SB 1534, develop core training curriculum that includes:

In-depth safety topics (Fatal four; wounds; universal precautions; personal care; end of life care)	Professional boundaries	Communication
Medication safety	Person-centered philosophy	Preventing fraud and abuse
Emergency response	Community inclusion	Helping consumers meet personal goals
Consumer rights	Introduction to LifeCourse framework	Behavioral supports
Information specific to relative providers		

Refer to Appendix A

3. Incorporate key concepts into the core training curriculum. Refer to Appendix B.

4. Include the following topics in mandatory orientation:

Mandatory reporting	Preventing abuse and neglect	HCW/PSW roles and responsibilities
Preventing Medicaid fraud	Program core beliefs and values	Policies and rules
SEIU presentation	Progress notes	Incident reports and communication (how to have conversations with your employer)
Confidentiality	Safety (universal precautions and infection control)	Next steps (mandatory training)

5. Include the following resources and handouts during orientations:

Whom to call and when	HCW/PSW benefits	Payment information (vouchers/timesheets; hour caps; travel time; using eXPRS)
Glossary of terms	SEIU quick reference guide	Where to get a food handler's card
Documents that govern the work HCWs/PSWs do (task lists; service agreements; etc.)	How to obtain gloves and masks	Overview of the Registry

6. The majority opinion is to have combined orientation for HCWs and PSWs.

Recommendation: Assessments

The objective of assessments is to have a well-qualified workforce that is able to demonstrate the core competencies defined in the training curriculum.

1. Use the term assessment in place of testing.

2. Define mastery as achieving learning objective based on competencies.
3. Assessments are required for core training. The number of assessments required will be determined after the curriculum is created.
4. Create assessments based on CMS Direct Service Workforce Core Competencies. All competencies carry equal weight.
(<https://www.medicaid.gov/medicaid/ltss/workforce/index.html>)

Communication	Person-centered practices	Evaluation and observation
Crisis prevention and intervention	Safety	Professionalism and ethics
Empowerment and advocacy	Health and wellness	Community living skills and supports
Community inclusion and networking	Cultural competency	Education, training, and self-development

5. Create assessments that focus on problem solving and applying what the individual has learned to specific scenarios. Defer to an expert on how to accomplish this or recommend other options that evaluate competency.
6. Instead of a pass/fail concept, different levels of mastery could be acceptable based on the subject matter or competency.
7. If skill demonstration is identified as valuable and feasible within available resources, consider it as an addition to specific trainings.
8. Assessments for continuing education trainings are not required unless the specific training already incorporates it into the curriculum.
9. Assessments are not required for orientation.
10. Defer to industry standards and experts to determine how many times an individual can retake an assessment before being required to retake the training or training module.

11. Require workers with OHCC certifications to take a refresher orientation, but do not require them to complete core training and continuing education under SB 1534 training requirements. They must continue to meet the requirements for their specific certification.

Recommendation: Consequences of not meeting training or testing requirements

1. Form a workgroup specifically for this issue and defer to policy and provider enrollment subject matter experts for recommendations.

Recommendation: Data evaluation

1. Establish and evaluate data to inform future decision making related to:

Training outcomes	Workers' level of understanding	Effectiveness of training
Effectiveness of assessments	Progress over time	

Consensus not reached

The workgroup was not able to reach consensus on whether to allow individuals to test out of core training. Compelling arguments were made on both sides of the issue, but the workgroup continued to be divided.

In support of no testing out	In support of testing out
SB 1534 specifically mentions testing workers on their mastery of the skills and knowledge acquired through training.	If someone is able to demonstrate competency, they should be able to test out of core training.
There is a strong consensus from the I/DD community that there should not be an option to test out. There is value in refresher trainings and learning new things. Consumer-advocates have shared that long-term workers may need training the most. It's important to consider what the individual being supported wants.	It's a burden to ask workers to go through training if they already have the skills, knowledge, and abilities.

Having a professionalized workforce with shared training establishes a standard.	Orientation is required for everyone and does include topics covered in core training.
Core training includes critical information for workers and is an opportunity to present new information.	Some workers have been doing this work for many years, others may have medical licensure, and others may be parents and should have the opportunity to test out of core training.
Testing out is not allowed for other professions.	Continuing education is still required even if someone has the option to test out of core training.
It is better to “over-train” the workforce since training has never been mandatory, except for orientation.	The burden of training is intense given the number of workers in the current workforce.
Testing out isn’t consistent with direct services, especially since workers will be alone with people in their homes.	Parent providers will push back on testing and training requirements since they are experts on caring for their children.
People may pass the test without knowing the information by randomly selecting answers.	It’s a “big lift” for the entire workforce to receive 12 hours of training.
It’s burdensome to establish a testing out process and the resources could instead be used for training.	Some topics are easier to demonstrate competency, such as universal precautions or medication safety. Allow people to test out of those topics, but require mandatory training for other areas, such as person-centered services, self-determination, and community inclusion.
Testing accessibility may be an issue for testing out of core training.	Long time workers of consumers should have the option of testing out.
Parent providers are experts at being a parent, but being a PSW is a completely different role.	There is a fear of designing a system that is too complicated.
Workers should always come in as learners, even if they have worked	The term “testing out” is misleading. It isn’t testing out of

for someone for 20 years. Everyone needs classes and it should be a basic requirement for everyone.	demonstrating competency or a certain skill set.
	There are always exceptions for testing out for other professions.

Appendix A – Comparison between SB 1534 topics and workgroup recommendations

The specific training topics identified by the workgroup for orientation and core training are compatible with the topics listed in SB 1534.

SB 1534 Topics	Covered in orientation	Covered in core training
Safety & emergency measures	X	X
Understanding requirements for providers paid with Medicaid funds	X	X
Providing person centered care	X	X
Understanding how to support the physical & emotional needs of the individual who is receiving care	X	X
Managing medications		X
Providing personal care and assistance with activities of daily living	X	X

SB 1534	Orientation	Core training
Safety & emergency measures	<ul style="list-style-type: none"> • Preventing abuse and neglect • Mandatory reporting • Reporting incidents & communicating with consumers • Universal precautions • Infection control • Confidentiality 	In-depth safety topics: <ul style="list-style-type: none"> • Fatal four • Wound care • Personal care • End of life care • Universal precautions • Medication safety

		<ul style="list-style-type: none"> • Preventing fraud and abuse • Emergency response
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SB 1534	Orientation	Core training
Understanding requirements for providers paid with Medicaid funds	<ul style="list-style-type: none"> • Mandatory reporting • Roles and responsibilities • Preventing fraud and abuse • Policies and procedures related to work • Progress notes • Incident reports • Confidentiality <p>Resources</p> <ul style="list-style-type: none"> • Whom to call and when (quick reference guide) • Worker benefits • Payment information and policies • Documents that govern the work • How to obtain gloves and masks • Overview of the Registry • Glossary of terms 	In-depth information about preventing fraud and abuse

SB 1534	Orientation	Core training
Providing person centered care	<ul style="list-style-type: none"> • Program core beliefs and values • Worker roles and responsibilities 	<ul style="list-style-type: none"> • Boundaries • Communication • Person-centered philosophy

	<ul style="list-style-type: none"> • Progress supports for PSWs 	<ul style="list-style-type: none"> • Community inclusion and helping people live a good life • Helping consumers meet their personal goals • Consumer rights • Introduction to LifeCourse framework • Behavioral supports
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SB 1534	Orientation	Core training
Understanding how to support the physical & emotional needs of the individual who is receiving care	<ul style="list-style-type: none"> • Program core beliefs and values • Progress reports for PSWs 	<ul style="list-style-type: none"> • In-depth safety topics • Boundaries • Communication • Person-centered philosophy • Community inclusion • Helping consumers meet their personal goals • Consumer rights • Introduction to LifeCourse framework • Behavioral supports

SB 1534	Orientation	Core training
Managing medications	Policies and rules related to the work they do (e.g. nurse delegation)	Medication safety

SB 1534	Orientation	Core training
Providing personal care and assistance with ADLs	Resource: Documents that govern the work they do (task lists; service agreements)	<ul style="list-style-type: none"> • In-depth safety topics

		<ul style="list-style-type: none">• Person-centered philosophy
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Appendix B – Curriculum Key Concepts

Person-centered philosophy/Helping consumers meet personal goals

<p>1. People are the experts on their own services and should be supported using the principles of Self-Determination. Self Determination means a philosophy and process by which individuals are empowered to gain control over the selection of services and supports that meet their needs. Principles include:</p> <ul style="list-style-type: none">• Freedom: To decide how one wants to live their lives;• Authority (or control): Over a targeted amount of dollars;• Support: To organize resources in a way that are life enhancing and meaningful to the individual;• Responsibility: For the wise use of public dollars and recognition of the contribution individuals with disabilities can make in their communities;• Confirmation: Of the important role that self-advocates must plan in a newly redesigned system.
<p>2. Workers’ role is not to make decisions for an individual, but to provide support to the individual to make their own choices and pursue their goals. Workers’ role is not to place restrictions or discipline the person they are supporting. It’s not “if” they can do something, it’s “how” and “when.”</p>
<p>3. Communicate verbally and non-verbally in a way that is encouraging, non-judgmental, honest, and using the individual’s preferred communication style.</p>
<p>4. It is important to understand, recognize, and honor differences (culture, race, religion, age, etc.).</p>
<p>5. Individuals have the right to make mistakes and learn from those mistakes.</p>
<p>6. Individuals decide how and when their supports are provided based on their preferences, goals, and needs.</p>
<p>7. IDD services are based on the goals and aspirations of the person in services, and as such, they are about building skills and capability.</p>

8. Do not “do for” people who have goals to learn to do it for themselves. Most times, a PSW will be asked to move beyond supervision to support skill acquisition.

Notes: While providing person-centered services and supports, workers must follow the task list or service provider agreement and maintain professional boundaries. **References:** OAR 411-317-0000(179) and ORS 427.101(8). Information about self-determination can be found at: <http://www.self-determination.com/index.php/self-determination>

Community inclusion

1. Workers must have the ability to adapt interaction as needed and modify activities so an individual can participate in an activity in a way the individual desires.

2. Recognize an individual has the right to access any part of their community they choose, just like anyone in the community (work; attend school; participate in activities, etc.).

Individual/Consumer rights

1. Individuals have the right to privacy, dignity, respect, and freedom from coercion and restraint.

2. Individuals have the right to individual initiative, autonomy, self-direction, and independence in making life choices.

3. Individuals have the right to choose services and supports and who provides the services and supports.

4. Individuals have the right to drive their person-centered service planning process.

5. Individuals have the right to achieve optimum physical, mental, and social well-being and independence.

6. Individuals have the right to seek employment and work in competitive integrated employment settings; engage in greater community life; control personal resources; and receive services in the greater community.

7. Individuals have the right to be free from abuse or neglect and to report any incident of abuse or neglect without being subject to retaliation.

8. Individuals have the right to be free from seclusion, unauthorized training or treatment, and personal, chemical, and mechanical restraints.

<p>9. Individuals have the right to be assured that medication is administered only for the clinical needs of the individual as indicated by a health care provider.</p>
<p>10. Individuals have the right to individual choice for an adult to consent to or refuse treatment unless incapable and then an alternative decision maker must be allowed to consent to or refuse treatment for the adult. For a child, the parent or guardian of the child must be allowed to consent to or refuse treatment.</p>
<p>11. An individual has the right to informed, voluntary, written consent prior to receiving services, except in a medical emergency or as otherwise permitted by law.</p>
<p>12. Individuals have the right to informed, voluntary, written consent prior to participating in any experimental programs.</p>
<p>13. Individuals have the right to a humane service environment that affords reasonable privacy and the ability to engage in private communications with people chosen by the individual through personal visits, mail, telephone, or electronic means.</p>
<p>14. Individuals have the right to visit with legal and designated representatives, family members, friends, advocates, legal and medical professionals, and others chosen by the individual, except where prohibited by court order.</p>
<p>15. Individuals have the right to participate regularly in the community and use community resources, including recreation, developmental disability services, employment services, school, educational opportunities, and health care resources.</p>
<p>16. For individuals less than 21 years of age, they have the right to access to a free and appropriate public education, including a procedure for school attendance or refusal to attend.</p>
<p>17. Individuals have the right not be required to perform labor, except personal housekeeping duties, without reasonable and lawful compensation.</p>
<p>18. Individuals have the right to manage his or her own money and financial affairs unless the right has been taken away by court order or other legal procedures.</p>
<p>19. Individuals have the right to keep and use personal property and have a reasonable amount of personal storage space.</p>
<p>20. Individuals have the right to food, housing, clothing, medical and health care, support services and training.</p>
<p>21. Individuals have the right to seek a meaningful life by choosing from available services and enjoying the benefits of community involvement</p>

and community integration in a manner that is most integrated, considering the preferences and age of the individual.
22. Individuals have the right to an individualized written plan for services created through a person-centered planning process, services based upon the plan, and periodic review and reassessment of service needs.
23. Individuals have the right to ongoing participation in the planning of services, including the right to participate in the development and periodic revision of the plan for services, the right to be provided with an explanation of all service considerations in a manner that ensures meaningful individual participation, and the right to invite others chosen by the individual to participate in the plan for services.
24. Individuals have the right to request a change in the plan for services and a reassessment of service needs.
25. Individuals have the right to a timely decision upon request for a change in the plan for services and a reassessment of service needs.
26. Individuals have the right not to be involuntarily terminated or transferred from services without prior notice, notification of available sources of necessary continued services, and exercise of a complaint procedure.
27. Individuals have the right to advance written notice of any action that terminates, suspends, reduces, or denies a service or request for service, notification of available sources of necessary continued services, and a hearing to challenge an action that terminates, suspends, reduces, or denies a service or request a service.
28. Individuals have the right to be informed at the start of services and annually thereafter of the rights guaranteed by this rule, the contact information for the protection and advocacy system described in ORS 192.517(1), and the procedures for filing complaints, reviews, hearings, or appeals if services have been or are proposed to be terminated, suspended, reduced, or denied.
29. Individuals have the right to be encouraged and assisted in exercising all legal, civil, and human rights.
30. Individuals have the right to exercise all rights set forth in ORS 426.385 and 427.031 if the individual is committed to the Department.
31. Individuals have the right to be informed of and have the opportunity to assert complaints as described in OAR 411-318-0015 with respect to infringement of the rights described in this rule, including the right to have such complaints considered in a fair, timely, and impartial complaint procedure without any form of retaliation or punishment.

32. Individuals have freedom to exercise all rights described in this rule without any form of reprisal or punishment.

33. Individuals have the right to be informed that a family member has contacted the Department to determine the location of the individual, and to be informed of the name and contact information of the family member, if known, as provided under ORS 430.212 and OAR 411-320-0090.

References: OAR chapter 411, division 4; OAR chapter 411, division 318; ORS 427.107 (a) through (q).

LifeCourse framework

1. All people have the right to live, love, work, play and pursue life aspirations in their community.

2. Families have access to and choices about the supports they need (awareness).

3. People with disabilities have skills, dreams, and feelings like everyone else and belong with their families. A person's family is defined by them.

4. It's important to help people have positive, healthy experiences, adequate support, and ample opportunity to learn and make mistakes so they can have better outcomes later in life.

5. It's important to have a vision for a good life, and have opportunities, experiences, and supports to move the life trajectory in a positive direction.

6. There is more to supporting people with disabilities than just health and safety, which has been the main focus of services and supports. The conversations need to change to talk about life outcomes – are they going to have a job? Who will love them? Who is going to be there for them when I can't?

7. People lead whole lives made up of specific, connected, and integrated life domains that are important to a good quality of life.

8. Supports address all facets of life and adjust as roles and needs of all family members change.

9. Individuals and families access an array of integrated supports to achieve the envisioned good life.

10. Individuals and families are truly involved in policy making, so that they influence planning, policy, implementation, evaluation and revision of the practices that affect them.

Reference: www.lifecoursetools.com

Program core beliefs and values

<p>1. APD Mission Statement: The Department of Human Services Aging and People with Disabilities program assists seniors and people with disabilities of all ages to achieve well-being through opportunities with community living, employment, family support and services that promote independence, choice, and dignity.</p>
<p>2. APD Vision: Oregon’s older adults, people with disabilities and their families have easy access to services, supports and early interventions that help maintain independence, wellbeing, honor choice, respect cultural preferences and uphold dignity.</p>
<p>3. APD Goals: Safety (older adults and people with disabilities feels safe and are in control of their lives), accessibility (Oregonians can easily access services and supports to meet their needs), equity (services and supports are delivered through a lens of service equity and are person centered), innovation (programs are innovative, preventative and high-quality), collaboration (nationally recognized system designed through broad collaboration and engagement of staff, consumers and stakeholders).</p>
<p>4. ODDS Mission Statement: Our developmental disabilities community comes together to provide services, supports, and advocacy to empower Oregonians with intellectual and developmental disabilities to live full lives in their communities.</p>
<p>5. ODDS Vision Statement: People and families access quality supports that are simple to use, responsive to their strengths, needs, and choices while they live and thrive as valued members of their community.</p>
<p>6. ODDS values: We fulfill our mission and carry out our responsibilities adhering to the following values:</p> <ul style="list-style-type: none">• Choice, self-determination and person-centered practices• Children and families together• Health, safety, and respect• Community inclusion and community living• Strong relationships• Service equity and access
<p>7. DHS Mission: Help Oregonians in their own communities achieve safety, wellbeing, and independence through services that protect, empower, respect choice, and preserve dignity.</p>

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| 8. People are capable of making decisions about their own lives including care, treatments, how to manage money, and where to live. |
| 9. Promote independence with compassion and empower people to make choices. |
| 10. The work homecare and personal support worker do is important on how it effects the rest of the state (investing in people, helping people stay as safe and independent at home and in their communities, etc.) If it wasn't for the work they do, individuals would be in facilities or be isolated at home without the support and services they may need. |
| 11. To empower means to encourage and support the ability of someone to do something. It's helping make someone stronger and more confident, especially in controlling their life and claiming their rights. |

Homecare and personal support worker roles and responsibilities

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| 1. Workers need to be flexible because of constant changes in rules, regulations, policies, procedures, and systems (things change overnight). |
| 2. Understand the need, benefits, and value of on-going training. |
| 3. Responsible to understand and follow the Provider Enrollment Agreement/Provider Enrollment Application and Agreement. |
| 4. Understand the importance and necessity of following the Task List. |
| 5. Have the ability to perform authorized services, as directed by the employer. |
| 6. Understand the important and necessity of following the Service Agreement. |
| 7. Read the HCW Guide and sign the HCW Guide Acknowledgement Form. |
| 8. Comply with all program rules. |
| 9. Understand what to do in an emergency (who to contact and when). |
| 10. Understand the employer/employee relationship. |

11. Respect that the individual receiving services and supports is the homecare or personal support worker's employer and directs authorized services and supports.
12. Understand who to contact regarding different issues (consumer safety; emergencies; payment issues; benefits, etc.) – consult subject matter experts.
13. How to work with family members who are interfering with the independence and choices of the consumer (understanding family dynamics and how to navigate – when to contact the case management entity; following agreed upon services while respecting family dynamics).
14. Family members understanding their roles as Medicaid providers (family member role versus paid provider role).
15. How to work as a team with other professionals, as directed by the employer (others providing services and supports).
16. Understand and maintain confidentiality (includes employer and family members).
17. Understand their role as a mandatory reporter.
18. How to recognize, prevent, and respond to undue influence that negatively impacts individuals receiving services and supports.
19. Professionalism – (good boundaries; respectful communication; integrity; honesty; good hygiene/grooming; reliable; providing person-centered services and supports; able to take direction; make good decisions)

Note: Curriculum developer must meet with subject matter experts from APD, ODDS, and HSD.