

Project Abstract

Project Title: Developing Ohio's Home Care Curriculum and Assessment
Applicant Organization Name: Ohio Department of Job and Family Services
Project Director: Michael Wilson, R.N.
Under the Direction of: Erika Robbins, MFP Program Director
Address: 50 W. Town Street, 5th Floor, Columbus, Ohio 43215
Project Director Phone/Fax Number: 614-466-6742/614-466-6945
E-Mail Address: erika.robbins@jfs.ohio.gov
Organizational Website Address: <http://jfs.ohio.gov/>

Program Description

Federal investment is needed to implement a state-wide curriculum and assessment demonstration for Ohio's home care workforce. The demonstration will provide a foundation for a statewide, credit bearing home care curriculum that can be used to validate on-going investment of state and local funds to ensure home care workers across sectors of long-term care have access to continuing education programs, support services and career pathways in health and human services.

Communities Served

The program will include Ohio urban, suburban, and rural (Appalachian) areas to include home care workers across disability sectors. Ohio will target home care workers currently providing service and Ohioans entering the home care workforce due to unemployment and career change.

Use of Grant Funds

PHCAST grant funds will support the development of a statewide home care aide curriculum and assessment demonstration. The grant activities will be implemented in partnership with The Ohio State University (OSU) Colleges of Medicine and Education, the OSU Center for Education and Training for Employment (CETE), PHI International and the agencies and stakeholders listed below. The PHCAST program is a component of a larger statewide strategy to develop the long-term care component of Ohio's Health and Human Service Career Lattice for home care workers through a subgrant of the Money Follows the Person Demonstration Grant (CFDA 93.791). Ohio's Health and Human Service Lattice is a tool to help health and human service workers become aware of the opportunities that exist within Ohio's health and human service shortage areas.

Partner Agencies and system stakeholders (e.g. consumers, home care workers, employers, training providers, University System of Ohio) will include, but not be limited to:

- *Ohio Department of Aging
- *Ohio Board of Regents
- *Ohio Department of Education
- *Ohio Dept. of Developmental Disabilities
- *Entities Legislatively Responsible for Health Curricula (e.g., the Ohio Board of Nursing)
- *Ohio Dept. of Health
- *Ohio Dept. of Mental Health
- *Executive Medicaid Mgmt. Admin.
- *Ohio Dept. of Alcohol & Drug Addiction

Program Narrative

Introduction

Federal investment is needed to implement a state-wide curriculum and assessment demonstration for Ohio's home care workforce. The demonstration will provide evidence that can be used to validate on-going investment of state and local funds to ensure home care workers across sectors of long-term services and supports have access to continuing education programs, support services and career pathways in health and human services.

This curriculum will be attached to, the long-term services and supports component of Ohio's Health and Human Service Career Lattice; a state-wide education and credentialing system for Ohio's direct service workforce. (Note: The *direct service workforce* includes home care aides, nurse aides, and direct support professionals.) The development of Ohio's Health and Human Service Lattice has been informed by recommendations for improving and expanding the skills and preparedness of the long-term services and supports workforce put forth by the U.S. Department of Labor, Council for Apprenticeship and Experiential Learning, and the Institute of Medicine (IOM) report, *Retooling for an Aging America: Building the Healthcare Workforce*.

The long-term services and supports component of Ohio's Health and Human Service Lattice is a credit-bearing, modular education and credentialing system for direct service workers across long-term care settings, including home care. Consumers within Ohio's long-term service and support system are very diverse in need, and the competencies required to provide their care are equally varied. To acknowledge these variances, the Long-Term Services and Supports portion of the Health and Human Service Lattice will be divided into modules. Ohio's home care agencies and stakeholders will identify a "core" set of competencies (Figure 3) that are required without regard to setting or sector. This foundational skill set provides a unifying thread through system silos, while also allowing us to acknowledge the valuable differences between settings and sectors through "specializations" (Figure 4).

The specialized education and training provided in this system will create opportunities for home care workers to improve the craft of providing quality care and a quality life for Ohioans in need of long term services and supports. And, for those who choose, opportunities will be available to develop the knowledge, skills and abilities needed to transition into the regional high-demand health and human service occupations.

The stackable 'Core + Specialization' certificates will create a highly portable credentialing system that develops linkages between entry and advanced skills, thereby increasing opportunities for individuals to advance their careers (See Ohio's Stackable Certificates at http://www.communityresearchpartners.org/uploads/publications/Ohio_Stackable_Certificates_Models_for_Success.pdf). The many options for career development and advancement – across professions (becoming more specialized) as well as upward – illustrate the reality that careers do not always follow straight lines. Creating clear pathways also encourages advancement to Ohio's health and human service shortage areas by informing secondary and postsecondary students, and health

and human service workers when they are at decision points in their career progression. The innovative system approach aligns with recommendations and best practices put forth by the U.S. Department of Labor, Council for Apprenticeship and Experiential Learning, and the Institute of Medicine (IOM) report, *Retooling for an Aging America: Building the Healthcare Workforce*.

The first Long-Term Services and Supports module in the Lattice (level one) will provide core training. Development of this module is expected to begin in the fall of 2010 through a Money Follows the Person (CFDA#93.791) subgrant to The Ohio State University (see appendix A for a snapshot of the subgrant). Level two modules will incorporate setting specific competencies (i.e. home and community- based services, facility based services, etc.). We propose to use funding through this PHCAST grant opportunity to fund the development of the home care curriculum and assessment found in the level two Long-Term Services and Supports modules. (See Figure 4)

Levels three and four modules will be provided as continuing education for home care workers. Level three will encompass the broad based competencies needed to provide long-term service and supports to various population groups. Level four modules will include advanced competencies needed to provide quality care to individuals with increasingly complex needs.

Needs Assessment

Ohio's home care workforce is emerging as a component of the state's overall efforts to implement long-term service and support system reform and improve access to long-term services and supports. Given overall health workforce shortages statewide, changing demographics that will place greater demand on the health delivery system, and a growing desire by Ohioans to receive services and supports in the home and community, it is reasonable to state that the issues facing home care workers and individuals seeking care and support services exist within the broader context of health workforce needs in Ohio.

As health and long term service and support systems of service delivery continue to evolve, significant changes have occurred that will continue to require a broad range of skills and services in caring for Ohioans in the spectrum of care settings. Innovative models of services and supports, such as those supported through the HHS Community Living Initiative, will increasingly involve a greater focus on non-institutional services to meet the needs of individuals. More Ohioans are receiving services in their homes and communities, and increased options are providing older individuals and individuals with disabilities greater choice in services and setting. As Ohio's aging population continues to grow and as Ohio continues to support community living, the state will be challenged to meet the demand for health and long term service and support needs within community settings.

With more than 2 million individuals age 60 and over, Ohio ranks 6th in the nation in the sheer size of the population in this age category. About one in five older Ohioans (about 377,000 people) experience a moderate or severe disability requiring long-term assistance. By adding individuals of all ages to our estimates, we find that in 2007 there

were about 309,000 Ohioans who experienced severe disability. To complicate matters the older population with severe disability is projected to more than double between now and 2040 and we also expect steady increases in disability numbers for younger age groups.

Given these demands, employment data reflects a demand for over 120,000 home care workers in Ohio, with the number increasing to 150,000 by 2016. Progressively more, Ohio's home care workers will need to work with persons who are culturally different from themselves. Managing diversity is key to assuring a quality workforce. According to the Ohio Department of Development's Population and Housing Report (<http://development.ohio.gov/research/PopulationHousing.htm>), Ohio is the 7th most populous state with four out of every five persons living in a metropolitan area. Minorities comprise 16% of the population with 2.3% Hispanic (a 22.4% increase since year 2000), 1.8% Asian (a 26.5% increase since year 2000) and 12.6% African American (a 5.6% increase since year 2000). Further, of the 114,000 Hispanics employed in Ohio, 25% are in service occupations. Of the 90,500 Asians employed in Ohio, only 8,900 work in the healthcare field with an overall unemployment rate of 3.6%. Of the 523,100 African Americans employed in Ohio, 25% are in service occupations with an overall unemployment rate of 15.2%.

The demand for systems of care to meet the growing needs of Ohioans is further complicated by Ohio's inverse relationship between the demand for services and the availability of the traditional pool of home care workers. According to the Direct Care Alliance, over 90% of workers that fill the more than 2.25 million direct care positions in the US are women aged 22 to 45 and are disproportionately women of color ("Who are Home care workers?" n.d.). While the demand for long-term services and supports is anticipated to surge, the population of women in Ohio aged 22 to 45 will significantly decline in the coming decades.

In addition to increasing demand, the home care workforce shortage is exacerbated by high turnover, which is often a result of the multiple challenges to home care work including:

- Status and image of the worker
- Supply and Demand conditions
- Recruitment and Vacancies
- Turnover
- Wages and Benefits
- Training and Education
- Career Paths
- Supervision
- Workplace Culture and Respect

Further, the people who directly supervise the work of the home care workforce, particularly in home and community based settings often lack the training and skills needed to support the workers. Often frontline supervisors are promoted from direct care positions into supervisory roles without any training on the new skill sets they will need to be effective supervisors. Training challenges for both home care workers and their supervisors is more challenging than ever because people are receiving supports in smaller and more geographically dispersed locations. (Hewitt & Larson, 2007).

One-quarter of Ohioans with severe disability live in nursing homes. Between 1995 and 2007, Ohio tripled the number of residential care facility beds to 38,000. Ohio has 556 residential care facilities and we classify 367 of these as assisted living residences. Ohio has 973 nursing homes with 96,000 licensed beds. Sixty-three percent of nursing home revenue comes from the Medicaid program compared to fifty-nine percent nationally.

Seventeen percent of Ohioans receive in-home support through an array of Medicaid waiver programs including PASSPORT for older people, the Ohio Home Care programs for physically disabled individuals of all ages, Assisted Living for individuals age 21 and older, and several waivers for individuals with intellectual disabilities. Ohio's PASSPORT Medicaid waiver program, providing in-home services to individuals age 60 and over with severe disability, has grown from 15,000 in 1995 to 28,000 in 2007. Only two states have larger waivers for older adults: Washington and Texas.

Ohio's increasing consumption of long-term care services combined with the constant increases in Medicaid long-term service and support expenditures, indicate that, unless the system is altered, the Medicaid program could consume half of the state budget by the year 2020. Because such expenditure increases are not politically or economically feasible, it is critical for Ohio to continue its work on system reform.

Table 1
Ohio's Projected Population with Severe Disability by Type

Year	Total Population	Physical and/or Cognitive	Intellectual and/or Developmental	Severe Mental Illness	Total Population with Severe Disability
2005	11,464,045	178,241	36,597	89,673	304,511
2007	11,584,158	181,220	36,899	90,454	308,573
2010	11,764,330	185,672	37,352	91,626	314,650
2015	11,960,871	195,507	37,875	96,037	329,419
2020	12,177,862	208,154	38,485	101,490	348,129

Source: Reproduced from Mehdizadeh, S. (2008). *Disability in Ohio: Current and future demand for services*. Oxford, OH: Scripps Gerontology Center, Miami University.

As we successfully provide services in settings chosen by service recipients, the roles of home care workers become more complex, requiring specialized knowledge, skills and attitudes (Taylor, Bradley and Warren, 1996; Hewitt, Larson, Edelstein, Seavey, Hoge, & Morris, 2008).

Home care workers provide an estimated 70 to 80 percent of the paid home and community based long-term services and supports received by Americans who are elderly or living with disabilities or other chronic conditions. (PHI, 2009) Each sector within Ohio's long-term care system has its own funding, policy, service and advocacy systems. As can be expected from this siloed system, employers, occupational titles and training requirements vary both within and across sectors. (Taylor, Bradley and

Warren, 1996; Hewitt, Larson, Edelstein, Seavey, Hoge, & Morris, 2008). There are multiple occupational titles within and across sectors such as developmental disabilities, aging, physical disabilities and behavioral health.

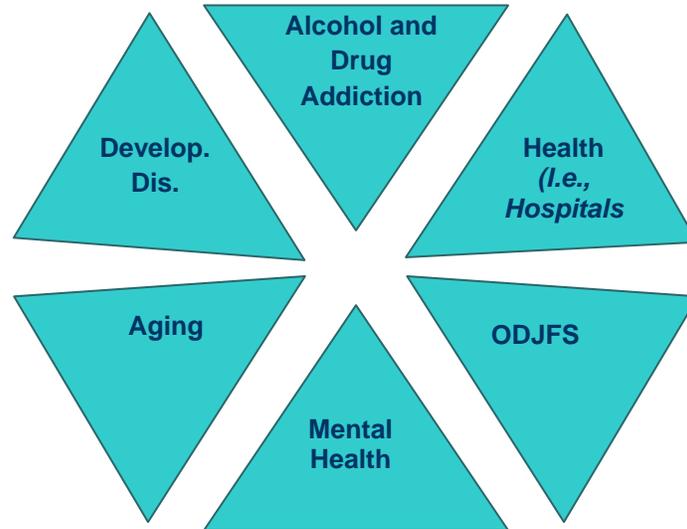


Figure 1

The home care aide occupation, which grew by 56 percent in just three years by adding 17,100 jobs, is one of the fastest growing jobs in Ohio and currently requires little or no classroom training. In Ohio, the real median wage in this occupation fell by 5.6 percent. According to Policy Matters Ohio, the *immediate* public policy challenge for these low-skilled, low-paid positions is to address job quality issues in order to improve recruitment, retention, and employees' motivation level to learn new skills. Further, as acknowledged by a 2004 report from the Ohio Health Care Advisory Council, the *long-term challenge* is to develop a credentialing system to support upward mobility.

Currently, Ohio's career pathway initiatives link to the only state-wide certificated sector in direct care, the State Tested Nurse Aide (STNA). This has created a sort of "One-Way Street" requiring home and community based workers to "start from scratch" if they want the STNA credential to work in a facility. Furthermore, the STNA training does not include competencies that are specific to providing care in home and community based settings such as those used by more than half of Ohioans with developmental disabilities and a growing proportion of seniors and those with physical disabilities.

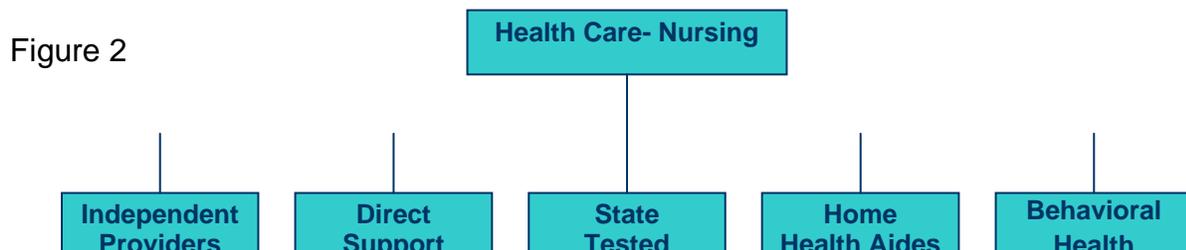


Figure 2

Due to the siloed long-term care system, home care workforce policy is further complicated by the lack of reliable and consistent data surrounding the home care workforce. The varied data resources produce mixed results and limitations due to the variation in service sectors, titles and data sources (Edelstein & Seavey, 2009). This reliance upon fragmented or anecdotal data makes it difficult to measure the impact of policy change on growth in quality, wages, turnover, and training, to name a few. State and regional workforce development, planning and subsequent plan implementation has not occurred on a consistent or efficient basis. Variations in the states' structure, titles, delivery and tracking methods; and oversight of programs, make it difficult to provide a direct comparison on hours, content, delivery and quality of training.

See Appendix B for a description of the personal care components within Ohio's Medicaid Plan.

Methodology

The purpose of Ohio's PHCAST program is to conduct demonstration projects for the development of core training competencies and certification programs for home care aides. Ohio will develop and implement written materials and protocols for core training competencies, including the development of a state-wide certification test for home care aides who complete such training competencies.

The target participant pool for the PHCAST program demonstration will include (1) non-credentialed personal care workers within Ohio's Medicaid Waiver programs and (2) unemployed individuals receiving services within Ohio One-Stop career centers, including:

- *Veterans and Eligible Spouses
- *Public Assistance Recipients
- *Dislocated Workers
- *ESL Populations
- *Disconnected Youth
- *Low-income Individuals
- *Incumbent Workers
- *Under-skilled Adults
- *Individuals with Disabilities

Evidence of participant interest in Ohio's PHCAST program is readily available through countless reports and policy recommendations from state and national organizations that advocate for the improvement and increased training and education opportunities for the home care workforce (i.e., [The Lewin Group](#), [PHI](#), [PHI PolicyWorks](#), [The Institute for the Future of Aging Services](#), [The University of Minnesota's Research and Training Center on Community Living](#), [The Westchester Consulting Group](#), [The Annapolis Coalition on The Behavioral Health Workforce](#), and others). These organizations include representation from home health aides within and outside of the state of Ohio. Further, the "Retooling the Health Care Workforce for an Aging America" report from the Institute of Medicine recommended the establishment of a strong foundation for needed training and education reforms by: Developing, testing and evaluating competency-based training for all direct-care workers; and enhancing training for Certified Nursing Assistants and Home Health Aides by supporting the development of essential training content beyond current requirements.

Participants will be recruited from a variety of sources, including, but not limited to: Employer roundtables, State hosted information broadcasts on the web, One-Stop career centers, Area Agencies on Aging, County Boards and Providers of DD, and Case Managers and Providers of disability (i.e., mental health, addiction services, physical disability) populations.

A targeted recruitment strategy that includes participant assessment and selection will be used. Rather than accepting anyone who walks through their doors, the pilot sites and One-Stop Centers will use a layered assessment and selection process to identify the candidates most likely to succeed as direct care workers. Ohio One Stop centers will recruit participants who demonstrate a high level of compassion, patience, warmth, and maturity. These individuals may have supported a family member or friend through a long illness or have had other experiences that demonstrate their capacity to care for others. During the selection process that will be developed in partnership with Ohio's home care training providers, each agency will assess the ability of candidates to solve problems in their own lives, express themselves clearly, take initiative, and establish caring relationships. Research has found that candidates who show some innate skill in these areas are much more likely to become quality caregivers. (PHI, August 2000)

A portion of the PHCAST participants will already be working in home and community based settings (see appendix B). The Ohio Department Job and Family Services-Office of Ohio Health Plans, in partnership with the Ohio Department of Aging, will conduct webinars and roundtable events to inform employers who are providers within one of the state's Medicaid Waiver programs of the state's PHCAST program and its use in providing skill training and state recognized credentialing.

Ohio is the home of multiple nationally recognized home care training programs (i.e, COALA, PATHS, LEAP and others). The design, length, sequence, time allotted for on-site instruction, frequency, and trainer to student ratios of educational sessions will vary based upon each training provider's methodology and educational philosophy. Throughout the development of Ohio's statewide curriculum and assessment demonstration, it will be expected that no two home care training agencies will use an identical curriculum—each will tailor its educational program to meet the requirements of the statewide curriculum while retaining its original model of delivery. This state approved curriculum will serve as a *statewide minimum* for home care training; ensuring the needs of the local home care workforce and demands of the local market are met while complying with state regulations. In an effort to provide academic credit for successful completion of the state home care assessment, the state approved minimum will be used to negotiate articulation with Ohio's University System. Further, the statewide minimum qualifications for instructors will be determined during the planning process in collaboration with system stakeholders.

Given the history of siloes and local efforts to train the home care workforce, access to statewide enrollment and program completion data is not readily available at this time. Ohio will take advantage of this opportunity to gather data across sectors within the state's long-term care system. The data gathered here will be incorporated into the Ohio's long-term care profile, which is a tool to measure the performance improvements

throughout our system transformation. The availability of a skilled home care workforce is a critical component of this system change.

As previously mentioned, a targeted recruitment strategy that includes participant assessment and selection will be used. Rather than accepting anyone who walks through their doors, the One-Stop Centers will use a layered assessment and selection process to identify the candidates most likely to succeed as direct care workers. Ohio One Stop centers will recruit participants who demonstrate a high level of compassion, patience, warmth, and maturity. These individuals may have supported a family member or friend through a long illness or have had other experiences that demonstrate their capacity to care for others. During a three-part selection process that will be developed in partnership with Ohio's home care training providers, each agency will assess the ability of candidates to solve problems in their own lives, express themselves clearly, take initiative, and establish caring relationships. Research has found that candidates who show some innate skill in these areas are much more likely to become quality caregivers. (PHI, August 2000)

As mentioned previously, Ohio's home care pilot sites will be among those training providers who have been recognized for employing best practices that include, but are not limited to the following core set of practices:

- **A learner-centered approach to training** that develops critical-thinking skills in the context of teaching health care content and clinical/personal care skills;
- **An enhanced three- to five-week curriculum** that emphasizes developing interpersonal problem-solving and communication skills in an environment that carefully balances support and accountability in order to prepare trainees for employment;
- **Three to six months of intensive on-the-job training** and support that follows classroom training;
- **Peer support** that emphasizes learning from more experienced employees who understand the complexities of direct-care work and the obstacles that new trainees often face as they take on new responsibilities; and
- **An employment counselor** who helps trainees and new employees overcome barriers to full-time employment—for example, by helping new employees access transitional public benefits.

Further, the State will employ the mentoring and career counseling services provided by our local colleges, universities, and One-Stop system to provide additional supports to PHCAST program participants.

Ohio will contract with the Center on Education and Training for Employment (CETE) to develop the test for home care aides who have completed the newly developed training competencies. The assessment will include written and skills demonstration components.

The CETE brings a proven process of development to the assessment component of this program. The process is informed and guided by evidence-based best practices from the disciplines of psychometrics and large-scale testing (Downing & Haladyna,

2006; Knapp, Anderson, & Wild, 2009). The test construction cycle that informs CETE staff has been used in professional development and in program work such as the present opportunity. The cycle is presented below in Table 2 customized for this program.

Table 2. Test Construction Cycle for Ohio's PHCAST Program

Step or Phase	Activities	Outputs or Products
1. Determine Test Purpose	--Conduct clarification discussions with a range of stakeholders --Incorporate accreditation standards for certifications and assessment-based certificates --Embed process within "stackable certificates" models and Ohio Skills Bank	Overall Test Plan including Purpose Statement
2. Define Content Domain (Competencies & Occupational Analysis)	--Conduct DACUM analysis using enhanced Knowledge-Skill set and available curriculum materials as partial input. --Conduct task verification with occupation incumbents --Conduct task analysis with critical tasks. Task analysis breaks out tasks into steps, performance standards, tools & equipment, required knowledge and skills, etc.	Specification of content domain for education-training and test development --DACUM charts (initial/revised) --Task verification data & report --Task analysis spreadsheet
3. Create/Evaluate Test Blueprint	--Apply task verification results using CETE spreadsheet tools; create preliminary test specification/blueprint --Sharing forums for stakeholders (include incumbents) --Ensure balance (TBD) between choice, construction, and performance item formats where applicable	--Test specification draft for discussion with stakeholders and incumbents --Finalized test blueprint
4. Items: Develop, Manage, Evaluate	--Plan and recruit workshop participants (diverse, high-performing incumbents) --Test build workshops (facilitate using CETE Assessment Tool database application) --Create constructed and performance format items (with rubrics for evaluation) --Test item review workshops (ensure some overlap with item writers, and new individuals to provide independent scrutiny of items) --Manage initial item bank (items, tagged information), including upload of item review materials)	--Item bank in MS Access format (includes items & tagged information) --Rubrics for evaluating skills demonstrations
5. Set Cutoff Scores	--Establish defensible cutoff scores (performance standards) using performance level descriptions --Analyze incumbent judgments using CETE	--Item bank with item-level weights --Compromise judgment data for adjustments to

The Ohio Department of Job and Family Services
 HRSA-10-288 Affordable Care Act (ACA)

	tools (i.e., Angoff Analysis Tool)	cutoff score (if needed) --Brief summary report
6. Develop, Evaluate, Refine Test Forms	--Create 2 or more test forms, potentially containing a blend of items (choice, construction, & performance, depending on test design specifications) --Field test forms for deployment through WebXam (www.webxam.org) --Field test data analysis --Field test report	--Test forms --Field test plan & implementation --Brief
7. Use Yardsticks: Reliability, Validity, Fairness	--Using all activities & data to this point, develop test form quality argument with data support --Conduct reliability analyses --Conduct validity analysis (content validation strategy with item review data)	--Preliminary technical manuals describing development procedures and outputs and field test results
8. Deliver Tests; Interpret & Report Scores to Stakeholders	--Deliver operational test forms through WebXam specialized portals (choice and constructed-performance systems) --Develop scoring strategy (R-W, guessing correction) --Create score interpretations for individuals --Integrate scores from different item formats	--Documented assessment delivery and reporting system. --User's guides
9. Maintain Testing System	--Conduct annual or testing cycle maintenance activities (item, test score, pass-fail rates analyses) --Document test quality through ongoing research --Prepare technical reports and other reports as needed and agreed --Collaborate	--Continuous improvement --Continuous documentation.

Phases 1 through 3 are use standard operating procedures for developing purpose and content domains for certification and licensure assessments. Task-based job analyses and the use of task criticality data to create test specifications for occupational knowledge and skill assessments are widely recognized approaches. Uniquely though, the Center on Education and Training for Employment brings considerable and internationally recognized experience to bear on these tasks. Similarly, the Center uses proven approaches to phases 4 and 5. We use experienced item development facilitators working with panels of Subject Matter Experts to create high-quality test items with the assistance of a proprietary software application designed by CETE specifically for this purpose.

Phases 6 and 7 require the application of psychometric training and expertise. CETE has two psychometricians each with more than 15 years of experience in this type of work. Finally, with respect to phases 8 and 9, the Center on Education and Training for Employment has assisted in the development and delivery of several large-scale assessment systems, and has been maintaining ongoing delivery systems for several

clients for the last 10 years. For this program, we can customize an assessment delivery and reporting system to meet the particular needs of the stakeholders; whether that system is paper-pencil based, internet-based, or some combination.

Home care aides are employed by Medicare-certified home care agencies or licensed agencies that contract with Medicare-certified agencies. Home care aides are required by federal law to undergo 75 hours of training and/or pass a competency exam, and they work under the supervision of a registered nurse. They assist consumers, usually elders, with personal care as well as some clinical care. In addition, they may perform light housekeeping tasks such as helping to prepare food or changing linens.

Other home care workers, employed directly by consumers or agencies providing various non-Medicare related home support services, go by a range of titles, including: personal assistance workers, personal care attendants, home care aides, home attendants, and homemakers. The home support services provided by these workers may be paid for by Medicaid programs, Departments of Aging, other state funding sources, or privately paid for by consumers. Home care workers who are not providing Medicare-certified services help with personal care such as toileting, bathing, eating, and transferring as well as everyday activities such as housekeeping, meal preparation, shopping, and bill paying. There are no national training standards for these home care workers, and state requirements vary by sector.

Ohio State University's Center on Education and Training for Employment (CETE) will be responsible for the development, maintenance, and continuous improvement of Ohio's home care technical skill assessment. The goal is to provide high quality assessments of learning, individual worker credentialing, educational program improvement, and accountability. The tests measure mastery of knowledge associated with Ohio's home health aide training programs that use the statewide PHCAST program curriculum. The current scope of work includes aligning the assessment items to Ohio's statewide home care curriculum. The overall project involves implementation of training on the Webxam system; continuous assessment reviews and revisions; continuous improvement of the online testing system; and maintenance of a paper-pencil backup testing system. The written portion of the statewide assessments will accompany the skills demonstration components and be delivered primarily through Webxam - a secure web-based assessment delivery and reporting system created for use in educational and employment settings. Webxam is designed to handle the assessment delivery, data tracking, and reporting requirements of multi-tiered modular assessment systems as well as standard single-use examination administrations. Webxam was created by the Ohio State University's Center on Education and Training for Employment.

Ohio will use PHI's personal care curriculum (includes aging and developmental disability competencies) as a foundation for Ohio's 'state approved minimum' for home care aide training and assessment. The Ohio State University's Center on Education and Training for Employment (CETE) will receive training from PHI, then coordinate discussions with Ohio stakeholders (i.e. training providers and consumers in various sectors of home care) to modify the PHI curriculum to meet the needs of Ohioans. The

curriculum and assessment will then be piloted within various sectors of home care by Ohio's existing home care training programs.

Clinical training must provide personal and home care aides with opportunities in a variety of geriatric settings such as nursing homes, chronic and acute disease hospitals, ambulatory care centers, home settings and senior centers as applicable. It would also provide experience and real-life scenarios so that the aides will be prepared for situations they may face on the job. Ohio will implement a plan for continuing education for home care aide training program completers. Effective post secondary education and on the job training of long-term care workers is essential if they are to have appropriate and high levels of skills. To provide a clear pathway to continued education, the PHCAST program will be attached to a state-wide education and credentialing system for Ohio's home care workforce.

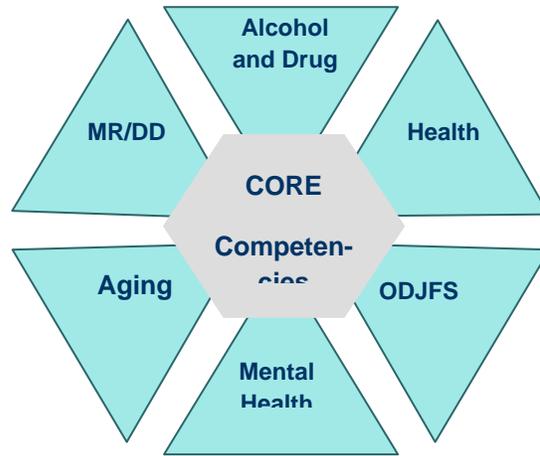


Figure 3

The specialized education and training provided in this system will create opportunities for home care workers to improve the craft of providing quality care and a quality life for long-term care consumers. And, for those who choose, opportunities will be available to develop the knowledge, skills and abilities needed to transition into the regional high-demand health and human service pathway occupations.

Ohio will develop a credit-bearing, modular education and credentialing system for home care workers. Consumers within Ohio's long-term care system are very diverse in needs, and the competencies required to provide their care are equally varied. To acknowledge the variances, the direct care education and credentialing system will be divided into modules. Ohio's direct care agencies and stakeholders will identify a "core" set of competencies (Figure

Figure 4



4) that are required without regard to setting or sector. This foundational skill set provides a unifying thread through system silos, while also allowing us to acknowledge the valuable differences between settings and sectors through “specializations” (Figure 3).

Stackable ‘Core + Specialization’ certificates will create a highly portable credentialing system that develops linkages between entry and advanced skills, thereby increasing opportunities for individuals to advance their careers. The many options for career development and advancement – across professions (becoming more specialized) as well as upward – illustrate the reality that careers do not always follow straight lines. Creating clear pathways also encourages advancement by raising awareness of the opportunities that exist. (*CAEL Report*)

The first module (level one) will provide core training. Level two modules will incorporate setting specific competencies, including the PHCAST home care training. Level three modules will be developed to encompass the broad based competencies needed to provide long-term service and supports to various consumer groups. Level four modules will include advanced competencies needed to provide quality care to individuals with increasingly complex needs. Modules will be delivered by Ohio’s existing home care aide training programs.

Ohio’s pilot sites will be among those who are committed to offering continuing education courses that include, but are not limited to the following instructional approaches:

- Employing educational tools, such as realistic videos, workbooks, interactive computer programs, and games;
- Developing a system for documenting individual nurse aide training needs that indicate a problem area and outlines the intervention taken to remedy the problem. This system would be used when making decisions about in-service training needs;
- Providing crisis intervention training to help aides deal with emotional aspects of the job;
- Implementing pharmaceutical in-service training for aides to understand behavior changes and side effects of drugs;
- Creating mentoring programs with certified, experienced aides involved in the planning and presentation of the in-service training sessions;
- Implementing short in-service training every week (usually 15-30 minutes in length) or hold impromptu in-service training on specific topics; and
- Ensuring that in-service training is offered during all hours to accommodate all aide schedules.

Work Plan

Steps to achieve the objectives proposed in the methodology section; each program activity must support the yearly program outcomes. Describe how the activities define the process and help achieve the desired measurable outcome. The description should include information that clearly indicates what the grant will accomplish and how it will be done.

Step or Phase	Activities	Person Responsible	Outputs/ Products	Time Frame
<i>Year 1 Overall Objective: Develop state home care curriculum and assessment system.</i>				
Sub-objective 1: Develop Home Care Curriculum	See Table 1. Test Construction Cycle for Ohio's PHCAST Program	Project Director and Ohio State University Center on Education and Training for Employment	State approved minimum requirements for Home Care Curricula	September 30, 2010-March 31, 2011
Sub-objective 2: Develop State Home Care Assessment		Project Director and Ohio State University Center on Education and Training for Employment	State Approved Home Care Assessment	April 1, 2011 – June 30, 2011
Sub-objective 3: Develop State Home Care Assessment System		Project Director and Ohio State University Center on Education and Training for Employment	State Home Care Assessment System	July 1, 2011-September 29, 2011
<i>Year 2 Overall Objective: Pilot and evaluate state home care curriculum and assessment system.</i>				
Sub-objective 1: Provide training to pilot sites	- Provide train-the-trainer course to existing home care training programs.	Project Director and Ohio State University Center on Education and Training for Employment		September 30, 2011-December 30, 2011
Sub-objective 2: Pilot sites modify existing curriculum	- Local home care training programs make modifications to curriculum as needed.	ODJFS Project Director and Pilot Sites		January 1, 2012 – June 30, 2012
Sub-objective 3: Pilot sites train participants	- Local home care training programs offer modified curriculum to program	ODJFS Project Director and Pilot Sites		Starting July 1, 2012 and ongoing

The Ohio Department of Job and Family Services
 HRSA-10-288 Affordable Care Act (ACA)

	participants.			
Sub-objective 4: Host/Deliver Home Care Assessment	- Program participants take state home care assessment.	Ohio State University Center on Education and Training for Employment		Starting September 29, 2012 and ongoing
Year 3 Overall Objective: Sustain state home care curriculum and assessment system.				
Sub-objective 1: Continue pilot and evaluation activities	- Pilot sites continue to offer modified curriculum. - Programs participants continue to take state home care assessment.	ODJFS Project Director, Ohio State University Center on Education and Training for Employment and Pilot Sites		Starting September 30, 2012 and ongoing
Sub-Objective 2: Modify assessment administration process based on initial evaluation	-	Project Director and Ohio State University Center on Education and Training for Employment		January 1, 2013 – June 30, 2013
Sub-Objective 3: Identify funding resources for sustaining state home care assessment system		Project Director		January 1, 2013 - September 29, 2013
Sub-Objective 4: Maintain testing system	--Conduct annual or testing cycle maintenance activities (item, test score, pass-fail rates analyses --Document test quality through ongoing research --Prepare technical reports and other reports as needed and agreed --Collaborate	Project Director and Ohio State University Center on Education and Training for Employment	--Continuous improvement --Continuous documentation.	Starting January 1, 2013 and ongoing

The Ohio Department of Job and Family Services
HRSA-10-288 Affordable Care Act (ACA)

CETE staff will submit presentations to different venues through Ohio's Money Follows the Person Demonstration grant funding for consideration and ultimately journal article publication (i.e., Journal of Allied Health Occupations).

CETE typically works with and recommends multiple communication channels. These can be divided into electronic and traditional. Use of electronic communications such as emails to training providers and others does ensure wide distribution, but when working with populations that may have less access to digital routes alternatives such as community organizations and state agencies should be considered to ensure that messages are received.

Another valuable framework for a project such as this one is social marketing, defined partly by the positive nature of the message to the population to be trained about access opportunities for individuals wishing to enter the health care field through this entry-level opportunity. A social marketing toolkit will be developed by the Ohio Department of Job and Family Services in partnership with the Ohio Department of Aging, Department of Education and Board of Regents. The toolkit will be distributed through the digital and alternative channels listed above. The message would explain the access opportunities and provide a realistic preview for persons.

Note: Materials developed for dissemination will include the following disclaimer and acknowledgment: "This program is/was supported by funds from the Division of Nursing (DN), Bureau of Health Professions (BHP), Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS) under [grant number and title for \$] (specify grant number, title and total award amount). The information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any official endorsement be inferred by, the DN, BHP, HRSA, DHHS, or the US Government."

See Attachment 3 for position descriptions and biographical sketches for the project director and key employed and contracted personnel. The project director (Michael Wilson, BSN, MHSA) is not only a registered nurse, but has extensive experience in adult home care training program development and health care policy. We expect the project director to work full time managing the project in partnership with employed and contracted personnel.

The leadership team for the Home Care Workforce Program includes the Ohio Colleges of Medicine Government Resource Center (GRC) and the Center for Education and Training for Employment (CETE).

The GRC will act as program manager and fiscal agent for the program. The primary mission of the GRC is to bring value to public purchasers of health care services by utilizing the resources of the state's colleges of medicine and affiliated colleges of health sciences.

CETE will act as the technical manager for the Home care workforce Program. Established in 1965, CETE is a full-service organization whose mission is to facilitate workforce improvement by providing leadership, curriculum, information, professional development, program evaluation and learner assessment products and services for public and private clients throughout the world. Over the last 44 years, CETE has built a national reputation for effective and efficient management; it has managed over 1,200 programs for some 195 different sponsors, involving more than 400 collaborating organizations, agencies and institutions. CETE uses a Management by Program (MBP) approach to monitor all program activities (accomplishments, milestones, deliverables, cost, time and staff resources) and ensure that those are in line with program plans and schedules. Additional information is available at CETE's website, www.cete.org.

The leadership team for this proposal includes Lorin Ranbom, Director of the GRC. In that position he directs a collaborative program of the seven colleges of medicine in Ohio to provide assistance and university faculty expertise to state and local governments that either purchase or manage health care services. Mr. Ranbom has conducted several research and policy studies for government sponsored health agencies. Prior to working at the GRC, Mr. Ranbom served as Assistant Director for the Ohio Department of Job and Family Services and Chief of Health Services Research, Office of Ohio Health Plans. He also served as Chief of the Office Health Services Research at the Ohio Department of Health. Mr. Ranbom will serve as executive sponsor of the program.

Traci Lepicki will serve as technical lead for the Home Care Workforce Program and will coordinate CETE activities. Ms. Lepicki managed the competency development for four of Ohio's Stackable Skill Certificates (i.e., Basic, Advanced, Oral Communication, and College and Work-Ready). She has worked for CETE for nine years with a specific focus on standards based education and adult basic and literacy education.

Barry Jamieson will serve as program manager for the program. Mr. Jamieson currently serves as program manager for the Ohio Colleges of Medicine, Government Resource Center, at the Ohio State University. His employment background has included directing the health research efforts of two major health trade associations, including the Ohio Health Care Association. He received his master degree in economics from the Ohio State University.

PHI, a national 501 (c) (3) nonprofit, works to improve the lives of people who need home or residential care. PHI will provide the training and technical assistance to Ohio in the development of a statewide home care curriculum and assessment. Hollis Turnham, the Midwest Director has broad experience working with diverse stakeholder groups on training and curriculum design; strong knowledge of Medicaid requirements and programs, and how states can maximize those requirements and programs.

The goal in creating a statewide home care curriculum and assessment is to not only increase the quality and availability of home care workers, but to create a sustainable credit-bearing education system for long term care workers. With the addition of academic credit, Ohio's home care program will link to existing health and human service career pathways. Ohio plans to continue self-sufficiency by linking the home care program to Workforce Investment Act (WIA) and Temporary Assistance for Needy Families (TANF) funds. Further, for home care training participants who are enrolled in post-secondary institutions, training and assessments will be supported by state and federal financial aid programs. Any barriers to accessing these funds will be evaluated and addressed in Year 3 of the workplan (see workplan).

Evaluation and Technical Support Capacity

The goal of the PHCAST program is to strengthen the home care workforce by increasing the number of competent personal and home care aides with acquired skills. There are several ways to determine if this goal is accomplished and to measure the overall efficacy of the training program. Ohio proposes to evaluate the success of the training program by tracking measures related to workers, providers and outcomes of the consumer.

Personal and home care aides who have been trained and certified through the PHCAST grant will have their skill set augmented in several core competencies including personal care skills, interpersonal skills and basic health care knowledge. Workers will be tested prior to enrollment in the training program to establish a baseline from which to evaluate the effect the program has on worker competence. In addition to testing for core competencies, it is recommended that basic wage and education information be gathered from the employee to track the potential impact the program might have on these measures. Finally, it is proposed that the employee take a work satisfaction survey before and after the training program is complete.

Personal and home care aides who are trained under the grant will be more effective health care workers, improving the quality of care given to the consumer. A sample of home care agencies who had no home care aides trained through the grant program will be measured against a sample of home care agencies who had at least 75% of their employees trained in the grant program. Test results will be compared between the two agencies. Because workers who volunteer to go through the training program are more likely to be more motivated than the typical home care aide it will be important to control for selection bias when comparing agencies who have trained employees versus those who do not. In addition to comparing test results between providers, to the extent possible administrative data will be used to compare the two groups regarding hospitalization and emergency room use.

As a final measure of the efficacy of the training program consumers will be randomly selected between those receiving services from employees trained and certified through the PHCAST grant and those who did not receive care from the grant program. One would expect consumer satisfaction to be measurably higher for those consumers receiving care.

Faculty from across Ohio's colleges and universities will be invited to competitively bid on the evaluation of the training program. Winning bids will demonstrate a clear knowledge of the long term care workplace and program training evaluation. The winning bid will also include in their evaluation the criteria listed above as well as other creative evaluation measures. The bid process will begin immediately following the grant award. The primary investigator will be selected within ninety days of the grant award. The first year of the program the primary investigator will develop a plan for gathering baseline data. As a part of this research plan, survey questionnaires will be developed. Test result and satisfaction data will be collected before training begins and after the training is completed. Data analysis will begin as soon as the first workers have been trained through the grant program. The full program evaluation will occur towards the end of the three year program.

Full implementation of a stackable (core + specializations) assessment system that connects direct service workers to career advancement opportunities in health and human service occupations which is overseen or managed through a workforce center is the ultimate goal leading to projected outcomes measures that will feed into the state profile tool used in balancing our long term care system. Outcomes measures will include, at a minimum, the following:

- Number of individuals enrolling in core worker training, including the number referred by public workforce system, and the number who successfully complete the training
- Number of workers completing training for and entering into specialties in the Direct Support field, including Nurse Extender, Certified Medication Aide, Geriatric Care, Dementia Care, Restorative Care, Frontline Supervisor, Job Coach, Training Specialist, and Cognitive Support
- Amount of wage and benefit increases.
- Number of individuals who local regions identify and direct as having interests and skills that lend them to the field of direct service.
- Number of people age 55+ and number of people with disabilities entering the direct service workforce in each demonstration project region.
- Extent to which coordinated workforce plan is developed and implemented.

National Evaluation

Ohio will participate in the national evaluation that will be conducted by a contractor to HRSA and will be prepared to change the evaluation plans and

participant measures as necessary to accommodate the contracted evaluation. In addition, Ohio will submit annual Progress Reports to obtain continued funding.

Organizational Information

The Ohio Department of Job and Family Services (ODJFS) mission is “to help Ohio’s families find solutions to their temporary challenges”. The ODJFS offers a wide range of assistance to Ohioans including unemployment compensation, health care, cash assistance, food assistance, child care, child support enforcement and administration, and employment and training assistance.

Two key offices within the ODJFS will prove instrumental to the development and implementation of core training competencies and certification programs. The Office of Workforce Development (OWD) offers a variety of direct and indirect care to people looking for jobs in Ohio. Local One-Stop Centers in all 88 Ohio counties offer assistance with job hunting, interviewing, career counseling, training, and other support to help Ohioans get and keep jobs. Ohio Means Jobs (OMJ) is an online tool that focuses on Ohio and regional jobs and employers.

The Office of Ohio Health Plans is Ohio’s Medicaid program responsible for the development and implementation of multiple components of Medicaid services and supports including key relationships with other State agencies. ODJFS has multiple interagency agreements to operate components of Medicaid related to personal care (to include the Departments of Aging and developmental disabilities) and components related to the professional provision of care (to include the Departments of Mental Health, Health, Alcohol and Drug Addiction Services).

To implement the larger strategy outlined within the introduction to this proposal, ODJFS also has key relationships with The Ohio State University and the CMS DSW Resource Center (both through the Money Follows the Person Demonstration Grant), and with the Ohio Board of Regents.

Appendix A: Snapshot of the Money Follows the Person Subgrant with The Ohio State University (Ohio Colleges of Medicine, Government Resource Center and the Center for Education and Training for Employment)

Program Timeperiod: September 2010 through April 2012

Subgrant Amount: \$2,557,753

Sample Deliverables:

- Assemble a consortium of university experts (to include experts in adult education and training, secondary career technical education, public workforce policy, nursing, gerontology, developmental disabilities, social work, special education, public health, health administration, mental health, economics) to develop an education and credentialing system for home care workers.

The Ohio Department of Job and Family Services
HRSA-10-288 Affordable Care Act (ACA)

- Convene a series of roundtables to conduct an environmental scan and gather feedback from cross-disability stakeholders (e.g. employers, home care workers, training providers, county administrators, advocates).
- Curriculum and Assessment Development related to Module one: Core Competencies across the sectors (includes needs/content analysis, competency verification, competency finalization, requirements analysis, test specifications, item writing and validation, setting cut scores and field testing).
- Develop the research agenda related to home care workers (e.g. a statewide and regional description of the size, diversity, and geographic variation of the workforce, investigation of the inter-relationship and relative impact of pay, benefits, training, leadership, and socio-demographic variables of job satisfaction and retention, research on the effect of a “balanced” delivery system on self-direction and the workforce).

University Consortium Members:

- Lorin Ranbom, Director, The Ohio State University, Ohio Colleges of Medicine Government Resource Center
- Traci Lipecki, Program Manager of this subgrant, Center for Education and Training for Employment, The Ohio State University
- Barry Jamieson, Program Manager of this subgrant, The Ohio State University, Ohio Colleges of Medicine Government Resource Center
- Dr. Elizabeth Bragg (Workforce Development Expert), Associate Research Professor, Department of Public Health Sciences, University of Cincinnati College of Medicine
- Bill Ciferri, MGS (Gerontology Expert), Scripps Gerontology Center, Miami University of Ohio
- Lon Herman, M.A. (Mental Health Expert), Best Practices in Schizophrenia Treatment Center, Northeastern Ohio Universities Colleges of Medicine and Pharmacy
- Dr. Larry Lawhorne (Gerontology Expert), Professor and Chair of the Department of Geriatrics at the Wright State University Boonshoft School of Medicine
- Dr. John McAlearney (Health Care Economist Expert), Assistant Professor with joint appointment in the Boonshoft School of Medicine and the Raj Soin College of Business, Wright State University
- Dr. Marc Tasse (Developmental Disability Expert), Director of The Ohio State University Nisonger Center, a University Center for Excellence in Developmental Disabilities, Professor for Psychology and Psychiatry
- Dr. David Stein (Workforce Development Expert), Associate Professor of Workforce Development and Education, The Ohio State University
- Dr. Sandra Tannenbaum (Health and Long Term Care Expert), Associate Professor, College of Public Health, The Ohio State University
- Dr. Chris Zirkle (Workforce Development Expert), Associate Professor of Workforce Development and Education, College of Education and Training for Employment, The Ohio State University

Appendix B: Personal Care within Ohio's Medicaid Plan (Including health care related tasks)

	Medicaid Component ¹						
	Ohio Department of Job and Family Services Personal Care Aide Services	Ohio Department of Job and Family Services Non-Waiver State Plan Home Health Aide Services	Ohio Department of Aging Personal Care	Ohio Department of Aging Homemaker	Ohio Department of Aging Home Care Attendant Service (Choices Waiver only)	Ohio Department of Aging Independent Living Assistance	Ohio Department of Developmental Disabilities Home-maker/ Personal Care
Current Number of Medicaid Providers by Component (as of July 2010)	11,250 independent	641 agency	571 agency	571 agency	1,404 individual and agency	98 agency	18,232 independent and 3,254 agency
Proposed Number of Project Participants (Current/Entry⁵)	ODJFS will work with 150 total program participants with 50% current and 50% entry		ODA will work with 200 total program participants with 50% current and 50% entry.			DODD will work with 150 total program participants with 50% current and 50% entry	
Tasks							
Bathing	X	X ²	X		X		X
Dressing	X	X ²	X		X		X
Grooming	X	X ²	X		X		X
Nail care	X	X ²	X		X		X
Ear care	X	X ²	X		x		X
Hair care	X	X ²	X		X		X
Oral hygiene	X	X ²	X		X		X
Shaving	X	X ²	X		X		X
Deodorant application	X	X ²	X		X		X
Skin care	X	X ²	X		X		X

The Ohio Department of Job and Family Services
 HRSA-10-288 Affordable Care Act (ACA)

Foot care	X	X ²	X		X		X
Feeding	X	X ²	X		X		X
Toileting	X	X ²	X		X		X
Assisting with Ambulation	X	X ²	X		X		X
Positioning in bed	X	X ²	X		X		
Transferring	X	X ²	X		X		X
Range of motion exercises	X	X ³	X		X		
Monitoring nutritional and fluid intake	X	X ³	X		X		
Monitoring output	X	X ³	X		X		
Meal preparation and clean-up	X	X ⁴	X	X	X		X
Laundry	X	X ⁴	X	X	X		X
Bed-making	X	X ⁴	X	X	X		X
Dusting	X	X ⁴	X	X	X		X
Vacuuming	X	X ⁴	X	X	X		X
Waste disposal	X	X ⁴	X	X	X		X
Washing floors, windows and walls	X		X	X	X		(x)
Tacking down loose rugs and tiles	X		X	X	X		
Moving heavy items to provide safe access and exit	X		X	X	X		
Transportation (medical appointments, etc.)	X		X		X	X	
Skills development							X
Tasks directed at the individual's environment that are necessitated by his/her physical or mental condition, including emotional and/or							X

The Ohio Department of Job and Family Services
 HRSA-10-288 Affordable Care Act (ACA)

behavioral and is of supportive or maintenance type							
Assisting consumer with self-medication	X	X ³	X		X		X
Respite Services to consumers caregiver			X		X		
Shopping			X	X		X	X
General errands			X	X	X	X	(x)
Seasonal Yard Care					X		
Snow Removal					X		
Replacement of furnace filters					X		
Money management			X		X		
Telephone support						X	
Banking(deposits/withdrawals)			X, assist		X, assist	X	
Paying Bills			X, assist		X, assist	X	
Writing personal checks			X, assist		X, assist	X	
Balancing consumer's checkbook			X, assist		X, assist	X	
Applying for and maintaining public benefits for consumer			X, assist		X, assist	X	
Organizing and coordinating health insurance records			X, assist		X, assist	X	
Assistance with routine maintenance exercises		X ²					
Assistance with passive range of motion		X ²					
Routine care of prosthetic & orthotic devices		X ²					

¹The Ohio Department of Job and Family Services (ODJFS) is the State Medicaid Agency and operates various components of Medicaid directly to include personal and home care aide services. Consistent with the CMS DSW Resource Center paper on “who are direct service workers?” (A Synthesis of Direct Service Workforce Demographics and Challenges- <http://www.dswresourcecenter.org/tiki-index.php?page=Reports>), direct service workers have many titles dependent on program and setting.

- Within the ODJFS operated programs, the title for tasks completed by direct service workers is personal care aide and home health aide. ODJFS operates the state plan covered home health benefit which includes agency and independent providers. ODJFS also operates three home and community based services waivers for persons of various ages and disabilities (serving approximately 12,855 Ohioans as of April 2010), all of which include personal care and home health aide services, agency and independent. ODJFS has interagency agreements with the departments of Aging (ODA) and Developmental Disabilities (DODD) who also operate home and community based waivers which include personal and home care aide services.
- Within ODA administered waivers, the title varies depending on waiver program. ODA operates three waiver programs serving elderly persons meeting a nursing facility level of care. Within the PASSPORT waiver (serving approximately 27,696 as of April 2010), personal care, homemaker, and independent living assistance are three distinct services that often are provided by workers performing the tasks often associated with direct service within community settings. Within the Choices Waiver (serving approximately 526 Ohioans as of April 2010), the title of the provider is home care attendant. ODA also operates an Assisted Living Waiver (serving approximately 1,985 Ohioans as of April 2010).
- Within the DODD administered waivers, the title for the provider is homemaker/personal care. DODD operates two waiver programs serving persons with DD of all ages. The waivers serve approximately 23,311 Ohioans as of April 2010.

^{2,3,4} State plan Home Health Aide (HHA) services are not for the provision of habilitative care or respite care; and state plan skilled therapy services are not for the provision of maintenance care, habilitative care or respite care. PPACA 2010 requires that state plan home health services are covered only if the treating physician certifying the need for home health services documents that he or she has had a face-to-face encounter (including though the use of telehealth) with the consumer and this encounter must be during the six-month timeframe preceding such certification. X^2 = State plan HHA services must be performed within the HHA’s scope of practice, documented on the consumer’s plan of care, be provided in a face-to-face encounter, be medically necessary, to facilitate the nurse or therapist in care for consumer’s illness or injury or help the consumer maintain a certain level of health in order to remain in home setting. X^3 = HHA may perform a selected nursing activity or task as delegated by RN or LPN. X^4 = Incidental services may delivered by HHA along with health related services as long as they do not substantially extend the time of the visit, are not the main purpose of the HHA visit, and are performed only for the Medicaid consumer and not for other people in the consumer’s covered place of residence. Incidental services are necessary household tasks that must be performed by anyone to maintain a home.

⁵ Ohio will target home care workers currently providing service and Ohioans entering the home care workforce due to unemployment and career change. Ohio projects to have 500 total program participants distributed across disability groups based on the number of persons served within a particular program.

Appendix C: Organizational Chart

