

# MAINE PERSONAL ASSISTANCE WORKER TRAINING PROGRAM

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## INTRODUCTION

The Maine Department of Health and Human Services (DHHS) proposes to develop a competency-based curriculum and a coordinated training and credentialing system to prepare personal and home care assistance workers in their choice of three entry level positions. The Maine Personal and Home Care Assistance Training Program (PHCAT) targets the Personal Support Specialist (PSS), who provides personal care and daily living support; the Direct Support Professional (DSP), who provides direct supports to persons with developmental disabilities; and the Mental Health Rehabilitation Technician-1 (MHRT-1), who provides daily living supports to persons with severe and persistent mental illness. The PHCAT program would set a consistent standard for competency-based training, across the three largest segments of Maine's personal assistance workforce.

The Maine PHCAT program directly responds to the priorities of DHHS and Maine's Legislature. DHHS is the product of a 2004 merger performed for the primary purpose of better integrating a wide range of programs and services, including the long term services and supports (LTSS) programs for adults and children. A recent legislative directive reinforces that mission for the personal assistance workforce: DHHS is directed to develop "a rational, equitable, and clear framework for defining jobs, administering compensation, designing and delivering training, and ensuring a sufficient and high quality workforce."<sup>1</sup> The PHCAT program will be built as the foundation for a comprehensive training and certification system that would enable career progression, specialization, and cross-training, providing DHHS with the tools and flexibility it needs to reshape its workforce in response to an ever increasing, and increasingly complex, LTSS population.

Under this initiative Maine will accomplish four objectives:

1. *To implement effective project management and product development infrastructure to ensure the success of the project.* Management of this project will sit within the DHHS' Commissioner's Office. DHHS controls all of Maine's Medicaid-funded LTSS programs and all three of the training and certification programs targeted in this proposal. DHHS will leverage the expertise and resources of two state universities and key subject matter experts. The University of Southern Maine brings the Muskie School of Public Service with its expertise in LTSS and the direct service workforce, competency-based curriculum, and training and certification system; the College of Nursing and Health Professions, with its expertise in gerontology, holistic health, therapeutic recreation, dementia, and pain management, and its patient simulation lab; and the Center for Education Policy, Applied Research, and Evaluation (CEPARE) with its expertise in educational research and program evaluation. To reach workers in all parts of our large and rural state, we will pilot our curriculum through the University of Maine at Augusta (UMA), which specializes in distance education delivery for the non-traditional student, through its 75 sites statewide. We will engage a diverse array of stakeholders, both internal and external to DHHS, to ensure that the system meets all relevant stakeholder, regulatory and program needs.

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<sup>1</sup> Public Law, Chapter 546, 124<sup>th</sup> Legislature. An act to stimulate the economy by expanding opportunities for direct support aides.

2. *To develop, pilot and implement a coordinated, competency-based system of training and certification.* We will develop a core curriculum and three tracks of specialized training designed to meet the needs of the fully certified PSS, DSP, and MHRT-1. This system will be designed based on a competency model developed under this grant and complemented by other features, including certification tests, career counseling and mentoring, and continuing education requirements and resources. It will be designed as the foundation for a comprehensive system of training and certification that will enable cross-training for multiple other categories of workers serving multiple population groups, including those with substance abuse disorders and brain injury. This system will be built with the long term goal of enabling career progression for workers providing assistance with instrumental activities of daily living, personal care activities, and health monitoring and maintenance activities; and specialization across population-specific needs and specialized skill sets, such as medication administration. It will build upon work Maine has already done to bridge the PPS training with CNA certification requirements, and regulations governing unlicensed health care assistive personnel and it will replace existing non-competency based curricula with a state-of-the-art system of competency-based curricula.
3. *To develop and implement a sustainable delivery system and web-based portal to promote easy access and the effective and efficient use of public resources.* The sustainability plan will address financial sustainability; governance over the training and certification system; the training, qualifications, continuing education and quality assurance requirements for instructors and on-the-job trainers; and a plan for continuing quality improvement and ongoing stakeholder engagement. A key component of the delivery system will be a web-based portal, which will provide a single point of entry for accessing the curriculum and certification system and the delivery system itself.
4. *To measure and improve the effectiveness of our curriculum and to document the lessons learned from our process so that others, including other states, can benefit from our experiences.* The Maine PHCAT Evaluation and Accountability Plan will employ surveys, external observations of selected meetings, analysis of instructors' course materials, and content and practical knowledge assessments for students in order to assess progress toward the project goals. Findings from the evaluation, the curriculum, the web-based portal, and other products developed under this grant will be disseminated to national venues through national conferences, information clearinghouses, and other outlets.

This system would serve as a national model for coordinating training and certification across multiple categories of personal assistance workers. While many national and state bodies have identified the need for such a model, none has been able to achieve this goal.<sup>2</sup> Maine is exceptionally well positioned to be the first. With the Legislature's support, DHHS' integrated management and commitment to further integration, the expertise of our University partners, and the endorsement of stakeholders, Maine is ready to act. Our demographic and financial reality -- a LTSS population with increasingly complex needs, a looming surge of older adults, and several years of budget cuts now expected to extend into the foreseeable future -- compels us to do so.

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<sup>2</sup> CMS National Direct Service Workforce Resource Center. (September 2009). Direct services workforce core competencies annotated bibliography. Accessed from: <http://www.dswresourcecenter.org/tiki-index.php?page=Training>

## **NEEDS ASSESSMENT**

Currently, Maine has a complicated, fragmented system for training and certifying workers that inefficiently uses limited system resources, poses a barrier to entry and career advancement, and limits DHHS' ability to respond to the changing needs of its LTSS population.

### **THE LONG TERM SERVICES AND SUPPORTS (LTSS) POPULATION**

Based on demographics alone, Maine is on track to be one of the hardest hit by the challenges of serving the aging baby boomer population. Using the median age of the population as a measure, Maine is already considered the “oldest” state in the nation.<sup>3</sup> By 2023, Maine will have the second highest percent (26.5%) of people age 65 or over, moving up from its position of fourth in 2007.<sup>4</sup> The number of Mainers age 85 and above – the age group likely to demand the most long term care – is projected to increase by 11% between 2008 and 2020.<sup>5</sup>

Older adults and adults with disabilities comprise about half of a larger group of adult LTSS users. Of 28,000 adult Medicaid recipients identified as having a continuing need for care, 14,377 were older adults and adults with disabilities; 11,847 were persons with mental illness who receive LTSS through the mental health program; and 4,926 adults with developmental disabilities.<sup>6</sup> Smaller adult population groups include 577 persons receiving consumer directed personal assistance services and 392 adults with brain injury.

The increasingly complex service needs of these groups place greater demands on Maine's personal assistance workforce. In Maine, for people receiving Medicaid services in the home, the most common diagnoses are hypertension (61%), arthritis (57%), depression (49%), and diabetes (35%); dementia, osteoporosis and anemia are also common.<sup>7</sup> Studies also show the strong connection between behavioral health needs and chronic medical disease. Persons with mental illness have higher rates of diabetes, arthritis, heart disease and other conditions. Mental illness is often associated with a co-occurring substance abuse disorder; compared to groups with no underlying behavioral health diagnosis, emergency room visits for medical reasons are 3.5 to

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<sup>3</sup> U.S. Census Bureau. (May 2009). Median age of the resident population by race and Hispanic Origin for the United States and states: July 1, 2008. Accessed from <http://www.census.gov/popest/states/asrh/SC-EST2008-06.html>.

<sup>4</sup> U.S. Census Bureau. (April 2005). Interim projections: Rankings of states by projected percent of population Age 65 and older: 2000, 2010, 2030. Accessed from: <http://www.census.gov/population/www/projections/projectionsagesex.html>.

<sup>5</sup> Woods and Poole Economics, Inc. 2008 New England state profile: state and county projections to 2040, U.S. Census Bureau (April 2005).

<sup>6</sup> Muskie School of Public Service. (2009). A cross system profile of Maine's long term support system: a new view of Maine's long term services and supports and the people served. Accessed from: <http://www.maine.gov/dhhs/reports/spt-final.pdf>

<sup>7</sup> Fralich, J., Bratesman S., Mcguire, C., Olsen L., Ziller, J., Sullivan, K., Gressani, T., Gunn, C. (2010). Chartbook: older adults and adults with disabilities: population and service use trends in Maine. <http://www.maine.gov/dhhs/oes/Chartbook-LTC-Needs-Assessment-2010.pdf>

4.0 times higher for persons with both a mental health and substance abuse diagnosis.<sup>8</sup> Persons with cognitive and physical disabilities have a higher incidence of diabetes, high blood pressure, and obesity.<sup>9</sup> As these groups age, the physical and medical conditions associated with aging will add to the complexity of their service needs.

Maine has also shifted the majority of its LTSS to home and community based services. Of 41,627 users of LTSS, 22% used institutional services and 19% accessed residential services at any point in 2008.<sup>10</sup> This trend is consistent across all population groups, although the rate of progress is not – 57% of older adults and adults with disabilities accessed institutional services; 34% accessed residential services. For people with developmental disabilities, almost all are served under a home and community based waiver program; the vast majority reside in homes of under 6. Mental health services are largely provided to Medicaid members at home or in the community; only 13% receive services in a residential setting.<sup>11</sup> Particularly for those with cognitive and behavioral impairments, the community-based personal assistance worker plays an important role in helping to assure the health and safety of those they serve.

With de-institutionalization has come a coinciding consumer empowerment movement. Maine was one of the first states in the country to offer consumer directed personal assistance services. Its mental health and developmental disability programs both embrace defined standards for person centered planning. While this progress has taken different form at a different pace for each group, we expect these trends to only strengthen as the baby boomer population ages and as younger people with disabilities are raised with different expectations for consumer choice.

## **THE PERSONAL ASSISTANCE WORKFORCE**

Reflecting the fragmented infrastructure surrounding the personal assistance workforce, available data provides only a fragmented view of this group. In 2009, 41% of Maine's 14,150 personal assistance workers were Personal and Home Care Aides, 41% were Home Health Aides, and 18% were Social and Human Services Assistants (excluding CNA and Medicare-certified Home Health Aides). These data provide our best estimate of the number of personal assistance workers but it's not clear how well they align with the wide array of possible job titles for this workforce. In addition to the Certified Nursing Assistant (CNA), Certified Nursing Assistant–Medication Aide (CNA-M), and the Medicare-certified Home Health Aide (HHA), Maine's personal assistance workforce includes these and a number of other state and national certifications or titles:

- Personal Support Specialist (PSS)
- (non-certified) Home Health Aides (HHA)

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<sup>8</sup> Yoe, J., E.Freeman. (June 19, 2009). The interdependence of mental health and physical health: the case for creating integrated systems of care. Maine Department of Health and Human Services. Accessed from [www.maine.gov/dhhs/QI/Block-Grantee-Presentation-06-09.ppt](http://www.maine.gov/dhhs/QI/Block-Grantee-Presentation-06-09.ppt) .

<sup>9</sup> Rimmer, J.H. (2010). Don't die of a broken heart this Valentine's Day. Disability and Human Development, University of Illinois at Chicago. Accessed from [http://www.ncpad.org/director/fact\\_sheet.php?sheet=676](http://www.ncpad.org/director/fact_sheet.php?sheet=676).

<sup>10</sup> Muskie School of Public Services (2009).

<sup>11</sup> Muskie School of Public Services (2009).

- Direct Support Professional (DSP)
- Mental Health Rehabilitation Technician–1 (MHRT-1)
- Alcohol Drug & Counseling Aide (ADCA)
- Certified Residential Medication Aide (CRMA)
- The homemaker, or independent support worker
- Consumer-Directed Personal Assistant.(CD-PA)
- Certified Brain Injury Specialist (CBIS)

Maine’s personal assistance workforce in general are high school educated or have a GED, are at least 17 or 18 years old, depending on the certificate, and have an acceptable criminal background check at the time of hire. Like the majority of Maine’s population, a majority of personal assistant workers are white (96%); over 85% are female; the median age is 44; 86% work for an employer and 57% work full time.<sup>12</sup> Like the people they serve, Maine’s personal assistance workers can live in Maine’s larger urban centers, Portland and Lewiston, where Maine has a significant population of immigrants and refugees; in other smaller towns and cities along the Interstate 95 corridor, in coastal Maine, or in the vast areas of the state where population density is less than 5 people per square mile.<sup>13</sup>

Median hourly wages range from \$9.52 for Personal and Home Care Aides, \$10.65 for Home Health Aides, and \$12.93 for the Social and Human Services Assistant.<sup>14</sup> Labor market projections show that health care jobs, even low paying ones, are in high demand in Maine.<sup>15</sup> Jobs in the home and community based settings are projected to grow faster than other personal assistance workers; between 2006 and 2016 the number of Personal and Home Care Aides jobs are projected to increase by 45% and those for Home Health Aides by 29%. Jobs for Nursing Aides, Orderlies and Attendants are expected to increase by 17%. The overall rate of increase for jobs in Maine is 45%.<sup>16</sup>

Maine’s personal assistance workers provide numerous Medicaid funded services. For the purposes of this initiative we are focusing on the three largest groups of workers – the PSS, the DSP and the MHRT-1. The nature of the services provided by each category of worker overlaps in varying degrees, with different emphasis, and different levels of intensity:

*Personal Support Specialist (PSS).* Maine’s Personal Support Specialist provides nurse-supervised personal care services – assistance with activities of daily living (ADLs), and instrumental activities of daily living (IADLs), and other tasks appropriate to the setting

<sup>12</sup> Center for Personal Assistance Services. Size and characteristics of the Maine PAS workforce, 2005-2007 Accessed from; [http://www.pascenter.org/state\\_based\\_stats/pas\\_workforce.php?state=maine](http://www.pascenter.org/state_based_stats/pas_workforce.php?state=maine).

<sup>13</sup> US Census Bureau. Census 2000: Maine profile; population density by tract. Accessed from: [http://www2.census.gov/geo/maps/special/profile2k/ME\\_2K\\_Profile.pdf](http://www2.census.gov/geo/maps/special/profile2k/ME_2K_Profile.pdf).

<sup>14</sup> U.S. Bureau of Labor Statistics. (April 6, 2010). May 2009 State occupational employment and wage estimates, Maine. Accessed from: [http://www.bls.gov/oes/current/oes\\_me.htm#31-0000](http://www.bls.gov/oes/current/oes_me.htm#31-0000).

<sup>15</sup> Maine Department of Labor. (June 2010). Workforce conditions: an update. Accessed from: <http://www.maine.gov/labor/lmis/publications/lmd/pdf/Apr10.pdf>.

<sup>16</sup> PHI. (October 2009). Quality care through quality jobs: Maine’s direct care workforce. Accessed from: <http://www.directcareclearinghouse.org/download/PHI-StateFacts-ME.pdf>.

and the service – under Maine’s Medicaid state plan; PSS is also provided as a waiver service.<sup>17</sup> Services may involve cueing, physical assistance in maneuvering limbs, weight-bearing assistance, or full performance of a task. A PSS provides services in a home or residential setting.

*Direct Support Professional (DSP).* The Direct Support Professional provides direct support to persons with developmental disabilities through one of two home and community based waiver programs.<sup>18</sup> Direct support may be provided by performing a task or by guiding, directing, or overseeing performance of the task. Direct support can include a wide range of activities including assistance with ADLs and IADLs; skill development; behavior management; health and nutrition maintenance; administering certain medications; assessing well-being; identifying need for medical assistance; assistance making decisions or exercising judgment; and communication. Direct support can be provided in the home, the community or on the job.

*Mental Health Rehabilitation Technician-1 (MHRT-1).* The Mental Health Rehabilitation Technician-1 provides daily living support services under Maine’s Medicaid state plan.<sup>19</sup> The MHRT-1 provides personal supervision and therapeutic support to persons with severe and persistent mental illness, helping individuals to develop and maintain the daily living skills necessary to remain oriented, healthy, and safe. Support methods include modeling, cueing, and coaching. Services are provided in or from consumers’ homes or temporary living quarters. In addition to Mental Health Support Specialist certification, the MHRT-1 is required to have Certified Residential Medication Aide (CRMA) certification, CPR and first-aid training.

## **TRAINING AND CREDENTIALING**

Given the overlapping nature of the services provided, it’s not surprising that there is significant overlap in the topic areas covered under the standardized training curricula, including health and service systems, health and safety, human development; activities of daily living and instrumental activities of daily living, observation, reporting and documentation, communication; legal, policy, and ethical aspects of care.<sup>20</sup> In spite of this overlap, there is very little overlap in the delivery of the training. Some training is provided through DHHS approved trainers; the DSP curriculum is now accessed through the College of Direct Support. There is no recognition of comparable training across the PSS, DSP or MHRT-1. That means, for example, a PSS has to complete the 45 hours required for the DSP, in order to be qualified to serve as a DSP.

Maine has done better at coordinating training within narrower categories of workers. For example, the PSS can receive 20 hours of credit toward a CNA certificate. However, there is no

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<sup>17</sup> 10-144 CMR Chapter 101, MaineCare Benefits Manual, Chapter II, Sections 19, 96 and 97.

<sup>18</sup> 10-144 CMR Chapter 101, MaineCare Benefits Manual, Chapter II, Sections 21.02-6 and 29.02-5.

<sup>19</sup> 10-144 CMR Chapter 101, MaineCare Benefits Manual, Chapter II, Section 17.04-5.

<sup>20</sup> Muskie School of Public Service. (2009). Maine direct service worker: comparison of standardized training programs by topic category.

certification or training requirement or any progression toward a PSS certificate for the homemaker or other unlicensed assistive workers.

## **PUBLIC POLICY IMPERATIVES**

This fragmented system impedes Maine’s ability to develop a workforce that has expertise to meet the increasingly complex needs of the LTSS population. It means duplicative investments in training and impediments to cross-training that would enable employers to redeploy qualified staff across similar types of work. In addition, it creates a barrier to entry for workers who find the system difficult to navigate and options difficult to understand.

None of these issues is new to Maine. In the most recent of a series of initiatives addressing the issue, in January of this year the Direct Care Worker Task Force submitted its report to DHHS recommending changes to direct care worker employment policies and training programs.<sup>21</sup> The Task Force identified a number of key issues that needed to be addressed including the number names used for workers; the need for workforce planning and development; the lack of competency-based training, common language or consistency; the need to identify common core functions and transferable skills; and limited workforce data for planning. The Legislature responded by requiring DHHS to develop a plan for direct support aide employment policies, the “direct support aide” defined to include persons providing “personal daily living supports, health supports, and community supports to adults with long-term care needs.”<sup>22</sup>

Although these issues are not new, the opportunity to do something about it is. Following its 2004 merger, DHHS has gradually reorganized its central management and administration of programs. Program offices that were once dispersed across two separate departments are now under the direction of our Deputy Commissioner for Integrated Services; an Integrated Management Team, comprising program directors, meets weekly. The policymaking staff for all adult LTSS programs is now co-located on one floor in the same building. Almost all licensing functions are consolidated under the Division of Licensing and Regulatory Services.

## **METHODOLOGY**

The goal of Maine’s PHCAT program is to establish a consistent, competency-based training and certification system that:

- Improves the knowledge, competency and practice of the personal assistance workforce across the PSS, DSP and MHRT-1;
- Improves the supply and mobility of these job categories across settings, service populations and programs;
- Optimizes the use of training resources across programs; and
- Establishes a framework for building a comprehensive system that provides a logical career progression and enables specialization and cross-training to respond to a range of

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<sup>21</sup> Maine Direct Care Worker Task Force. (January 2010). Report submitted to the Maine Department of Health and Human Services, January 2010.

<sup>22</sup> Public Law, Chapter 546, 124<sup>th</sup> Legislature. An act to stimulate the economy by expanding opportunities for direct support aides.

complex and changing medical and supportive needs.

To achieve this we have identified four project objectives, each of which is discussed below.

**OBJECTIVE 1: TO IMPLEMENT EFFECTIVE PROJECT MANAGEMENT AND PRODUCT DEVELOPMENT INFRASTRUCTURE TO ENSURE THE SUCCESS OF THE PROJECT.**

The Deputy Commissioner for Integrated Services will provide overall leadership for this initiative and a qualified and experienced project director will provide day-to-day direction. Further detail on management and subcontractors is provided under ORGANIZATIONAL INFORMATION, and in ATTACHMENTS 2 AND 3, LETTERS OF AGREEMENT and POSITION DESCRIPTIONS FOR KEY PERSONNEL.

Our competency-based coordinated training and credentialing system will be designed with the long term goal of developing a comprehensive and flexible system that can serve multiple categories for workers. To ensure that we account for this larger view, our competencies, program curriculum and design for a sustainable delivery system will be developed in collaboration with internal and external stakeholders representing relevant regulatory, program and reimbursement staff within DHHS; the Board of Nursing and other appropriate professional licensing boards; workers; consumers; provider agencies; training providers; Maine's Department of Labor, adult education, and the community college and university systems.

Internal to DHHS, a Steering Committee and Internal Working Group will be convened to coordinate oversight across adult LTSS programs and the Division of Licensing and Regulatory Services. The Steering Committee will include office directors, who will guide the overall direction of the project, defining guiding principles and ensuring that the system satisfies all requirements. An Internal Working Group will provide more operational direction, providing subject matter expertise on program, regulatory, reimbursement and operational requirements for the training and certification system.

Two external stakeholders, a Curriculum Stakeholder Group and a System Design Stakeholder Group will also be formed. These stakeholders will provide a forum to review and vet curriculum and delivery system design. Membership on the Curriculum Stakeholder Groups will be selected with an eye toward building a system that can serve the training and certification requirements for other types of personal assistance workers in addition to the PSS, DSP and MHRT-1. Membership for the System Design Stakeholder Group will be selected with the goal of building a sustainable system that meets the needs of consumers and workers.

Please refer to ORGANIZATION AND ROLES FOR PROJECT MANAGEMENT AND IMPLEMENTATION on page 21 for a graphical representation of our stakeholder process.

**OBJECTIVE 2: TO DEVELOP, PILOT AND IMPLEMENT A COORDINATED, COMPETENCY-BASED SYSTEM OF TRAINING AND CERTIFICATION.**

*THE ROLE OF INTERNAL AND EXTERNAL STAKEHOLDERS.* The proposed curriculum and required competencies are preliminarily described in this proposal, with the understanding that the final competencies and curriculum will be developed with the assistance of our subject matter

experts, in collaboration with internal and external stakeholders, and with the ultimate approval of the Steering Committee.

*TRAINING PARTICIPANTS.* Our system will address training and certification requirements for the PSS, DSP, and MHRT-1. Selection criteria for participation will parallel existing selection criteria: a high school diploma and a criminal background check meeting state regulatory requirements. The Maine Personal Assistance Services Association (Maine PASA), a worker association with membership crossing all titles of workers, as well as many other associations and organization in Maine, supports worker participation in this initiative. See ATTACHMENT 1.

Current training requirements for the PSS, DSP and MHRT-1 are described in the table below. Currently none of these certifications offer true competency-based curricula.

<b>Existing Training Requirements</b>			
<b>Training and Credentials</b>	<b>PSS</b>	<b>DSP</b>	<b>MHRT-1</b>
<b>Responsible for Setting Training Requirements</b>	Office of Licensing & Regulatory Services, DHHS	Office of Cognitive and Physical Disabilities, DHHS	Office of Adult Mental Health Services, DHHS
<b>Required Hours</b>	50 hours	45 hours	96 hours
<b>Selection Criteria and Screening Requirements</b>	17 years old; criminal background check	18 years old; a background check; high school diploma or GED	18 years old, criminal background check
<b>Training Delivery</b>	Trainers approved by the Division of Licensing and Regulatory Services Classroom; on-line option is available	College of Direct Support (as of July 2010)	Trainers approved by the Office of Adult Mental Health Services
<b>Provisional Certification</b>	Complete training within 6 months	Complete training within 6 months	Complete training within 1 year
<b>Full Certification</b>	PSS certificate	Certificate of attendance	MHRT-1 certificate
<b>Completed Training</b>	1083 (Jan 09 to Dec 09)	1100 (July 09 to June 10)	425 (July 09 to June 10)

*CORE AND SPECIALIZED CURRICULA.* The curriculum proposed will include core topic areas common to the PSS, DSP and MHRT-1, and specialized tracks satisfying full certification requirements for all three roles. The specialized tracks will have different but potentially overlapping curricula. Stakeholders will establish criteria for reciprocity across each certificate. In addition, participants will have the opportunity to choose electives from other tracks.

*Common Vision, Goals and Parameters.* To develop the curricula, we will begin by working with internal and external stakeholders to develop a common vision for the training and credentialing system, and will define the goals and identify the parameters that will guide its

development. This vision will be aligned with adult learning principles and a strong student-centered adaptable and flexible approach that fully values the experiences of the learner.

*Competency model.* Guided by this foundation we will develop an objective, measurable, behaviorally-based system of competencies for the core curriculum and specialized tracks. The competency model will be developed in collaboration with stakeholders, building on the foundation of a literature review and review of existing competency, certification, testing, and credentialing standards in Maine and nationally. Part of this analysis will include a review of the Direct Care Alliance’s pilot credentialing test as a model for Maine’s competencies. Competencies will be drafted based on existing requirements and models. Gaps in existing models will be filled by learning from Critical Incident Interviews conducted with high performing workers.<sup>23</sup> The stakeholder group will make recommendations on required competencies for provisional and full certification requirements, and identify the training topic areas and competencies that meet these requirements.

Core competencies and the curricula will be designed keeping in mind the goal of establishing career progressions for workers providing assistance with instrumental activities of daily living, personal care services, and health monitoring and maintenance, as well as opportunities for specialization and cross-training, and mobility across settings. To that end, the design must take into account a variety of program, reimbursement and regulatory requirements, as well as the CNA curriculum and Regulations Relating to the Coordination of Unlicensed Health Care Assistive Personnel.<sup>24</sup>

Core competencies will be aligned with the competency areas required under this grant. There may be overlap in the overall topic headings between core and specialized, with the core curriculum establishing a consistent framework across worker categories and the specialized training providing more in depth learning for a particular certificate. The example below illustrates this approach, providing a preliminary course description for “Roles and Responsibilities,” under the core curriculum and a specialized module focused on the “Role of the Personal Support Specialist.” The core curriculum will cover a broad range of topics; the specialized curriculum will be narrower in focus but in much more depth.

### **Roles and Responsibilities (Core)**

**Course Description:** This module offers an introduction to the roles, responsibilities, and expectations of personal assistance workers providing long term services and supports to various populations. Roles and responsibilities are based the needs of consumers as they strive to maintain a level of quality and independence in their lives.

### **Sample competencies**

- Identify the values of the personal home care profession.
- Describe positive work habits of Personal Assistance Workers.

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<sup>23</sup> Stitt-Gohdes, W., Lambrecht, J., and Redmann, D. (2000). The critical-incident technique in job behavior research. *Journal of Vocational Education Research*. Accessed from: <http://scholar.lib.vt.edu/ejournals/JVER/v25n1/stitt.html>.

<sup>24</sup> 02 CMR 380, Chapter 6.

- Explain why it is important for consumers to maintain dignity, self-direction, and autonomy in all aspects of their lives.
- Articulate strategies that support consumers to be at the center of all decision-making.

**Role of the Personal Support Specialist – (Specialized Track: Personal Care)**

**Course Description:** One primary focus of this module is to explore the role and responsibilities of workers providing personal care to consumers in long term service settings. Participants will engage in learning experiences that broaden their understanding of role differences based on unique work settings. Participants will also be provided with opportunities to learn about their role in supporting consumers through the aging process.

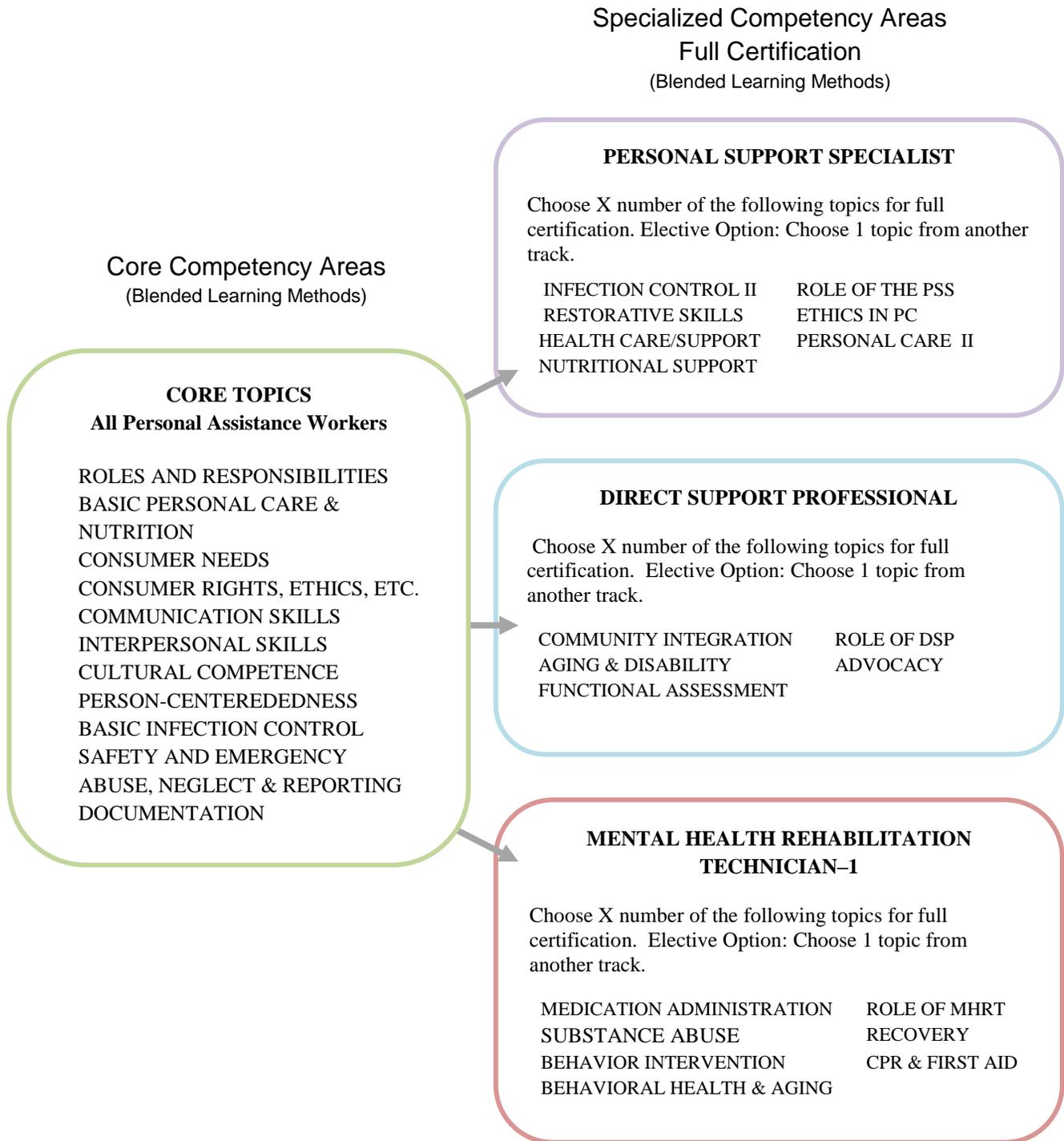
**Sample Competencies:**

- Explain the variety of duties for which Personal Support Specialists are responsible (such as providing assistance with grooming, bathing, etc.).
- Describe appropriate duties that can help consumers address challenges associated with the aging process.
- Identify several complex consumer needs that cannot be appropriately provided by the Personal Support Specialist.
- Explain how the Personal Support Specialist role interfaces with the roles of other team providers.
- Distinguish the differences of Personal Support Specialist roles in independent and consumer-led settings.

Together the core and specialized curriculum for the PSS will address all competency topic areas required under the grant and under the PSS certification. The MHRT-1 and the DSP will have similarly specialized topics and competencies. See PERSONAL ASSISTANCE WORKERS TRAINING MODEL on page 13 for a graphical representation of the competency topics to be addressed in the core curriculum and the specialized curriculum.

*Curriculum.* Based on the competency model and using best practice and existing models where possible, we will define course descriptions, learning experiences and delivery methods, and competency and knowledge checks. Internal and external stakeholders will make decisions about the amount of instruction time spent in a classroom or in clinical training, instructor to student ratios, instructor qualifications, recognition and other aspects of curriculum design. The curriculum will focus on building participants' competencies for promoting person-centeredness, self-determination, autonomy, dignity, empowerment and choice, as well as health, safety, and wellness among consumers. Our approach will include multiple and varied instructional practices that match the unique and wide-ranging learning preferences of participants. The curriculum will be designed to engage participants in various learning activities, such as threaded online discussions, real-time chats with instructors online, conversations via social media, video clips, interactive group work, journaling, case studies, presentations, role plays, and experiential learning simulations. Instructors will be trained to be flexible in their training delivery, offering participants a wide array of choices in their learning methods.

# PERSONAL ASSISTANCE WORKERS TRAINING MODEL



To optimize low-cost access to training, the core training will be developed for distance delivery, through a synchronous and asynchronous format. Specialized tracks will include practical components (*e.g.*, checking vital signs) delivered face-to-face by an appropriately qualified and credentialed instructor. For persons not yet employed, this face-to-face component might be delivered in the classroom, a patient simulation lab, or in a service setting. Alternatively, for people already employed and working under a provisional certification, the practical component will be offered through on-the-job training. We will create a supplemental orientation package that employers can use during on-the-job training; this package will consist of tools, tips, and strategies addressing career counseling, applying new skills and assessing the worker's demonstrated mastery of competencies in the workplace in order to identify coaching, and mentoring needs, as well as criteria for performance appraisals.

OTHER FEATURES. The training and credentialing system will include these other features:

*Certification Test.* The certification test will be developed in collaboration with internal and external stakeholders, consistent with state requirements and national standards. The competency test developed by the Direct Care Alliance will be reviewed as a possible model. The test will consist of both written and competency-based demonstration requirements. Testing content and procedures will reflect cultural sensitivity and acknowledge multiple learning styles

*Career Counseling and Mentoring.* Career counseling and mentoring will be built into the training and certification system in a variety of ways. The core curriculum will include an introductory module presenting realistic job previews (RJPs) to ensure that trainees fully understand all important aspects of their career choice. RJPs have proven successful in promoting self-selection, job satisfaction and retention in other challenging fields, such as child welfare.<sup>25</sup> Career counseling and mentoring for employed workers will be introduced through supplemental orientation materials prepared for employers. These materials will provide employers with tools and strategies for preparing provisional employees for their selected career path and helping them to support their employee's success and retention in the training program (*e.g.*, helping workers to address childcare or transportation barriers). For trainees recruited through ASPIRE, the job program for Maine's TANF recipients, mentoring and career counseling will be provided by ASPIRE caseworkers. For others not yet employed, we will recruit top performers to provide mentorship; these peer mentors will be paid through stipends funded by the grant. The sustainability of the peer program will be addressed under OBJECTIVE 3.

*Continuing Education.* Workers will be required to complete continuing education requirements to enhance and refresh their skills, learn about current theories, practices, and changes in the long-term care field, and to maintain certification. Key stakeholders will make recommendations on specific continuing education requirements, based on current literature and accepted practices in the field. Worker and employer access to continuing education will be supported through the web-based resources, maintained on the web-portal described under OBJECTIVE 3. Resources will be available on demand and will include articles, new laws, information about new medications and medication side effects, supports for supervisors to identify and meet training

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<sup>25</sup> Faller, K.C., Masternak, M., Grinnell-Davis, C., Grabarek, M., Sieffert, J., & Bernotavicz, F. Realistic job previews in child welfare: state of innovation and practice. *Child Welfare*. 2009;88(5):23-47.

needs, and web-based competency tests to certify completion of continuing education requirements. We will explore chat rooms, discussion boards and other web-based interactive activities as a low-barrier strategy to support mentorship.

*Piloting the Training Curriculum.* We will stage curriculum development so that it can proceed as quickly as possible, consistent with the integrity of the stakeholder process. By the end of the 18<sup>th</sup> month we anticipate that the web-based component of the core curriculum will be ready for testing; we will test for usability, navigability, relevance, plain language, and compliance with the accessibility requirements. Concurrently, we will also be designing the pilot and preparing to begin the pilot at the start of the third year. For both the comparison and pilot group, participants will include both persons who are employed and not yet employed. We anticipate some portion of those not currently employed will be people participating in ASPIRE, Maine's job program TANF recipients. In Portland and Lewiston, recruitment will target members of Maine's refugee population to increase Maine's capacity to better serve that community. Participants will meet existing screening standards. For the PSS group, we plan to recruit 60 participants each for the pilot and the comparison group; 35 participants each for the DSP and MHRT-1 pilot and comparison groups, paying stipends as an incentive to participate in evaluation activities.

Delivery of the training will be through the University of Augusta's (UMA) 75-sites located throughout the state. To the maximum degree possible but consistent with the pilot design, the training will be self-paced, allowing participants maximum flexibility to complete separate components of the curriculum. Consistent with current provisional licensing practices, the PSS and DSP will have six months to complete the curriculum; the MHRT-1 will have one year.

The results of the pilot demonstration will be disseminated widely throughout the state of Maine and nationally. In Maine the results will be posted on the Maine DHHS website, the USM website, the University of Maine Augusta website; and distributed to all stakeholders, worker organizations and employers. The results will also be disseminated through presentations at state and national conferences; through national worker, advocacy and provider organizations; other educational institutions; other state human service organizations; and posted on national websites. The Muskie School has a national email distribution list of products and publications; the results will be included in this distribution.

**OBJECTIVE 3: TO DEVELOP AND IMPLEMENT A SUSTAINABLE DELIVERY SYSTEM THAT USES THE BEST OF EXISTING RESOURCES AND CAPACITY AS EFFECTIVELY AND EFFICIENTLY AS POSSIBLE.**

Even before the curriculum and its other components are designed or developed, we will begin to develop a sustainable delivery system. The Steering Committee and the Internal Working Group will define the guiding principles for the system design, and regulatory and other requirements. The System Design Work Group will provide more direct guidance over the design itself. This process will be guided by a shared vision for the delivery system design reflecting, for example, DHHS goals for accountability, accessibility, efficiency, effectiveness and quality. It will also be informed by a review of the existing system and its ability to support the new curriculum and certification system, and a study of the market to better understand the requirements for financial sustainability. The sustainability plan will address financial sustainability, governance over the curriculum and certification system as well as the delivery system; training, qualifications,

continuing education and quality assurance requirements for instructors and on-the-job trainers; and a plan for continuing quality improvement and ongoing stakeholder engagement.

This planning process will be difficult for some who may have to give up their role in the current system. However, attention will be paid to the overarching goals for this initiative; with guidance coming from the Commissioner's Office and the Steering Committee. In addition, to the maximum degree possible, decision making will be driven by data and the long term needs of Maine's LTSS population.

A key component of the delivery system will be a web-based portal, which will provide a single point of entry for accessing the curriculum and certification system and the delivery system itself. This web-portal will have similar features to that of Maine Roads to Quality (MRTQ), a web-based portal to training requirements for child care workers. The portal will be designed for multiple audiences, such as workers, employers, and consumers; and multiple purposes, such as the web-based access to the certification requirements; training curricula and competency tests, continuing education, supplemental resources for employers, and information a consumer can use when selecting a worker. Like the web-based curriculum, this web-based portal will be tested for usability, navigability, relevance, plain language, and compliance with the accessibility requirements. As this project comes to a close and full implementation becomes a reality, the web-portal will be well publicized to ensure its visibility and accessibility.

**OBJECTIVE 4. TO MEASURE AND IMPROVE THE EFFECTIVENESS OF OUR CURRICULUM AND TO DOCUMENT THE LESSONS LEARNED FROM OUR PROCESS SO THAT OTHERS, INCLUDING OTHER STATES, CAN BENEFIT FROM OUR EXPERIENCES.**

The Maine's PHCAT Evaluation and Accountability Plan will employ surveys, external observations of selected meetings, analysis of instructors' course materials, and content and practical knowledge assessments for students in order to assess progress toward the project goals. Evaluation activities will yield information on the effectiveness of the redeveloped trainings for preparing personal assistance workers in the content and skills needed for successful employment, and will also look comprehensively at the efficiency and sustainability of the modified delivery infrastructure. A detailed timeline of evaluation data collection activities is included in the WORK PLAN beginning at page 22.

During the curriculum development and organization of delivery phase of the project in the first 18 months, evaluation activities will focus on gathering information to provide formative feedback to the project staff. Observations of internal and external stakeholder group meetings and conversations (including e-mail communications) will be the primary means of determining whether the project is progressing as intended, and for identifying areas that require additional attention. Frequent and timely feedback will be provided to project leadership on an ongoing basis via individual conversations and participation in meeting discussions. Yearly summative evaluations, monitoring whether the project is meeting its benchmarks, will be given through annual reports to the funding agency.

In the beginning of Year 3, students in the pilot implementation of the core training will take a refined background survey to gather demographic and work-related information necessary to identify potential subgroups in subsequent data analysis; and a pre-test specific to their intended

employment track (PSS, DSP or MHRT-1). The pre-tests will cover content aligned to the specific theoretical and applied knowledge identified as essential to each track, and will also ask students to rate their abilities on various performance-based tasks. In developing the assessments for the PSS, Direct Care Alliance specifications will be used as a key resource. Comparison groups of students beginning studies for the PSS, DSP, and MHRT-1 certifications through existing training programs will also take the background survey and relevant content tests. Post-tests covering the content knowledge and self-ratings for each employment track will be administered to pilot students at the completion of their Core and practical training, and to comparison students who complete their PSS, DCS, or MHRT training by the end of Year 3. Secondary outcomes, determining whether students can demonstrate satisfactory performance of the essential skills and abilities for each specialized area will be measured through performance-based assessments administered at the end of the training for both pilot and comparison students. As with the content knowledge tests, performance assessments of skills and abilities will be developed by the curriculum team to align with specialized competencies, and administered by course instructors. In developing common content and performance assessments and incorporating them into training requirements, project resources will be used to ensure scalable and sustainable assessments rather than developing separate assessments for the sole purpose of project evaluation. Learnings from the content and practical assessments will be incorporated into future certification tests,

Content knowledge and self-ratings for pilot and comparison groups will be analyzed at the end of the third year. Pre tests will be used to evaluate baseline comparability of pilot and comparison groups and subgroups, bolstering the validity of findings for the convenience sample of students selected to participate in the pilot. Comparison students will be recruited from entire sections of training modules in existing certification programs offerings, and taught by different instructors than those in the pilot modules. This will ensure a representative range of comparison students, and will eliminate the possibility of pilot curriculum activities appearing in comparison trainings if the same pool of instructors were to be used to access both groups; comparison instructors will not receive results of the pre-tests. While individual student assignments to the pilot study will be non-random, participation in the pilot will be open to any interested and eligible students on a first-come, first-served basis with consideration for subgroup quotas. Individual student gains in content knowledge and in self-ratings of skills and abilities will be calculated, and aggregate scores for subgroups will be tested for significant differences. In evaluating student outcomes, the pilot trainings will be considered to have achieved project objectives if student growth is as good as, or better than, that in the comparison groups.

During Year 3, selected classroom observations will be conducted to determine fidelity of implementation across multiple instructors, and to evaluate student engagement in pilot and comparison trainings. Course materials and related artifacts, including lesson plans and selected instructional handouts, will also be collected for each pilot section to ensure proximate adherence to the pilot curricula.

In addition to the above evaluation activities, qualitative surveys will be developed and administered by the evaluation team in Years 2 and 3 to participating students, their employers, module instructors, and stakeholder group members to determine their perspectives on the project's effectiveness. The student exit survey will elicit overall input about their experiences

in their program, determine whether they were impacted by recruitment activities, and also explore the additive value of career information and other resources provided through the project. Information learned from the surveys, combined with student assessment data, will be shared with the project staff as it becomes available, enabling the leadership to make adjustments to improve the quality and efficiency of the training content, delivery, and supports. All findings will be reported annually.

## **WORK PLAN**

Our WORK PLAN is represented in table form beginning on page 22.

## **EVALUATION AND TECHNICAL SUPPORT CAPACITY**

The evaluation will be conducted by Dr. David L. Silvernail, Director of the Center for Education Policy, Applied Research, and Evaluation (CEPARE) at the University of Southern Maine, and his staff. CEPARE was founded in 1989 to provide services to state agencies, the Maine legislature, K-12 school districts, and other organizations in need of information to support effective educational programs and policies. In addition to its state contracts, CEPARE has been involved in research and program evaluations in a range of projects funded by NSF, NASA, and various state and local agencies, focusing on topics including educator preparation and professional development, K-12 school funding, educational technology, open education resource learning, and the study of higher performing, efficient schools.

## **ORGANIZATIONAL INFORMATION**

The combination of DHHS, university and stakeholder expertise will be a key to our success in the implementation of this grant.

### **THE MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES**

DHHS houses all programs providing long term care and supports to Medicaid recipients, sets reimbursement rates and establishes regulatory credentials and role descriptions of PSS, DSP and MHRT. The Department's mission is to "provide integrated health and human services to the people of Maine to assist individuals in meeting their needs, while respecting the rights and preferences of the individual and family, within available resources." Its vision and guiding principles are aligned with this mission, focusing on the health and well-being of the people it serves.<sup>26</sup>

Within DHHS the Deputy Commissioner of Integrated Services is responsible for the coordination of all DHHS programs and services, including LTSS and protective programs for adults and children. The Deputy Commissioner reports directly to the Commissioner and chairs the Integrated Management Team (IMT), including all DHHS Program and Office Directors. As described in the project organizational chart, the Deputy Commissioner will also chair the Steering Committee and supervise the Project Director. See ORGANIZATION AND ROLES FOR PROJECT MANAGEMENT AND IMPLEMENTATION on page 21. The Deputy Commissioner will promptly hire an RN with direct experience in LTSS to serve as a Project Director and the DHHS Director of Integrated Training Programs.

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<sup>26</sup> DHHS. Vision, mission and guiding principles. Accessed from: [http://www.maine.gov/dhhs/mission\\_vision.html](http://www.maine.gov/dhhs/mission_vision.html).

## **THE UNIVERSITY OF SOUTHERN MAINE**

University of Southern Maine (USM) will be the primary subcontractor for the project. Since 1981, DHHS and USM have entered into cooperative agreements under Maine law to provide technical assistance, training and research support to the Department. For the purpose of this grant, DHHS will call on the expertise of three units within USM:

*Center for Education Policy, Applied Research, and Evaluation (CEPARE).* In USM's College of Education and Human Development, CEPARE will conduct evaluation activities, reporting directly to the DHHS Project Director. See EVALUATION STAFF AND TECHNICAL CAPACITY above for more information about CEPARE.

*College of Nursing and Health Professions (COHNP).* COHNP has expertise in gerontology, holistic health, therapeutic recreation, dementia, and pain management and will provide subject matter expertise in specialized curriculum and competency development. The School of Nursing has a state of the art Learning Resources and Simulation Center (LRSC). The LRSC consists of a six-bed skills laboratory, an eight-table physical examination lab, and a two patient, acute care, simulation lab, with a variety of hardware; software; and virtual-reality and simulated-learning equipment.

*Muskie School of Public Service (MSPS).* The Muskie School will be the primary contact responsible for managing the cooperative agreement, staffing stakeholder groups and drafting grant deliverables for review by stakeholder groups. It will also collaborate widely with stakeholders, community colleges and other universities. Muskie will subcontract with the University of Maine at Augusta (UMA) for delivery of the pilot training.

The Muskie School combines four academic programs (Masters degrees in Health Policy, Public Policy and Management and Community Planning and Development; a PhD in Public Policy) with a large applied research center (Catherine E. Cutler Institute for Health and Social Policy). The Institute employs over 200 researchers and conducts over \$35 million in externally funded research and public service activities annually in the program areas of Disability and Aging, Population Health and Health Policy, Children, Youth and Families, and Criminal Justice. Over the years the Muskie School and DHHS have enjoyed a close and effective partnership with a long list of successful collaborations. Some of these collaborations include

*Maine Child Welfare Training Institute, Caseworker Pre-Service Training.* Development of a 240-hour competency-based training curriculum for new BSW and MSW graduates entering public child welfare employment (70% classroom, 20% on-line and 10% guided on-site instruction).

*Public Welfare Eligibility Training.* Development of a 228-hour curriculum for newly hired Integrated Eligibility Specialists (Medicaid, Food Stamps, and TANF); training can be used as academic credit toward a UMA degree in Human Services.

*Maine Roads to Quality (MRTQ).* Development of a training registry and career lattice for child care direct care workers, administrators and education specialists; includes a 180-hour

Core Knowledge training and an articulation agreement with the community college system to acknowledge completion of the Core toward college credit.

*Mental Health Rehabilitation Technician Certification (MHRT)*. Creation of competency-based MHRT certification system; including the basic competency model and curriculum standards, under direction of DHHS and in collaboration with employers, workers, consumers, private training providers, community colleges and universities.

Muskie's experience in curriculum development is also recognized nationally. In the last year they developed a national on-line Leadership Academy for Child Welfare Supervisors, as part of the National Child Welfare Workforce Institute, funded by the federal Children's Bureau, and an on-line training for Home and Community Based Services (HCBS) Case Managers, funded by the Centers for Medicare and Medicaid Services.

Muskie also has substantial subject matter expertise in the areas of long term care quality, funding and systems, both nationally and in Maine. The Disability and Aging program has worked closely with DHHS to provide research, policy analysis, and program development in the area of LTSS and the direct service workforce. Recently the Muskie School cataloged the role descriptions, job titles, job requirements, training requirements and certification of all positions providing direct care services in Maine. The report included a crosswalk of 24 - 26 job titles.

### **THE UNIVERSITY OF MAINE AT AUGUSTA (UMA).**

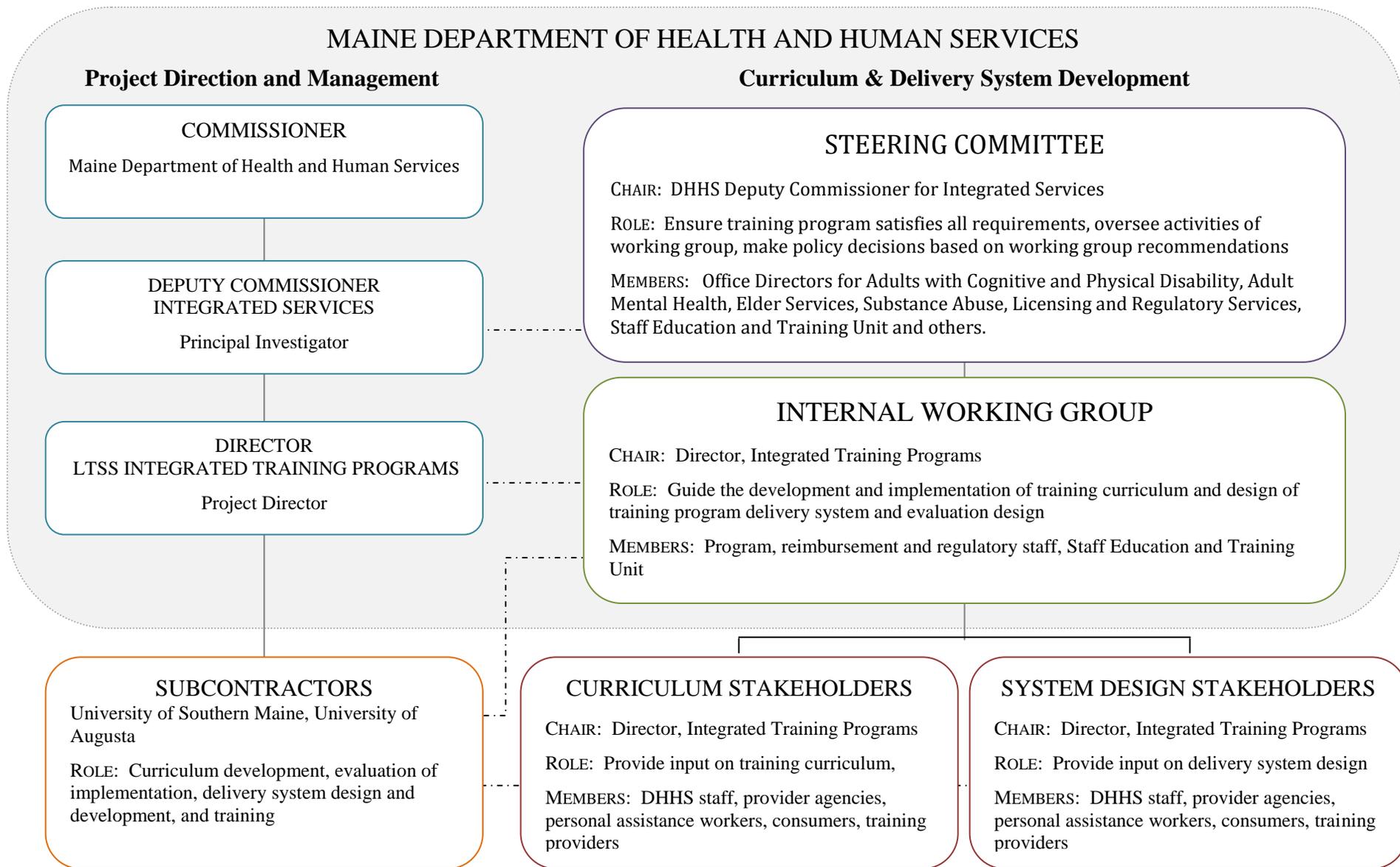
UMA has a long history of partnering with DHHS and the Muskie School building academic and training programs to prepare a trained workforce for the demand of direct service positions in health and human services. UMA was an essential partner in building the MHRT system and remains our largest provider of MHRT classes.

UMA currently offers Associate's and Bachelor's degrees and four certificates in their Mental Health and Human Service Program. These are offered on-line as well as in traditional classroom settings. Programs include the Mental Health Rehabilitation Technician/Community (MHRT/C) certificate provided since 1992; the Substance Abuse Rehabilitation offered since 1992; the Child and Youth Care Practice developed in 2000; and Gerontology developed in 1992. UMA also offers non-academic MHRT/C courses in the state of Maine using a blended model consisting of a combination of distance and Interactive Television (ITV).

The Mental Health and Human Service Program serves approximately 900 students and has been UMA's largest program for 10 years. Their typical student is non-traditional and is on average 33 years old. UMA offers all part-time, full-time, credit and non-credit students the same level of support services consisting of tutoring, counseling, advising and testing. UMA's MH and HS program has eight faculty, seven of whom have PhDs in areas such as psychology and social policy, and one faculty member who has an M.S.W. degree.

UMA offers courses through ITV (interactive television) at 75 locations throughout the state of Maine and at 10 university colleges. They also offer computer access throughout the State.

ORGANIZATION AND ROLES FOR PROJECT MANAGEMENT AND IMPLEMENTATION



<b>WORK PLAN</b>													
<b>OBJECTIVE 1: PROJECT STRUCTURE</b>		<b>ANNUAL SUB-OBJECTIVES</b>											
		<b>YEAR 1</b>				<b>YEAR 2</b>				<b>YEAR 3</b>			
To implement effective project management & product development infrastructure		To secure the skills and expertise needed to manage and implement the project  To actively engage stakeholders to ensure the success of the project				To actively engage stakeholders in the development of training curriculum				To actively engage stakeholders in the development of the delivery system			
<b>ACTIVITIES/STEPS</b>	<b>LEAD</b>	<b>Quarter</b>				<b>Quarter</b>				<b>Quarter</b>			
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1. Hire Project Director (PD) and implement general subcontract	Deputy Comm.	■											
2. Convene Steering Committee (SC)	Deputy Comm.	■	■	■	■	■	■	■	■	■	■	■	■
3. Convene Internal Working Group (IWG)	PD	■	■	■	■	■	■	■	■	■	■	■	■
4. Convene Curriculum Stakeholder Group (CSG)	PD	■	■	■	■	■	■	■	■	■	■	■	■
5. Convene System Design Stakeholder Group (SDSG)	PD			■	■	■	■	■	■	■	■	■	■
<b>OUTCOMES FOR OBJECTIVE 1</b>		<b>ANNUAL OUTCOMES</b>											
		<b>YEAR 1</b>				<b>YEAR 2</b>				<b>YEAR 3</b>			
Training and certification system and delivery system is designed and implemented  Training and certification system and delivery system is responsive to the needs		Project Director managing grant  Subject matter experts on staff or under contract				Same as Year 1 PLUS  Development of training curriculum is informed by stakeholder needs,				Same as Year 1 PLUS  Development of delivery system design is informed by stakeholder needs,			

WORK PLAN – MAINE PERSONAL ASSISTANCE WORKER TRAINING PROGRAM

of stakeholders Internal and external stakeholders support coordinated training and credentialing system		Directors and staff from relevant DHHS offices actively participate in SC and IWG  Key external stakeholders actively participate in CSG and SDSG				experience and expertise Stakeholders support training curriculum				experience and expertise Stakeholders support delivery system design			
<b>OBJECTIVE 2: CURRICULUM</b>		<b>ANNUAL SUB-OBJECTIVES</b>											
		<b>YEAR 1</b>				<b>YEAR 2</b>				<b>YEAR 3</b>			
To develop coordinated system of training curricula and credentialing requirements for PSS, DSP and MHRT-1		Define vision and set parameters for coordinated training and credentialing system  To define competency model for core and PSS, DSP & MHRT-1				To develop core & specialized curriculum  To test web-based applications  To design pilot  To develop supplemental tools for career counseling and mentoring				To conduct pilot and refine curriculum  To define standards and supplemental tools for continuing education			
<b>ACTIVITIES/STEPS</b>	<b>LEAD</b>	<b>Quarter</b>				<b>Quarter</b>				<b>Quarter</b>			
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>1. Define vision &amp; set parameters</b>													
Define vision, guiding principles and legal parameters for coordinated training and credentialing system	SC, IWG & CSG	■	■										
<b>2. Develop competency model</b>													
Conduct literature review, review other models, etc.	MSPS	■	■										
Define core & specialized competency areas,	PD w/CSG and MSPS		■	■	■								

WORK PLAN – MAINE PERSONAL ASSISTANCE WORKER TRAINING PROGRAM

competencies and behavioral indicators													
Develop and test competencies based on critical incident interviews	MSPS w/PD & CSG			■	■								
<b>3. Develop curriculum</b>													
Develop curriculum	MSPS & CONHP, UMA				■	■	■						
Develop career counseling and mentoring tools	MSPS w/PD & CSG					■	■						
Define provisional, full certification requirements and certification tests;	SC w/IWG, & CSG					■	■						
Develop reciprocity & recognition standards	SC w/IWG, & CSG					■	■						
<b>4. Test &amp; pilot curriculum</b>													
Test web-based curriculum	MSPS							■	■				
Design pilot	PD w/MSPS, CEPARE & CSG							■	■				
Develop training delivery system for pilot	MSPS & UMA							■	■				
Recruit peers for mentoring program	PD w/CSG							■	■				
Conduct pilot & evaluation	PD w/UMA, CEPARE									■	■		
Review evaluation findings	PD, SC, IWG, & CSG											■	■
Revise curriculum	MSPS												■
<b>7. Develop continuing education</b>													

WORK PLAN – MAINE PERSONAL ASSISTANCE WORKER TRAINING PROGRAM

<b>program</b>													
Define continuing education requirements	SC w/IWG & CSG									■			
Develop continuing education resources and certification system	MSPS w/PD and CSG										■	■	■
<b>OUTCOMES FOR OBJECTIVE 2</b>		<b>ANNUAL OUTCOMES</b>											
		<b>YEAR 1</b>				<b>YEAR 2</b>				<b>YEAR 3</b>			
Core and specialized training curricula for PSS, DSP, MHRT-1; compatible with comprehensive system for other worker categories.		Common vision and parameters for training and credentialing system  Competency model				Core and specialized curriculum  Web-based application for core curriculum  Pilot design  Career and mentoring supplemental tools				Refined curriculum  Continuing education standards and supplemental resources			
<b>OBJECTIVE 3: DELIVERY SYSTEM</b>		<b>ANNUAL SUB-OBJECTIVES</b>											
		<b>YEAR 1</b>				<b>YEAR 2</b>				<b>YEAR 3</b>			
Develop and implement a sustainable and coordinated training and certification delivery system  Design web-based portal for accessing and managing training delivery  Ensure visibility and accessibility of training and certification system		Define vision and set parameters for delivery system  Define requirements for web-based portal				Define requirements for and design delivery system  Design web-based portal for accessing and managing training delivery				Develop and implement delivery system  Develop web-based portal  Implement communication strategy			
		<b>Quarter</b>				<b>Quarter</b>				<b>Quarter</b>			
<b>ACTIVITIES/STEPS</b>	<b>LEAD</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>1. Define vision &amp; set parameters</b>													
Define vision, guiding principles and legal	SC w/IWG & CSG				■	■							

WORK PLAN – MAINE PERSONAL ASSISTANCE WORKER TRAINING PROGRAM

parameters for delivery system													
<b>2. Design &amp; implement delivery system</b>													
Review existing infrastructure, regulatory requirements, and models; new system; market for training	MSPS w/PD & SDSG				■	■	■	■	■				
Develop plan for overall financial sustainability; governance plan, instructor and trainer training, qualifications; continuous quality improvement and stakeholder engagement	SC w/IWG SDSG									■	■	■	■
<b>3. Develop visible web-based portal</b>													
Design and develop web-based portal	MSPS w/SC, IWG & SDSG				■	■	■	■	■	■	■	■	■
Develop and implement communication strategy for web portal	Dep. Comm. & PD w/SC, IWG & SDSG												■
<b>Outcomes for Objective 3</b>		<b>Annual Outcomes</b>											
		<b>Year 1</b>				<b>Year 2</b>				<b>Year 3</b>			
A sustainable delivery system supporting training and credentialing for the PSS, DSP & MHRT-1  A web-based portal for accessing and managing the training and certification and training delivery system.		Vision for sustainable delivery system				Definition of requirements for new system  Financial sustainability study  Design of web-based portal				Plan for the ongoing financial sustainability, governance, and quality of the training and training delivery system  Web-based portal			

WORK PLAN – MAINE PERSONAL ASSISTANCE WORKER TRAINING PROGRAM

<b>OBJECTIVE 4: EVALUATION</b>		<b>Annual Sub-Objectives</b>											
		<b>Year 1</b>				<b>Year 2</b>				<b>Year 3</b>			
		Monitor progress of project activities and assess productivity of stakeholder and working groups.				Continued monitoring of project implementation; Evaluation of initial core training experiences.				Determination of effectiveness of training curricula; Disseminate final reports, findings to national audiences.			
<b>Activities/Steps</b>	<b>Lead</b>	<b>Quarter</b>				<b>Quarter</b>				<b>Quarter</b>			
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>1. Conduct formative learning</b>													
Observe selected internal working group, steering committee, and stakeholder meetings	CEPARE	■	■	■	■	■	■	■	■	■	■	■	■
Collect key records and artifacts (e.g. meeting notes, draft curricula, e-mails)	CEPARE	■	■	■	■	■	■	■	■	■	■	■	■
Conduct formal and informal interviews with project staff to discern successes and challenges	CEPARE	■	■	■	■	■	■	■	■	■	■	■	■
Collect course materials	CEPARE							■	■	■	■	■	■
<b>2. Conduct student assessments</b>													
Conduct student background survey (pilot & comparison)	CEPARE / Course Instructors										■		

WORK PLAN – MAINE PERSONAL ASSISTANCE WORKER TRAINING PROGRAM

Test <b>pilot</b> students' content knowledge and conduct <b>self-rating</b> of practical/applied knowledge.	CEPARE / Course Instructors									Pre	Post		
Test <b>comparison</b> students' content knowledge, and conduct <b>self-rating</b> of practical/applied knowledge.	CEPARE / Course Instructors									Pre	Post		
Instructor performance-based assessment of students' applied <b>skills</b> (post only); Conduct student exit surveys	CEPARE / Course Instructors										Pilot		
											Comparison		
Conduct exit surveys of instructors, employers, and stakeholders	CEPARE								■				■
Disseminate findings to state and national audiences										■	■	■	■
<b>Outcomes for Objective 4</b>	<b>Annual Outcomes</b>												
		<b>Year 1</b>				<b>Year 2</b>				<b>Year 3</b>			
Project activities are monitored for meeting stated project goals and objectives Effectiveness of training programs is measured Evaluation findings are disseminated to national audiences		Formative feedback provided				Assessments & instruments developed				Conclusions about effectiveness of training curricula; Evaluation findings and summary reports are published and disseminated			