

NORTH CAROLINA

Changes Made in 2003 Appear in Bold

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
<p>Wages (includes wage pass-throughs)</p>	<p>Benefits</p> <ul style="list-style-type: none"> NC Health Choice for Children materials (state children’s health insurance) sent to newly listed CNAs; plans to expand informational campaign to other paraprofessional aide workers 	<p>(Includes career ladders)</p> <ul style="list-style-type: none"> Program established to provide incentives to improve aide job skills, job satisfaction and performance; and improve recruitment and retention of nurse aides in nursing homes. Program is continuing for nurse aides in nursing homes using civil penalty fine money and known as the Win-A-Step-Up program which is administered as a joint effort of the NC Department of Health and Human Services and the Institute on Aging. Developing “Geriatric Nurse Aide” curricula for Nurse Aide I’s interested in additional training/career advancement. Medication administration staff and supervisors in adult care homes must successfully complete clinical skills competency evaluation and pass written exam within 90 days of requirement. Six hours of continuing education in medication administration required annually. NC Board of Nursing and the Department of Health and Human Service co-sponsoring a work group to develop a medication aide job category. Coaching supervision train-the-trainer sessions conducted through a cooperative arrangement with the Paraprofessional Healthcare Institute to develop a cadre of trained trainers to offer this training in NC through the community college system, area health education centers and other venues. 	<ul style="list-style-type: none"> January 2001, the NC Institute of Medicine’s Long Term Care Task Force published recommendations to reform NC’s long-term care system; included recommendations on paraprofessional and professional workforce Report available at www.nciom.org/lctfinal.pdf

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
<p>NC Administrative Code, Title 10, 03H.2303</p> <ul style="list-style-type: none"> 2.1 hrs/pt day <p>H736 (2001)</p> <ul style="list-style-type: none"> All licensed adult care homes/nursing homes must publicly post number of direct-care staff and supervisors on shift 	<ul style="list-style-type: none"> \$1.6million Real Choice grant currently underway. Grant will focus on paraprofessional workforce initiatives. Major components include: career ladder efforts, policy review to identify policies that contribute to institutional care bias, public education/awareness efforts, development of direct-care worker association and development of consumer directed care model. C-PASS grant to address policy and practice issues related to consumer directed care. 	<ul style="list-style-type: none"> Annual collection and analysis of basic turnover data on direct-care workers in nursing homes, adult care homes and home care agencies, using standard set of questions – initiated in 2001. Increased Medicaid reimbursement rates for Personal Care services provided in adult care homes; considered increased medication administration competency (2000). Direct Care Workers Association of North Carolina established in 2003 (DCWA-NC) www.dcwa-nc.org Independence Plus Medicaid waiver approved by CMS to pilot consumer directed care through several Community Based Waiver Programs for Disabled Adults. NC Foundation for Advanced Health Programs received a <i>Better Jobs Better Care</i> demonstration grant – for project description see: www.bjbc.org/Page.asp?sectionID=3 UNC-Chapel Hill’s Cecil G. Sheps Center for Health Services Research received a <i>Better Jobs Better Care</i> Applied Research and Evaluation grant – for project description see: www.bjbc.org/page.asp?pgID=79