

Long-Term Care Foundation

of Washington State

Pilot Program

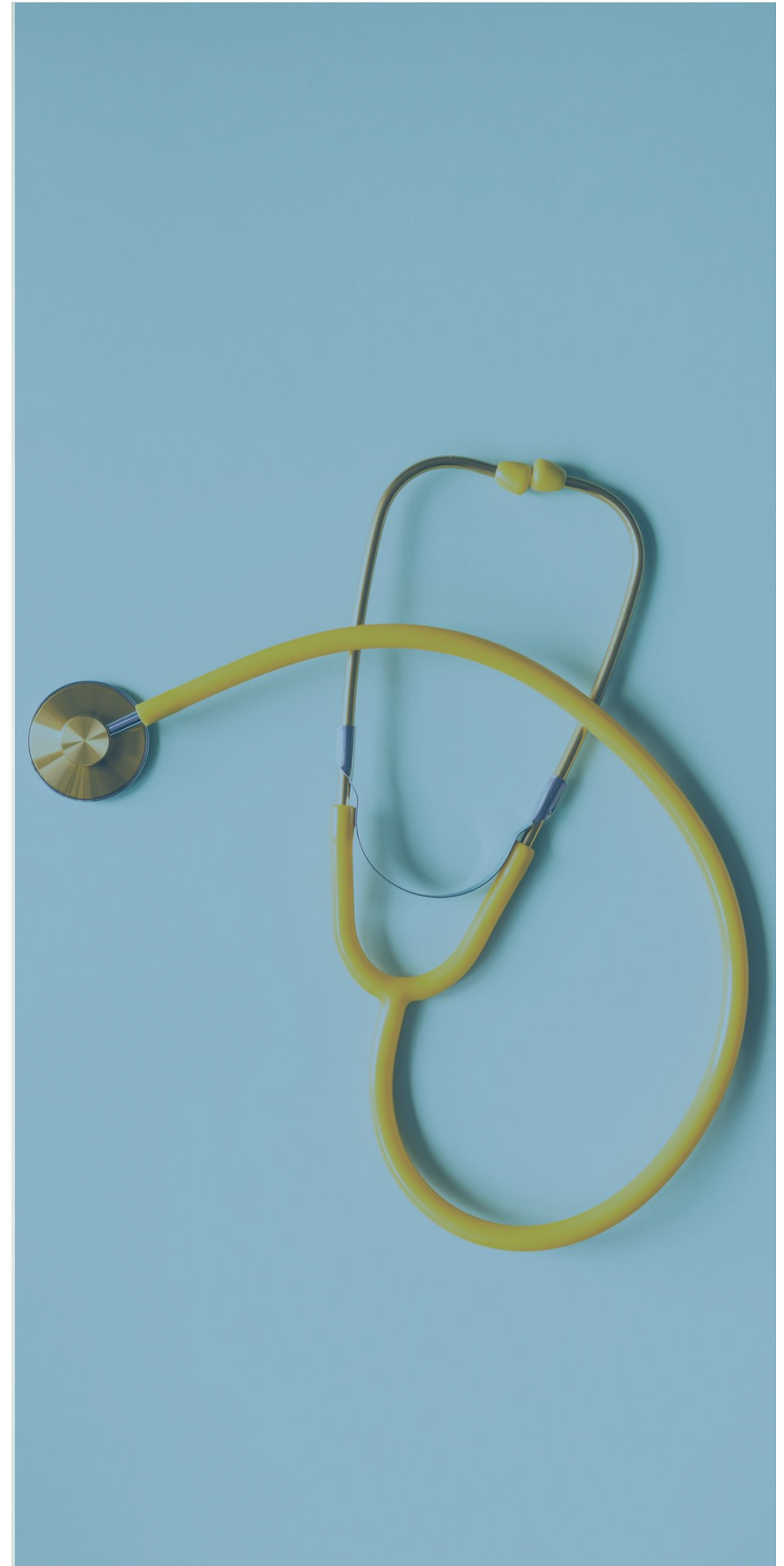
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The Long-Term Care Foundation

Learning Objectives

- Know where to find more information on the LTCF's website about the Pilot Program
- How to sign up for the Pilot Program
- Understand the difference between the individual application vs the sponsorship application
- Understand how the Pilot Program works
 - Reimbursement process
- Know who to contact about the Pilot Program

Agenda

- What is the pilot program?
- How does the pilot program work?
- What are the benefits to using the pilot program?
- How to access the pilot program applications
- Approval process and how to submit your application
- Reimbursement process
- WACs for training
- Training and certification timelines
- FAQs

WHAT IS THE PILOT PROGRAM?



- The Pilot Program helps assist eligible adult family homes to recruit, train, and retain new qualified long-term care workers.
- The Pilot Program helps to provide a sponsorship benefit to cover the cost of the training necessary for your caregivers to become a certified long-term care worker and an opportunity to further long-term care worker development.
- You can find more information and download the Pilot Program applications under the Training section on our website at www.longtermcarefoundationwa.org/pilot-program

AFH SPONSORSHIP PILOT PROGRAM DEFINITION

A sponsor is someone that is willing to provide support and guidance, they can also vouch for an individual they are looking to sponsor.





PILOT PROGRAM

The training we offer the funding for:

- Home Care Aide
- CNA
- HCA to CNA bridge program
- AFH Administrator Training
- Adult Education
- Specialty Training
 - Dementia
 - Mental Health
 - Nurse Delegation
 - Nurse Delegation with a special focus on Diabetes
- HIV/AIDS

PILOT PROGRAM INCENTIVES

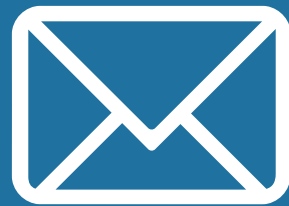
Reimbursement for completion of training hours

- For trainings that result in a long-term care worker
- Reimbursement rate is \$20 per hour
- Employer can pay their caregiver their regular hourly rate and set aside time during working hours for caregiver to complete training

Reimbursement of application and testing fees to start the certification process

- Home Care Aide Application \$222
- Nursing Assistant Application \$85
- Nursing Assistant Exam Fee \$124

HOW DO I APPLY TO THE PILOT PROGRAM?



Send your application to Zenaida, Workforce Development Specialist at zenaida@tcfwa.org



If you need a fax number, please let us know



Once your application is approved, we will follow up with next steps



Eligible adult family homes must have a Medicaid contract (Currently it does not matter how many Medicaid clients you have)

PILOT PROGRAM APPLICATIONS

Adult Family Home Sponsorship Application

Please use this application if you have someone that you would like to sponsor through training or needing assistance with finding staff.

Individual Application

This application is for individuals not currently working in an AFH, but they are committed to completing the required training and would like to work in an AFH.



Adult Family Home Training Network
Worker Sponsorship Pilot Program
Adult Family Home Sponsorship Application
Updated 2/25/22

The cost of the training and—for certain specified training—employee salary and benefits during the training, will be paid by The Long-Term Care Foundation from a portion of the training benefit negotiated for Adult Family Homes in the collective bargaining agreement with the State of Washington.

Information collected from this application will be part of a data analysis of the pilot program.

Adult Family Home: _____

License Number: _____

Address: _____

City/State/Zip Code: _____ / _____ / _____

County: _____

Owner's Name: First: _____ Last: _____

Adult Family Home Contact (person to help manage sponsorship process):

First: _____ Last: _____

Telephone: _____ E-mail: _____

Is your adult family home approved to offer on-the-job training? ☐ Yes ☐ No

If yes, what kind of training? _____

Do you currently have a Medicaid contract? ☐ Yes ☐ No

If yes, how many Medicaid clients do you have? _____

Do you have an applicant that you would like to sponsor through one or more qualifying training?

☐ Yes ☐ No

If yes, please provide the following information about your sponsored applicant.

If no, would you like our assistance in helping you recruit a new employee? ☐ Yes ☐ No

Questions continued on next page



Adult Family Home Training Network
Worker Sponsorship Pilot Program
Adult Family Home Sponsorship Application

Sponsored Applicant:

First Name: _____ Last Name: _____

Address: _____

City/State/Zip Code: _____ / _____ / _____

County: _____

Telephone: _____ E-mail: _____

Date of Birth (MM/DD/YYYY): _____ / _____ / _____

Hire Date/Intend to Hire Date: _____ / _____ / _____

Gender (Check one): ☐ Male ☐ Female ☐ Non-Binary ☐ Decline to Answer

Race (Check one): ☐ Hispanic ☐ White/Caucasian ☐ Black/African American ☐ Asian

☐ American Indian or Alaska Native ☐ Hawaiian Native or Other Pacific Islander

☐ Multi-racial ☐ Other ☐ Decline to Answer

Disability: ☐ Yes ☐ No ☐ Decline to Answer Military Veteran: ☐ Yes ☐ No

Does the applicant have previous health care experience? ☐ Yes ☐ No

If yes, please describe: _____

Does the applicant currently hold any certifications? ☐ Yes ☐ No

If yes, please describe: _____

Questions continued on next page



**Adult Family Home Training Network
Worker Sponsorship Pilot Program
Adult Family Home Sponsorship Application**

Please check off what the applicant has completed below to work in Adult Family Home:

- | | |
|---|--|
| <input type="checkbox"/> Background Check | <input type="checkbox"/> Food Handlers |
| <input type="checkbox"/> CPR/First Aid | <input type="checkbox"/> TB |

Which of the trainings below are needed for applicant to become a long-term care worker?

- | | |
|---|---|
| <input type="checkbox"/> Home Care Aide Training (75 hours) & Testing | <input type="checkbox"/> Mental Health Specialty Training |
| <input type="checkbox"/> HCA Pre-Prometric Test Refresher | <input type="checkbox"/> Dementia Specialty Training |
| <input type="checkbox"/> CNA Certification Training + Testing | <input type="checkbox"/> Nurse Delegation |
| <input type="checkbox"/> HIV/AIDS Training | <input type="checkbox"/> Nurse Delegation—Diabetes |

Which of the trainings below are needed for applicant to further long-term care worker professional and career development?

- ☐ HCA/CNA Alternative Bridge Program
(for Certified HCAs who want to advance their careers to Certified CNAs)
- ☐ Adult Education (to prepare you to offer specialty trainings in your AFH)
- ☐ Adult Family Home Administrator Training



**Adult Family Home Training Network
Worker Sponsorship Pilot Program
Adult Family Home Sponsorship Application**

Which of the following DSHS-approved training companies will you choose to provide the training you require?

- ☐ Community Colleges of Spokane (offers Adult Education, AFH Administrator, HCA/CNA Bridge, HIV/AIDs, HCA, HCA Skills Refresher)
- ☐ Cornerstone Healthcare Training Company, LLC (offers Dementia, HIV/AIDs, HCA, Mental Health, Nurse Delegation, Nurse Delegation Diabetes)
- ☐ Long-Term Care Education Associates (offers Dementia, Mental Health, Nurse Delegation, Nurse Delegation Diabetes)
- ☐ Headway Nursing Services (offers Dementia, HIV/AIDs, HCA, Mental Health, Nurse Delegation, Nurse Delegation Diabetes, Adult Education)
- ☐ Northcare Training (offers Dementia, HCA, HCA/CNA Bridge, Mental Health, Nurse Delegation, Nurse Delegation Diabetes)
- ☐ S&H Training Center, Inc. (offers Dementia, HCA, Mental Health, Nurse Delegation, Nurse Delegation Diabetes)
- ☐ Washington Care Academy, LLC (offers Dementia, HCA, Mental Health, Nurse Delegation, Nurse Delegation Diabetes)
- ☐ Other: _____

For those choosing CNA training, please visit
<https://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/NursingEducation/NursingAssistantCertified/ProgramList>, pick your top three choices, and add them below

- 1) _____
- 2) _____
- 3) _____



**Adult Family Home Training Network
Worker Sponsorship Pilot Program
Adult Family Home Sponsorship Application**

Is the applicant able to take the training online? ☐ Yes ☐ No

How soon can the applicant begin the training? _____

Applicant's Highest Grade Completed:

☐ Less than high school graduation

☐ High School Graduate Graduation Date: _____

☐ GED Date GED Attained: _____

☐ Some Post H.S., no degree or certificate ☐ Certificate (< 2 years)

☐ Associate Degree

☐ Bachelor's Degree or Above

How did you hear about us?

☐ Referral (who referred you): _____

☐ The Long-Term Care Foundation Facebook Page

☐ The Long-Term Care Foundation Website

☐ Other: _____

Adult Family Home Contact's Signature: _____ **Date:** _____

Sponsored Applicant's Signature: _____ **Date:** _____

You can find all of our Pilot Program applications
and information at:

<https://www.longtermcarefoundationwa.org/pilot-program>

TRAINING COMPANIES WE CONTRACT WITH



www.cornerstonehealthcaretraining.com



www.washingtoncareacademy.com



www.northcaretraining.com



www.ccs.spokane.edu/Corporate-Continuing-Education/Professional-Development/Health-and-Medical



www.sandhtraining.com



www.ltced.org



www.headwaynursing.org

<https://fortress.wa.gov/dshs/adsaapps/Professional/training/training.aspx>

NURSING ASSISTANT CERTIFIED PROGRAM LIST

If you are looking for CNA training in your area,
please visit the link below:

<https://nursing.wa.gov/education/nursing-assistant-education-programs/nursing-assistant-training-programs>



NURSING ASSISTANT CERTIFIED - PROGRAM LIST

<p>Adult Education</p> <p>This class is intended for those who wish to teach in their adult family homes</p>	<p>AFH Administrator Training</p> <p>54-hour training about licensing and management of adult family homes</p>
<p>Mental Health</p> <p>Intended for long-term care workers who need this required training for their HCA training certification or support clients with mental health or wellbeing</p>	<p>Dementia (8 hours)</p> <p>Intended for long-term care workers who need this required training for their HCA training certification or supports clients living with dementia</p>

DEFINITION OF TRAININGS

<p>HIV/AIDS Training</p> <p>To help educate health care workers about bloodborne pathogens</p>	<p>Nurse Delegation Core</p> <p>Required training to accept nurse-delegated tasks</p>
<p>Nurse Delegation focus on Diabetes</p> <p>Required training to administer insulin injections under nurse delegation</p>	<p>HCA to CNA bridge</p> <p>This program is a way for certified Home Care Aides to advance and further their education to become a Certified Nursing Assistant.</p>

DEFINITION OF TRAININGS

Type of Training	AFH LTC Worker
First Aid & CPR	Within 30 days of employment
Orientation (2 hours)	Prior to providing care to residents unless exempt from training
Safety (3 hours)	Prior to providing care to residents unless exempt from training
Orientation to the facility	The adult family home must ensure that all staff receives the orientation and training necessary to perform their job duties.
70-Hour Long-Term Care Worker Basic Training	Within 120 days of Hire unless exempt from basic training.
Specialty Training	If an AFH serves one or more clients with special needs, all LTC workers must receive training regarding the specialty needs of individual clients in the home.
Nurse Delegation Core and Special Focus on Diabetes	Must be a Nursing Assistant Registered, Nursing Assistant Certified, or a Certified Home Care Aide and complete ND core training before accepting a delegated task.

ADULT FAMILY HOME TRAINING WAC 388-112A

Type of Training	AFH LTC Worker
Nurse Delegation Core and Special Focus on Diabetes	Must be a Nursing Assistant Registered, Nursing Assistant Certified, or a Certified Home Care Aide and complete ND core training before accepting a delegated task.
Continuing Education (CE)	12 hours per year by birthdate. Learn more about who has to take CE and when .
Food Handling and Safety	A food handler permit is not required for people who began working after June 30, 2005, and successfully completed basic training, provided they received information or training regarding safe food handling practices from the employer prior to providing food handling or service for clients. Documentation that the information or training was provided to the individual must be kept on file by the provider.
AFH Administrator Training	This course is taught by Community Colleges only. This class is not a requirement for a Resident Manager.

ADULT FAMILY HOME TRAINING WAC 388-112A

Training and Certification Deadlines

Worker hired or rehired during the time frame of:	Must complete basic training no later than:
8/17/2019 to 9/30/2020	10/31/2022
10/1/2020 to 4/30/2021	1/31/2023
5/1/2021 to 3/31/2022	4/30/2023
4/1/2022 to 9/30/2022	8/31/2023
10/1/2022 - 12/31/2022 or the end of the COVID-19 training waivers established by gubernatorial proclamation, whichever is later	9/30/2023 or within 120 days after the end of the COVID-19 training waivers established by gubernatorial proclamation, whichever is later
After the end of the COVID-19 training waivers established by gubernatorial proclamation or beginning 1/1/2023, whichever is later	Standard training requirement

COMPLETING BASIC AND SPECIALTY TRAINING

Worker hired or rehired during the time frame of:	Must be certified as a home care aide no later than:
8/17/2019 to 9/30/2020	1/19/2023
10/1/2020 to 4/30/2021	4/21/2023
5/1/2021 to 3/31/2022	7/19/2023
4/1/2022 to 9/30/2022	11/19/2023
10/1/2022 - 12/31/2022 or the end of the COVID-19 training waivers established by gubernatorial proclamation, whichever is later	12/19/2023 or within 200 days after the end of the COVID-19 training waivers established by gubernatorial proclamation, whichever is later
After the end of the COVID-19 training waivers established by gubernatorial proclamation or beginning 1/1/2023, whichever is later	Standard training requirement

OBTAINING DEPARTMENT OF HEALTH CERTIFICATION

WHAT WE NEED FROM YOU



We need to be informed of the following:

- When training has been completed
- When DOH application has been submitted
- When scheduled for Prometric or Credentia exam
- When you are having any issues with the training school, submitting DOH application, Prometric, etc.

Dropouts/can't attend a class

- Please let us know right away if you or your caregiver are unable to attend a class or need to drop out for any reason!

Reimbursement Policy

- The student of provider can let us know once training is complete. The LTCF staff will verify that DOH application was sent in to start the certification process. Once we can verify training is complete and DOH application was sent in, then we may begin the reimbursement process.
- The LTCF reimburses for completion of training hours as well as the cost of application/testing fees to providers if students were working at the AFH during this time or if the students were taking the training on their own time with no interruption of work time.

Reimbursement Policy (cont.)

- We will send a copy of the reimbursement invoice to the student and provider to verify that the hours, address, and amounts are correct. On the invoice, you will see the reimbursement rate is \$20 per hour. Once the provider approves the invoice, we can mail a check to the adult family home, and provider may distribute the funds accordingly.

Trainings that will qualify for reimbursement:

HCA + application/testing fees

CNA + application/testing fees

K19

✕

✓

fx

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
4						INVOICE #		DATE																
5						400		11/1/2022																
6																								
7		BILL TO				License Number		TERMS																
8		Shereice Brown						Due Upon Receipt																
9		Long-Term Care Foundation																						
10		3309 Capitol Blvd SW																						
11		Tumwater, WA 98501																						
12		360-764-7438																						
13		shereice@ltcfwa.org																						
15		DESCRIPTION				QTY		INIT PRIC																
16		Home Care Aide DOH Application/Testing fee				1		222.00																
17		Time of Completed Training 75 hours at \$20/hr				75		20.00																
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25		<i>Thank you for participating in the Pilot Program!</i>				SUBTOTAL		1,722.00																
26						TAX RATE		0.000%																
27						TAX		-																
28						TOTAL		\$ 1,722.00																
29																								
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Invoice

About

+

Ready

Accessibility: Investigate

Display Settings

-

+

100%

INVOICE SAMPLE

Collection of W-9's

- Each time we send out a copy of an invoice for approval, we will ask that you fill out a W-9

What is a W-9?

A W-9 form is an Internal Revenue Service (IRS) Tax form that is used to confirm a person's name, address, and taxpayer identification number for employment of other income-generating purposes.

The importance of a W-9:

- Information taken from a W-9 is used to generate a 1099 tax form

Form
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

W-9

Request for Taxpayer
Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type.
See Specific Instructions on page 3.

1

Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2

Business name/disregarded entity name, if different from above

3

Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ► _____

4

Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5

Address (number, street, and apt. or suite no.) See instructions.

6

City, state, and ZIP code

7

List account number(s) here (optional)

Requester's name and address (optional)

Part I

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.
Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

-

-

or

Employer identification number

-

Part II

Certification

Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.
Purpose of Form
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Cat. No. 10231X

Form **W-9** (Rev. 10-2018)

W-9

WHO TO CONTACT

If you have any questions, please contact us below:

shereice@tcfwa.org – Pilot Program reimbursements, answers questions about training and certification process.

zenaida@tcfwa.org – Approves Pilot Program applications, registers students to schools, and answers questions about the training process.

cassheina@tcfwa.org – Helps with recruiting, certification process and answers questions about the certification process.

Resources

- Step by step guide: Test Preparation

<https://www.prometric.com/test-takers/search/wadoh>

- Home Care Aide Application

<https://www.doh.wa.gov/Portals/1/Documents/Pubs/675002.pdf>

- Practice Test Questions

<https://www.prometric.com/test-takers/search/wadoh/practice-exams>

- Online Application/Process

<https://doh.wa.gov/licenses-permits-and-certificates/professions-new-renew-or-update/online-licensing>

Can I be reimbursed if I paid for my employee's training prior to applying for the pilot program?

Does the pilot program pay for CPR?

How does my AFH Sponsorship Application get approved?

Can I sponsor more than one person through the pilot program?

How long does it take for my AFH Sponsorship Application to be approved?

PILOT PROGRAM FREQUENTLY ASKED QUESTIONS (FAQS)

ONLINE APPLICATIONS COMING SOON!



- You will be able to create an online account
- The online application will help simplify the application process
- We will receive notification once you have submitted your application and follow up with you.

QUESTIONS?



Long-Term Care Foundation

of Washington State

PILOT PROGRAM