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October 3, 2007

TO: Representative Dawn Morell and Mr. Rick Hall
Co-Chairs, Long-Term Care Workforce Training Workgroup

FROM: Donna Cameron, Executive Director, Home Care Association of Washington
Anne Koepsell, Executive Director, Washington State Hospice & Palliative Care Organization

RE: Formal Written Comments from the Home Care Association of Washington and the Washington State Hospice & Palliative Care Organization

The Home Care Association of Washington (HCAW) and the Washington State Hospice and Palliative Care Organization (WSHPCO) welcome this opportunity to express our concerns about the recommendations of the Long Term Care Workforce Training Workgroup. We believe that appropriate training of home care providers is important for the safety of vulnerable patients/clients, but the focus of this Workgroup is missing an even more important aspect of safe and appropriate home care, *supervision*. Current Workgroup recommendations around increased training will not significantly improve the quality of care for Washington State residents. Instead, it will create a huge training monopoly costing the Washington taxpayers hundreds of millions of dollars without actually addressing the core problem with home care, lack of appropriate supervision.

From the inception of the Home Care Quality Authority, our Associations expressed concern about the lack of supervision for Independent Providers (IPs) home care workers. At the time, our concerns were discounted. Now, several years later, it is claimed that problems exist that can only be solved by the creation of a mega-training program—hugely expensive to Washington’s taxpayers—imposed across the board on virtually all community-based care.

We still assert that the problems related to IPs result from supervision issues. These problems can be resolved much more effectively, economically, and with better patient/client safeguards by developing a system of adequate supervision for the 25,000 IPs now providing home care services through the Home Care Quality Authority under extremely limited supervision.

IPs are paid for by the State, but hired by the client/patient who also directs their activities. No matter how many hours of training IPs get, there will always be situations for which they are unprepared, requiring competent supervision to support and assist them. Contrast this to the aides working through agencies. They have that critical component of supervision to help them and to protect the consumer. Compared to IPs, supervised agency home care workers have a very low complaint or disciplinary record.

The Long Term Care Training Workgroup should be addressing IP supervision, not just trying to create a cookie-cutter training requirement. Without addressing the problem of the lack of IP supervision, the training requirements will never provide enough protection for these vulnerable patients/clients. Will we see legislation for additional hours of training every time a new care issue or problem arises, rather than acknowledging that the issue could have been resolved with adequate and effective supervision?

If the proposed training recommendation moves forward, we believe it **should only address training of the IPs under the Home Care Quality Authority**. Additional training requirements for private duty agencies who provide in-home services, and are not state-funded, is extremely onerous. Any additional training costs will be borne by the agencies and the patients/clients that pay out-of-pocket for services. While IPs and state-funded agencies will have any required training paid for by the State, subjecting the private duty agencies to the same training requirements for their workers will have serious consequences. Non-contracted private duty agencies will have to bear these costs themselves. For private-duty agencies, the cost of 65 hours of training, compounded by the increased difficulty of finding workers, would put them at risk for their survival. It would also result in access problems for consumers.

We aren't discounting the importance of training. It's not an either/or discussion. We are saying that supervision, the real solution, is being overlooked in the rush to create a huge and expensive training program. Training should not be driven by a prescribed number of hours. It must be flexible to accommodate learning abilities and individual care settings. It must also be sensitive to client/patient acuity and based on core competencies. **One-size fits all training requirements, without being accompanied by adequate supervision, will not significantly improve the safety of our states most vulnerable citizens.**

Thank you for considering our concerns. We remain committed to quality and safe care for all the residents of Washington State.