

October 10, 2007

Representative Dawn Morrell, Co-Chair
Rick Hall, Co-Chair
Washington Long-Term Care Task Force
Caregiver Training Workgroup

Dear Co-Chairs,

On behalf of the Washington Home Care Coalition, please allow me to introduce the association and briefly express some concerns that we have with the issues facing the Caregiver Training Workgroup. The Home Care Coalition is an association of 23 state-contracted home care agencies spanning the entire state. The member agencies include large and small, non-profit and for-profit, urban and rural. The Coalition also has several Associate Members – Area Agencies on Aging, Labor Unions, and other interested parties.

Our largest concern is around the proposed model for delivering the training through a Taft-Hartley trust. This model will unnecessarily and adversely bifurcate the training of caregivers. While we understand that only SEIU Local 775 represented workers will be affected by the move to a Taft-Hartley trust, taking these workers out of the current framework creates an impossible ‘economy of scale’ situation in all but the largest urban areas. In areas other than the Seattle/Tacoma metro area, it will be impossible to put together classes with enough caregivers to meet the training deadlines and cover the cost of providing that training. All workers must have access to the same classes in order for the current timelines to be met. Particularly with discussion of revising those timelines, we are very concerned that fragmenting the current system into a Taft-Hartley framework and an “others” framework will not work. We are unclear how moving to a Taft-Hartley benefits the training framework more than it harms the ability to provide training to all workers statewide.

Further, we are concerned that this entire discussion has been thrust upon the Legislature, the Department, and the industry not out of concern over the current training but as a way for one entity to take control over these state resources and to make training a mandatory subject of bargaining. Polling data has clearly shown that both clients and caregivers are satisfied with the current training model, and comparative studies have shown that our training system is among the best in the country. While we can agree that a modest expansion of hands-on training would benefit all workers, we cannot understand how this massive restructuring of the current system benefits clients or caregivers. Support for the ‘career ladder’ concept among caregivers has also been underwhelming at best. We would like to see state resources carefully allocated to minor improvements in the current system rather than the massive overhaul that is proposed in HB 2284.

While training is an important component of successful caregiving, we have found that strong supervision and peer mentoring can make an even bigger impact. We would like to see improvements focused not only on expanded training (particularly hands-on training and training specific to particular client issues), but also on putting resources into agencies to allow spending more time training caregivers through one-on-one supervisory visits and peer mentoring in both the early days of employment and through out the career of a caregiver. The caregiver can only get so much out of the classroom instruction, the hands on activities are better learned in a client specific setting.

Finally, we need the committee to realize that home care agencies lose money on every hour of training that the state mandates our employees attend. ADSA has set our rate of reimbursement at the IP wage. Many agencies pay at a rate higher than that amount and the current rate does not reimburse for the mandated payroll taxes, L&I, and benefits on those hours. We are working with the OFM and ADSA to have these costs included in our reimbursement. A survey of our members shows that our mandated costs are \$1.96 - \$2.38 per hour above the reimbursement rate. In addition, agencies are paying up to \$.56 per hour beyond the IP wage to their workers during training. With the possibility of increased training hours, our loss will be even greater if the reimbursement rate is not corrected. We do not believe that the true costs have been included in projections you have been given. We would like the workgroup to know the issues around the true cost of sending our workers to training before revising the number of hours mandated.

Thank you very much to the Workgroup for taking on this issue and for all the hours of research and contemplation that will go into making an informed decision. We appreciate you giving us, as stakeholders, a chance to provide this input. If you would like additional information from us regarding our thoughts on specific hours of training and curriculum content, we would appreciate the opportunity for further involvement.

Sincerely,

Eric K. Erickson, Chair
Washington Home Care Coalition

Home Care Coalition Contact Eric Erickson (360) 896-9695 or eerickson@cdmservices.net

The Issue: Home care agencies are reimbursed by ADSA for sending direct care workers to mandato including Fundamantals of Caregiving and Continuing Education.

Agencies are reimbursed on a per-hour basis, at the IP wage rate.

Agencies are not, however, reimbursed for payroll taxes/L&I, associated benefits, and other mandato

Our assertion is that this was a technical oversight by ADSA, and not a policy decision.

We have been assured by ADSA that "This would not have an impact on any other homecare agency reimbursement nor any other caregiver training"

<p>The Cost: Home care agencies report the following range of costs associated with this oversight: Payroll Taxes/L&I: \$1.76 to \$2.00 per hour of training Vacation/Benefits: \$.35 - \$.54 per hour of training TOTAL "Oversight": \$1.96 to \$2.38 per hour of training In addition, agencies report paying \$.39 to \$.56 more per hour than IP wage</p>

<p>The Hours: July - December 2006 Fundamentals: 48,528 hours Modified Fundamentals: 525 hours CE: 33,082 hours TOTAL AGENCY TRAINING HOURS July - Dec 2006: 82135 hours PROJECTED ANNUAL HOURS: 164,270 Hours</p>
--

<p>Total Cost: Max 164270 x \$2.38= \$390,962.60 Min 164270 x \$1.96= \$321,969.20</p>
