



Advocacy. Action. Answers on Aging
Washington Association of Area Agencies on Aging

October 26, 2007

The Honorable Dawn Morrell
Washington State Representative
PO Box 40600
Olympia, WA 98504-0600

Rick Hall, Executive Director
Home Care Quality Authority
PO Box 40940
Olympia, WA 98504-0940

RE: LTC Worker Training Recommendations

Dear Co-Chairs Morrell and Hall:

In April of this year, the State's Area Agencies on Aging sought participation in this Task Force because we have been managing the training of State-paid Individual Providers and home care agencies for over 10 years and we have learned many lessons in that process. The purpose of this letter is to provide some key perspectives and recommendations from organizations experienced at the field level in implementing training requirements.

First, as you know, the in-home segment of the system comprises over 25,000 workers, well over half of all individuals trained. Of those providing services in the home, over half are either relatives or close friends who provide the service to one individual, and when that individual no longer needs support, the worker typically leaves the in home workforce. Many former workers return to the job they left when they decided to fulfill their caregiving role.

In our experience, we have found that the current level of training for paid workers has served consumers, caregivers, and the public well. We are unaware of any widespread quality issues and have been impressed with the home care workforce and the care they provide. That said we concur that an active effort to refine and improve training is critical to maintaining the nationally recognized, high quality progressive home care options offered to residents of our state.

We appreciate your consideration of the following recommendations.

Training Prior to Start of Caregiving:

One area we strongly support changing is the timeframe for the Fundamentals of Caregiving (FOC). We believe that training should occur prior to matching a worker



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and a consumer. This may appear more costly given that Medicaid reimbursement may be tied to training for a specific consumer and therefore require more State funding. In the long run, however, it may cut down on turnover, reduce the need for substitute workers and produce longer term savings. Aging and Long Term Care of Eastern Washington has been pre-training workers and found good success with the model.

Match Continuing Education to Meet Consumer/Client Needs:

The W4A believes the fundamentals of caregiving curriculum is reasonably sound but can always benefit from review and refinement to remain current and relevant for consumers and workers alike. Increasing the number of hours without a clear picture of intended outcomes or topic shortfalls might be unnecessary. We believe far more effort should go into creating significantly more continuing-ed options for workers and consumers to access for their specific needs. Some areas of the State have as many as 65 different selections but that is not the case statewide.

Make Increased Training Optional and Tied to Needs:

Additional training would be a welcomed improvement if it were optional and focused on the specific needs identified by the worker and consumer. We urge the Task Force to consider giving consumers and workers optional training hours that they could use based on their circumstances and needs. Providing the consumer and worker access to continuing education classes at their option would enable them each to enhance the focus of the training and target it to their unique circumstances. This could be perhaps targeted at 20 hours per year. The Task Force might consider the case manager recommending optional training based on needs they identify with consumers or caregivers as well. Again, this would require a wide array of continuing education courses to select from. We suggest that more seasoned workers could mentor new workers and that this function be counted as optional training.

Tie Increased Training with Wage Enhancements:

We have always supported wage enhancements tied to training, believing it would improve skills for those interested, however, we don't support mandatory increases that are not related to the care needs of the clients being served.

We strongly urge the Task Force to maintain the FOC as a minimum training requirement for all paid caregivers and permit increased training as an optional track for those interested or needing additional skills. Refining the existing training system and making more optional training available would meet the current workforce and consumer training needs. Future workforce needs and opportunities also need attention.



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Broaden Development of Professional Career Ladders:

W4A is pleased to see the focus on enhancing the home care profession and supports a more structured look at our future workforce needs. We believe there is time to fully develop this part of the training improvement efforts and that more time should be devoted to developing certification, apprenticeships and career paths. We believe that our community colleges and trade schools could play an even greater and key role in the development of these formal and professional career training ladders.

Make Additional Training for Family Members Voluntary:

Family caregivers, particularly those who serve non-English speaking clients or who live in remote areas of the State, have often had difficulty in achieving even the current level of training required. Most of these individuals have no interest in a career path in the field of caregiving. We believe that if the mandatory training requirement increases, it will likely deter family members and close friends from fulfilling this role. This outcome might be acceptable if an adequate pool of potential caregivers existed in all parts of the State and in all cultural communities. This, however, is not the case. It is our strong recommendation that caregivers not be required to meet higher standards but rather be offered the opportunity for additional training on a voluntary basis.

Flexibility in the Area of Continuing Education for Providers:

We recommend flexibility in the continuing education requirements. Many hospitals and local educational institutions provide training on a variety of topics that can benefit caregivers. Some of these activities are provided at no cost as a community service, thus saving public dollars. We agree that continuing education is a useful requirement, and we recommend that flexibility in meeting this requirement be retained.

Recognize the Complexity of Implementation and Oversight of Training Compliance:

Finally, we cannot stress enough the complexity of the implementation of the training requirements at the local level for people receiving care at home. The appropriate coordination between those tracking the training of caregivers, sending reminders as necessary, encouraging and coaching workers so that they feel confident enough to enroll in training, is critical to maintaining an adequate workforce. Case managers must receive advance notice to allow them to begin to search for a replacement worker in a situation in which it appears the training requirements will not be met in a timely manner. Absent this advance notice, the client will be put in jeopardy due to loss of a worker with no replacement worker available. Managing training, worker certification, and continuing authorization to provide services is far more complex than for the residential portion of the system. With that in mind, we hope that the Task Force devotes discussion to the multitude of elements essential to assuring that an adequate number of workers will continue to be available to provide service. We will be pleased



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to provide information, insight, and suggestions when the Task Force begins to focus on this issue.

Please feel free to contact me at 360-676-6749 if you have any questions about this request, or need any further information on the matter.

Sincerely,

Victoria Doerper
Chair, W4A

Executive Director,
Northwest Regional Council



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**Current Training of In-Home Workers:
Summary of Role of Area Agencies on Aging**

The following are some of the roles AAAs currently play in delivery of quality training to vulnerable state clients:

- AAAs, under contract with DSHS, are responsible for statewide delivery of the current caregiver training curriculum for workers serving clients of the Home and Community Services division of DSHS. This system currently trains over 25,000 workers per year throughout the state.
- AAAs play a key role in working with the thousands of Individual Providers (IPs), who provide the services to vulnerable clients allowing them to stay independent and at home. AAAs initiate contracts with the IPs allowing them to work for the clients, monitor completion of the training requirements by IPs, and understand the day to day concerns and difficulties IPs have in meeting and completing existing training requirements.
- AAAs, under contract with DSHS, assures that workers employed by Home Care Agencies also complete the required training curriculum.
- AAAs provides the Case Management service to approximately 25,000 vulnerable clients receiving in-home services statewide. In that role, AAA employees see each day how well workers are meeting the service needs of their clients. They are extraordinarily positioned to evaluate how well prepared workers are to meet those service needs.