

**LTC Training Workgroup
Information Stakeholder Information Collection**

Response from: Washington Private Duty Association – WAPDA

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Question 1:

“What perspective or focus should the Workgroup consider as guidelines as they review, consider and develop recommendations for the number of required training hours, content and criteria associated with certification of LTC workers?”

1. Many home care agencies do not do any personal care. They provide chore or companionship type services.
2. Too many training requirements will reduce the number of home care workers.
3. The Revised Fundamentals of Caregiving course has been effective as a basic course to prepare people to provide care successfully in the home.
4. Private duty agencies should not be required to pay for the training unless there is a method of reimbursement from the state.
5. Private duty agencies should not be required to pay for the caregiver to attend training unless reimbursed.
6. Cost for above may put some agencies out of business.
7. Costs will be passed on to the consumer who is paying out of pocket.
8. Increased consumer costs will drive consumers more quickly into the Medicaid arena.
9. Any training requirement that either reduces the work force or increases the cost to private duty agencies will have the result of reducing availability to clients who are paying for services privately.
10. There is not a program for mentoring or “buddy system” for training, in home care, because most clients would not tolerate training occurring in their own private home. A mentoring program in home care is not a

- feasible alternative. Private paying clients in their own homes have rights to refuse additional workers, even in the training mode.
11. It is not feasible to have a career ladder in home care. However, there are different levels of caregiving with associated increased responsibility and higher rates of pay that already exist.
 12. Home care agencies that do not offer personal care generally do not pay as much as home care or home health care agencies that offer personal care.
 13. Nurse delegated care is a distinction that allows a caregiver to have increased responsibility and increased pay.
 14. Because of the diversity of the way home care is implemented, it would be difficult to standardize compensation and titles for home care aides.

Question 2:

“What are the key issues that the Workgroup must consider when evaluating and recommending the appropriate number of basic training hours for long-term care workers?”

There are various levels of home care and home health aide skills needed. Some people become home care aides because they are not required to complete rigorous training programs. Often these caring people are some of the very best caregivers and will not provide difficult care. Many of them will complete Revised Fundamentals of Caregiving, but that would be the extent of standardized training they will agree to participate in. Many good caregivers understand the material and do very well in passing a nursing assistant course, but are unable to successfully complete the certification exam. The state needs to be careful not to set barriers for people desiring to become home care aides.

Home health and home care agencies are supervised by the Department of Health. The DOH should be the entity that supervises caregiving requirements for home health aides.

Question 3:

“What factors should the Workgroup examine in order to evaluate and make recommendations regarding the content of basic training curricula? Should any of the factors be weighted more than others for consideration?”

The Workgroup should evaluate the cost to private duty agencies and how that cost will impact the consumer who is paying privately for care out of their pocket. They should consider the work force shortage and understand that the shortage is not due to lack of a career ladder. Home care by nature is an occupation that people move into and out of for many reasons, including mental and physical fatigue, difficulty level, desire for change, other opportunities become available, or they may enter a career ladder to become an LPN or RN.

They should make sure that a career ladder would in fact make a difference in the majority of home care workers' decision to stay in home care. We're not sure there is data that supports that a career ladder would make a difference.

As far as we know, there isn't any evidence that more training equals better care. The Workgroup need to understand they should only require training that has been documented to improve the quality of in home care. We're not aware of any studies that have demonstrated that proof.

The Workgroup should continue to ask the question, "Will requiring more training reduce the work force?" If so, what impact is this likely to have on the elderly, the frail and other consumers in our state?

Question 4:

"Given the current overall health care and long term care delivery approach and training structure in Washington State, what issues or factors are key for the Workgroup to consider when making recommendations regarding LTC worker certification criteria?"

Any of the standardized courses, for example, Revised Fundamentals of Caregiving, Nurse Delegation, CNA training are offered by a variety of entities and are easily accessible to all. This includes community colleges, voc/tech schools, private companies, individuals, etc. Whatever training mechanism is put into place needs to be able to be delivered by a variety of individuals, facilities, or companies. The above courses work because they are easily accessible in many different ways.

There does exist a legitimate and meaningful career ladder at this point. This includes Revised Fundamentals of Caregiving, CNA training, nurse delegation, LPN, RN, ARNP.

Question 5:

"What advice or recommendations can you provide to us in collecting specific information that will assist the Workgroup in their designated tasks?"

1. What is the data that connects training to outcomes?

2. Do a clear economic analysis of the impact on private duty agencies and the accessibility of care.
3. Collect non-biased data about the impact of a home health aide career ladder that does not have economic benefits attached to it.
4. Clarify meaning of career ladder
 - a. What meaning does it have to the home care aide?
 - b. What meaning does it have to the private duty agency?
 - i. Care is charged by the hour.
 - ii. What is realistic?
5. Very few private duty agencies receive money from anyone other than the consumer. We are not part of any entitlement program. Anything done that impacts the cost of private duty care impacts who can afford to pay for private duty home care.
6. Please evaluate DOH survey complaints. Are there repeating complaints that would merit additional training?