

ESSHB 2284

Long Term Care Worker Training Workgroup

Meeting Notes

Date:	September 26, 2007
Location:	John L. O'Brien Building Meeting Room B Olympia, Washington

Workgroup Attendees

Attendees:	<p>Representative Dawn Morrell – Co-Chair, Cynthia Smith – Consultant - Treinen Associates, Hilke Faber – Resident Councils of Washington, Craig Frederickson – The Frederickson Home, Alice Curtis, Delegate for Liz Smith - L&I Apprenticeship, Charissa Raynor – SEIU Healthcare 775NW, Nancine Hawkins – Addus Healthcare, Patty Weaver – Eagle Healthcare, Inc., Donna Patrick – DD Council, Kathy Leitch – Aging & Disability Services Administration, Jonathan Seib – Governors Executive Policy Office within OFM,</p> <p>Staff: Marta Acedo – Aging & Disability Services Administration, Jane Beyer – Senior Council Democratic Caucus, Denise Gubbe Administrative Assistant for Long Term Care Workgroup, Virginia Brooks – Treinen Associates</p>
Invitees Not in Attendance:	Rick Hall – Co-Chair – Executive Director HCQA, Eleni Papadakis – Workforce Training & Education Coordination Board, Elizabeth Smith – L&I Apprenticeship, Louise Ryan – Washington Long-Term Care Ombudsman
Public Attendees:	<p>Aaron Mountain - WSRCC, Janet Rhode - WSRCC, Barbara Hanneman – ADSA, Grace Kiboneka – ADSA, Jay Crosby – PRN, Kate Sheffield – PAS Port, Russell May, Michael Johnson – DOH, Julie Peterson - WAHSA, Susan "Sam" Miller – Careforce, Nick Beamer – Aging and LTC of Eastern Washington, Dan Murphy – ADSA, Diana Stadden – ARC of WA/Autism Society of WA, Cindy Oneill – Special Care Agency, Audrey Adams – Parent, Sylvia Fuerstenburg – SLStart CRSA, Melissa Johnson – ADDUS, Eric Erickson – WA Home Care Coalition, Vicki McNealley – WA Health Care Association, Julie Ferguson – WAPDA, Pat Ward – SBCTC, Debbie Johnson – ADSA/DDD, Cherie R. Tessier – PAS Port, Emily Rogers – ARC/SAIL, Tish Cugs – RSC, Dennis Maher – LMT/AAA, Sally Coomer – SCA, Rob Honam – SILC, Benita Hyder – OPEIU L8, Linda Hanna – Kitsap County ALTC, Kathy Wright – AAA-Central</p>
Agenda Topic:	Training Literature

Minutes

<p>1. Welcome Housekeeping</p> <ul style="list-style-type: none"> Review of Workgroup Purpose Minutes Approval 9/12/07 Reminder: 	<ul style="list-style-type: none"> Cynthia: Minutes were presented and approved for September 12, 2007. Reminder minutes are based on outcomes. Cynthia distributed Stakeholders' flyers with dates, locations and times. Denise will take tally of workgroup members to ensure that there will be several members at each meeting. Cynthia reminded public they can e-mail workgroup or e-mail via Web site link, or attend the meetings and participate at appropriate public
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<p>Stakeholder Forums:</p> <ul style="list-style-type: none"> • Agenda 	<p>comment times.</p> <ul style="list-style-type: none"> • Ingrid is concerned about remaining time left to discuss options for recommendations.. • Cynthia Smith confirmed that the decision-making process for recommendations will begin on October 10. • Patty volunteered to identify some tools that would be helpful, for next meeting.
<p>2.</p> <ul style="list-style-type: none"> • Care Deficiencies Pt. 2 – Deliverable #4 • Training Literature – Deliverable #6 • Workgroup Questions and Comments. 	<p>Cynthia Smith presented Care Deficiencies--Deliverable #4, see LTC Workgroup web site.</p> <p>Cynthia presented Deliverable 6, Literature Report, see LTC Workgroup web site.</p>
<p>3. Public Comments on presented topics.</p>	<p>Janet Rhode expressed frustrations that Adult Family Home requirements for care givers are all ready higher than the studies being reviewed. Is frustrated trying to do basic credentialing when it's lower than what we've been doing all along. She also questioned why they are included in this group.</p> <p>Cherie Tessier – PAS Port for change. –Conference call implied workers are not trained before they come in their homes. Used to be a member of a task force that educated themselves... they have a training that they do in the community.</p> <p>Diana Stadden – Passed out materials on autism. Talked about the difficulties in finding a provider who will work with her son, who requires someone who know how to deal with behavior issues.. Would like that considered when deciding on the types of training needed.</p> <p>Dawn asked if that would make it more of a specialized training.</p> <p>Diana agreed that yes it is specialty training, but Autism is going up and before long believes that it will be required of all caregivers.</p> <p>Leslie Emerick, HCA of WA – there is a clear distinction between issues with IP's and with home health folks. They are very concerned about a one size fits all approach and the unintended consequences for their in home providers.</p> <p>Julie Ferguson with Washington Private Duty Association, thanked the group for including the information from Department of Health. Understands why one would say the survey of deficiencies seem irrelevant. She suggested that maybe they are irrelevant because there's not a huge training problem with home health and home care.</p> <p>Sam Miller with Home Care Association of Washington. Peer mentoring and supervision in private duty home health is already in place, so when</p>

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making recommendations in peer mentoring first make sure there is evidence that it works and second consider that there could be an alternative to peer mentoring via supervision within an agency.

Sylvia Fuerstenberg with Community Residential Services Association, expressed their WAC's go beyond what is being considered that she doesn't see how CRSA fits? Suggested the group consider all groups separately and then decide what groups really need training.

Julie Peterson with the Association and Housing Services of the Aging, requested a breakdown of citations by type BH, AFH and make sure you are not looking at Nursing Homes. So much of this is based on institutions and we are home and community based settings. The framework may be miss-leading.

Tish Cugs who works in RSC, has previously worked with autistic children and is also a community trainer. Suggested the group visit the web site titled www.pioneernetwork.org they are looking at many ways of providing care.

Audrey Adams is a mom of a 22 year old with autism. Big difference between offering training and requiring it. She's under the impression that this bill included respite providers and personal care providers. Doesn't feel that she needs training so why spend the money unnecessarily. The other issue is training requirements for non-family respite providers shouldn't be included in this. There are thousands of families who are waiting for respite care and this will only make things worse. Suggests group separate the respite from personal care givers.

Sally Coomer has a daughter with Developmental Disabilities. From a parent perspective she has primary concerns. Fundamentals of Caregiving provided good basic information, but wasn't relevant to her daughter needs. DD is so much different than an elder person. She is convinced it's not the quantity but the quality of training. Would like to send our workers to training that applied to specific needs. It's discouraging to go to a training that doesn't apply.

Supervision, management and mentoring can be issues. Job shadowing. Personal tasks are not very comfortable for people in home care setting... these are human beings. Training needs to consider client first. Go back to the appropriate training.

Cindy O'Neill from a special care agency represent 300 families. stated more training does not equal more quality training. Believes parent provider training for Developmental Disabilities is sufficient.

Kate Sheffield from PAS Port for Change. Read a list of comments. Use language that is courteous and respectful of others.

Funding – providing dollars to be used for more home and community based - Payments on time because of Holidays...

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	<p>Training needs to be sensitive to cultures, beliefs and languages of those they serve.</p> <p>Kate has personal experience of being abused by the people taking care of her, because they were unskilled in their practices – or because they were frightened of her disability. Kate noted some models cited were in urban settings; Washington is also rural. Recommend that the group re-think using training as a ladder for a career.</p> <p>Reminded workgroup that they are people and their workers are people.</p>
<p>4. Review of CARE Assessment Tool – Marta Acedo</p>	<p>Marta Acedo gave a presentation on the CARE Tool. Presentation Documents can be found on the LTC Workgroup web site.</p> <p>Patty asked if the CARE Tool could be demonstrated online. Marta stated it cannot.</p> <p>Kathy Leitch said that on the characteristics of – NH and AFH are taking care of people are more intense than NH... shows statistics. Indicative that we serve a wide variety of people...</p> <p>Cynthia asked if reports could be pulled to look at the metrics.</p> <p>Marta answered, yes... this report comes from the database and is quite extensive</p> <p>Ingrid McDonald requested a variable on cognitive ability.</p> <p>Marta said yes, and asked if people had suggestions to forward and she'd ask the data folks to prepare parameters at one time.</p> <p>Kathy Leitch pointed out that there is no national home and community based tool and no standardization on definitions/criteria methods or formats, making it impossible for comparison.</p> <p>Ingrid wondered if you can compare how Washington scores compare to others?</p> <p>Marta: Not out of state, but in state yes.</p> <p>Peter would like to see number of people. Marta agreed..</p> <p>Peter asked why Boarding Homes were so low compared to Adult Family Homes?</p> <p>Marta: There are different requirements for licensing in a boarding home than there are in an adult family home, which may be a factor.</p>

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	<p>Kathy: Over the last four years there has been discussion about the rate structure for boarding homes, but not a significant amount of movement on increases. She thinks as an industry this reflects how they cannot serve somebody with higher acuity. Also note that these figures are only for publicly funded clients...not for private pay.</p>
<p>5. Impact of Training on LTC Quality – Jay Crosby, PRN</p>	<p>Jay Crosby gave a presentation on the Impact of Training. The presentation can be found on the website.</p>
<p>6. Quality in Training: Lessons Learned – Nick Beamer, Aging and LTC of Eastern Washington</p>	<p>Nick Beamer presented on Quality in Training, his presentation can be found on the LTC Workgroup Web site.</p>
<p>7. Worker Turnover & Related Workforce Issues - Peter Nazzal, Catholic Community Services</p>	<p>Peter Nazzal presented on Worker Turnover and Related Workforce Issues. His materials can be found on the LTC Workgroup Web site.</p>
<p>8. Public Comment</p>	<p>Emily Rogers works for the ARC of Washington and supports Self Advocates and Leadership. The coalition came up with three different paths:</p> <p>Professional Path – Providers who choose this as a career – training for this group is essential. Self advocates are interested in having educated and well paid professionals including FBI background checks and making sure they have good driving records.</p> <p>Parent Providers – Recommended creating a plan for when the parents are no longer part of the picture.</p> <p>Occasional Providers - These people spend a few hours a week or month. Advocates would like to see them having training on the values of people with the disabilities. That it could be the ground work for what they may do in the future. Feels that it's essential that it's just not the shifting of workers, it's the relationships between people.</p> <p>Russell May, Caregiver of Kate Sheffield thinks RFOC are flawed. Believes there should be some basics such as cooking and cleaning included in the training. Would also like to see people educated on chemical sensitivity.</p> <p>Jonathan Seib stated that perhaps one of the responsibilities we have is to be able to learn how to train awareness.</p> <p>Dawn asked how clients ask for additional training for their IP and how is that coordinated and paid for.</p> <p>Marta: "Just in Time" training is available via case manager who can authorize it. Otherwise, specialty training is paid by individuals or agencies.</p>

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She also pointed out there is 1 nurse per 7 clients.

Nick: Question to consider is the trade-offs of how much more can be spent on training without having to reduce hours of service or number of clients eligible for service.

Ingrid: What would be issues with 30 days vs. 120 days...advantages/disadvantages for front-loading training?

Marta: Payment issues and rural economies of scale has been a major problem.

Donna: How many people are in settings?

Kathy can produce data to address that.

Cynthia asked Nick to speak to grants.

Nick: Applied to grants for funding without restrictions PARR grant initial grant which allowed pre-training and HCQA funding for Registry.

Donna: Reminder of trade-offs...what are the cost shifting issues and who pays?

Jonathan: Is each additional hour worth additional dollars spent?

Patti: Hard to answer without considering all the others.

Craig: Reality of dollars to front-load training pre-employment and there's a need to have time to assess and observe suitability of caregiver with client.

Peter: 1000/year trained. Loses 10% within 1st 30 days, reduces to 2% after 120 days. Universe of who quits is 30% within 30 months. My cost is \$284/person...state's is \$447...bigger expense is to the state.

Dawn: Incentives for longevity?

Patti: Asked Nick, Jay what CE training do they get requests for

Nick: CE specific to conditions, for me it's not content as much as more time.

Peter: Concurred with Nick...need more time, biggest problem with RFOC is lack of opportunity to practice.

Nancine: Some homes can learn lift in 1 hours others it might take 4 hours.

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Nick: 2.5 hours of Transfer

Jay: Cultural diversity

Ingrid: Underscored RFOC content is okay, but feels learners need additional time and how to integrate additional opportunity for specialized training and earlier in their training experience.

Jay: 28 hours okay, for him number of students is the issues, reduce class size in urban areas for more practice opportunity.

Audrey Adams mentioned a fabulous program at Highline Community College and was disappointed to see it go away. Suggested the group to look at that model again.

Sylvia got some materials from Ron Sherman and believes it would have been worth while to have him come do a presentation. The most significant factor in stopping provider care is wages.

Cynthia referred to the hand out from Ron Sherman that is available online on the LTC Workgroup web site.

Debbie Johnson from DDD wanted to clarify that DDD Case Managers have a higher case load than AAA case managers. And the quarterly visit isn't the same for DDD. They are required a one time face-to-face assessment. She mentioned that IP's and DDD respite workers' requirements are different. They do not require FOC, but only the 4 hour safety training. As you look at training requirements, please realize that for DDD it is not currently required.

Debbie listed out the ADL scores and wants to remind the group that there is another part of this assessment that will show the people with autism. This will be in the behavior part.

Sally Coomer: It's not just about care, it's about oversight. Their fear is what if they fire caregiver today – who's going to come tomorrow – with a supervisor or case manager they wouldn't have to worry about that.

Hilke Faber asked if we are talking about IP's? Home Care Agency employee are not IP's. IP's are hired from the client and have their own contract with the state.

Kathy Leitch also added that the IP model is a consumer model. That is how the model is organized. The case manager is not responsible for the day to day care. They are only responsible for making changes if they need them.

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	<p>Hilke Faber questioned, if they have problem, who do they go to?</p> <p>Kathy Leitch reiterated this is not the case manager's job.</p> <p>Sally Coomer stated that the worry is, they are totally capable of making this decision, but they won't call the case manager.</p> <p>Asked the group, we are trained to provide our own training; for us this is great... is any of that going to change?</p> <p>Charissa Raynor replied, "No".</p> <p>Kathy Leitch stated that, before an answer is given, we need to review the content and decide this whole issue of what content and classroom work would qualify you to be a certified nursing assistant. Kathy clarified that if the decision is made by this group that that's going to happen, then the qualifications of the trainers will change and certain trainers won't be eligible to do that in the future.</p> <p>Jonathan Seib clarified that the group's authority is to make a recommendation; not to make a decision.</p>
<p>9. Next Steps & Closing</p>	<p>Assignments:</p> <p>Stakeholder additions to flyer will be made by Denise.</p> <p>Compile stakeholder results.</p> <p>Request to break down current training curriculum.</p> <p>Request for case management determination of training needs – how that works – triggers.</p> <p>Numbers by setting including Medicaid – won't be able to do that. Can show number but that's all.</p> <p>Denise will tally members for stakeholder meetings.</p> <p>Caregiver Panel will be at the next meeting.</p>
<p>10. Plus/ Delta</p>	<p>Jonathan thought Nick, Jay and Peter's presentations were very helpful and thanked them on behalf of the workgroup.</p>