

ESSHB 2284

Long Term Care Worker Training Workgroup

Meeting Notes

Date:	October 10, 2007
Location:	Hilton Seattle Airport & Conference Center Peninsula Room

Workgroup Attendees

Attendees:	<p>Representative Dawn Morrell – Co-Chair, Rick Hall – Co-Chair – Executive Director HCQA, Cynthia Smith – Consultant - Treinen Associates, Hilke Faber – Resident Councils of Washington, Craig Frederickson – The Frederickson Home, Jody Robbins, Delegate for Liz Smith - L&I Apprenticeship, Charissa Raynor – SEIU Healthcare 775NW, Nancine Hawkins – Addus Healthcare, Patti Weaver – Eagle Healthcare, Inc., Donna Patrick – DD Council, Kathy Leitch – Aging & Disability Services Administration, Jonathan Seib – Governors Executive Policy Office within OFM, Louise Ryan – Washington Long-Term Care Ombudsman, Madeline Thompson, Delegate for Eleni Papadakis – Workforce Training & Education Coordination Board</p> <p>Staff: Jane Beyer – Senior Council Democratic Caucus, Denise Gubbe Administrative Assistant for Long Term Care Workgroup, Virginia Brooks – Treinen Associates</p>
Invitees Not in Attendance:	Eleni Papadakis – Workforce Training & Education Coordination Board, Elizabeth Smith – L&I Apprenticeship,
Public Attendees:	<p>Yolanda Sanchez-Lovato – ADSA, Grace Kiboneka – ADSA, Jay Crosby – PRN, Julie Peterson - WAHSA, Susan “Sam” Miller – Careforce, Sylvia Fuerstenburg – SLStart CRSA, Vicki McNealley – WA Health Care Association, Julie Ferguson – WAPDA, Pat Ward – SBCTC, Tish Culp – RSC, Michiko Iwasaki, University of Washington, Anita Koyier-Mwamba – Disability Rights, Nancy Mohrman – Foss Home & Village WAHSA, Kendra Anderson – Family Home Caregiver, Maria Bushela – Family Home Care, Donna Goodwin – Family Home Care, Cecil Cromwell – Merrill Gardens, Nancy James – Home Care Association of WA, Linda Lee – SEIU 775, Grace Kiboneka – DSHS, Julie Wesson – Pierce County Coalition for Developmental Disabilities, Jennifer Wilson – Beehive Retirement & Assisted Living, Meredith Kelly – DDD/ADSA, Mary Cornish – CRSA, Eric Mandt – OFM, Martha Schulte – Parent Provider, Joanne O’Neill – DD Parent Coalitions, Carol Cowan – Adult Family Home</p> <p>By Phone for Panel: Wardell Henderson</p>
Agenda Topic:	Discussion of LTC Worker Certification and Apprenticeship programs; begin Workgroup Recommendation decision process.

Minutes

<p>1. Welcome</p> <ul style="list-style-type: none"> Minutes Approval 9/26/07 	<ul style="list-style-type: none"> Minutes approval will be deferred until the next meeting, October 18, 2007. Information is being compiled from stakeholder meetings and will be available at the next meeting. Used the same questions asked in the
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Action Items Follow up	stakeholder one-on-one interviews of which there were 35.
2. Stakeholder Input from Interviews and Forums	<p>Cynthia Smith distributed a list of common themes that came out at the meetings. Asked for feed back from workgroup. Explained they were not presented in any ranking at this time, a frequency of mention would be compiled in a table for final presentation to group.</p> <p>Craig Frederickson: There were consistent themes revolving around questions of HB2284. About what it means, how does it apply to them and/or impact them.</p> <p>Donna Patrick: Heard from the stakeholders, that it should be more about skills and competencies and not so much about hours. Interesting to hear that any training taken outside of the military was not transferable within the military and vise/versa.</p> <p>Craig Fredrickson: Recognizing the wide variety between the different settings has been important for many.</p> <p>Ingrid McDonald: It was consistently stated that people wanted a system that is flexible and allowed for more hands on training.</p> <p>Louise Ryan: Concurred with Ingrid.</p> <p>Hilke Faber: There was a real lack of awareness about where to turn for training or support, who to complain to and hesitant to complain due to replacement issues. Consumers feel they play a big part in training their caregivers. They also talked on how difficult it is to schedule around their schedule. Could maybe use some information on how to hire a caregiver like the AARP's program.</p> <p>Jonathan Seib: There is a real concern about availability of caregivers. Though they value training, the consumers seemed more concerned about access to quality caregivers vs. technical skills. Relationships were most important to consumers. Maybe it is not so much the need for different training but perhaps better hands on training. Distinct barriers to training in rural settings focused on transportation issues and access to time for individual learning styles.</p> <p>Craig Fredrickson stressed importance of building relationships & training in setting.</p> <p>Nancine Hawkins: In rural America it's very hard to get to training. It's a big concern. There is competition between hiring caregivers.</p> <p>Rick Hall noticed how truly grateful and happy Pasco consumers were that the workgroup came there for a Stakeholder Meeting.</p>

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	<p>Craig Frederickson: Very important that whatever training they had, they wanted it to relate to the people they are caring for.</p> <p>Louise Ryan: Did the question of cultural relevance come up in Pasco and Olympia? It did in Seattle.</p> <p>Cynthia Smith: Came up in Olympia somewhat, but not so much in Pasco.</p> <p>Rick Hall: Questions in Pasco were raised about interpreters and how to access them, not about cultural training specifically.</p>
<p>3. LTC Apprenticeship and Certification Programs – Deliverable #7</p>	<p>Louise Ryan: Residential Care Facilities was left out of the discussion of the general delivery models in which States provide LTC.</p> <p>Cynthia Smith: These delivery models were identified by the OIG to illustrate the distinctions between the types of LTC delivery models as germane to the specific OIG study. Residential Care Facilities are likely a detail of the Consumer Direction model (see slide #9).</p> <p>Kathy Leitch wondered what other settings Iowa had for their mentoring program</p> <p>Jonathan Seib: Is there a benefit that attaches to each level of credentialing? Higher Wages for example? Essentially what is the value of each level?</p> <p>Craig Fredrickson: How many people access the Peer Mentoring program in WA?</p> <p>Rick Hall answered that it came out of a federal grant. The consumers love it. We have consumers of service calling for the mentors. The workers like it and the mentors like it.</p> <p>Craig Fredrickson: Is what 2284 has in mind?</p> <p>Rick Hall; There are 24,000 IPs. The HCQA Peer Mentoring program is very limited & the HB2284 speaks to a broader vision. It will be more complex</p> <p>Rep Dawn Morrell: Are we paying the worker and the mentor?</p> <p>Rick Hall: Mentors receive \$1/hr more than workers while they are performing mentoring tasks (up to 20 hrs currently). They also get paid because they are working. Rick also mentioned that the program at HCQA is funded through the collective bargaining unit.</p> <p>Rep. Dawn Morrell: Concerned mentoring would create a parade of people marching though individual's homes.</p>

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	<p>Rick Hall: Most is done through the phone. Permission from consumer is required prior to mentoring activities.</p> <p>Kathy Leitch, Jonathan Seib, and Louise Ryan: Can we ask each state what sort of population it is and identify if it compares well with ours, and what benefits are tied to each?</p> <p>Cynthia Smith: Our focus was to describe a high level awareness of other states' programs, but we can provide addendum to the WI and OH models if needed or wanted. In addition, we can post more details as addendums to the Deliverable on the Web.</p> <p>Discussion ensued regarding the unregulated LTC program in North Carolina.</p> <p>Rick Hall noticed that there was a lot of overlap between home health and home care in the sample programs.</p> <p>Rep Dawn Morrell: Slide 29 – Washington's health care worker apprenticeship is expired?</p> <p>Cynthia Smith: It was a grant and the grant is expired.</p> <p>Pat Ward: The ATELS grant was an 18 month project. Brought someone specific in to develop the model for Sunbridge. Because of that Multicare is doing restorative aids. The apprenticeships have been very successful at that level. Should talk with Ann Wetmore, WA State Director US DOL - ATELS for more information.</p> <p>Craig Frederickson wanted to know what kind of settings?</p> <p>Pat Ward: Predominately skilled Nursing facility.</p> <p>Rep Dawn Morrell noted that it was interesting that 80% of employee learning is on the job and certificates were portable.</p> <p>Virginia Brooks: Some programs were tied to high schools as well. Have an entry level into the health care industry. But does not move into home based settings at this time. There are two tracks. One is data entry and medical records track and one is entry level into being certified nursing assistants and going the medical track.</p>
<p>4. Examples of Other State LTC Certification – PA and Portability – Ingrid McDonald</p>	<p>Ingrid McDonald provided a presentation on the PA model, primarily an agency setting. It outlined 3 levels of certification PCS/75 hours, CAN/75 hours and CAN Certified in Nursing Home/75 hours for a total of 150 hours. Presentation is available on Web site.</p>

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	<p>Patti Weaver: Where do Assisted Care Living and Adult Family Homes fit in?</p> <p>Ingrid McDonald: Can't answer that.</p> <p>Jonathan Seib: Do they pay family members in the PA program?</p> <p>Ingrid McDonald: No.</p> <p>Rep Dawn Morrell would like to know who pays for this training.</p> <p>Kathy Leitch: Reimbursed in a number of different ways. The students don't pay in high school. In College they pay themselves or are subsidized by grants/scholarships, some employers pay, and some entitled to Federal funding and a combination.</p> <p>Jonathan Seib: Are IP's utilized for LTC in Pennsylvania?</p> <p>Ingrid McDonald: No, primarily Nurses Assistants.</p> <p>Craig Fredrickson: The PA project appears to be a proposal for a one size fits all. Making sure all people start with the same thing as a core – 65 hours. This is about making a career ladder and many people are not looking to do that in our situation in WA. This keeps referring to the medical model. It sounded like your moving from NAC to Nursing Home.</p> <p>Ingrid McDonald: Take example of home care worker. Maybe they want to have more work. The training would provide that opportunity for advancement.</p> <p>Craig Fredrickson: Portability isn't an issue for many IP's. Proposal assumes career oriented workforce for institutional medical model/setting. Asked the group to keep in mind as this impacts all types of caregivers.</p> <p>Ingrid McDonald: We need to be creative in what's included in our core competencies.</p>
5. Caregiver Worker Panel on Training Needs	<p>Early scheduled departees from the audience were given public comment ability:</p> <p>Donna Goodwin – Full service Home Health Agency in Spokane.</p> <ul style="list-style-type: none">• Would like to know if there were transcripts of the stakeholder meetings and individual meetings. And if there was validation to these.• Document that Cynthia handed out – Item #10 it says supervision is inadequate. What was that supposed to say?• Seemed to be some contradictory between Cynthia's and Ingrid's presentations. Wanted to clarify that in a Medicaid Certified Home

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Agency and Hospice requires NAC 85 hours of training and also competency test in WA and there are federal requirements as well. Not sure of the intent of HSSB 2284.

Caregiver Panel Began:

Kendra Anderson: In-home care and a variety of settings under COPES and on referral list. Believes “life training” is transferable to “personal care” services. She became NAC in 1995 and attended FOC and 10 hours of CE. There are few core skills such as safety issues and each person is unique with different limitations and different preferences listed in POC and in discussions with family members, client, and in case manager notes. She is supervised quarterly and views herself as part of a CARE TEAM. She believes the key element lies in matching the right caregiver with the client and the right training to the client’s medical needs. She does not believe that any more mandatory training is needed.

Wardell Henderson: Paid caregiver for son, Alex, who has autism. As a father he needs help with Alex in the following areas:–

Appropriate decision-making, transportation, ADLs, and IADLs, personal hygiene, socially acceptable behaviors (sexualities)

As a provider he needs more training than the 6 hours of safety. He supports additional training for Parent Providers and certification requirements.

Jennifer Wilson: Retirement community licensed as a BH.has never had problem finding the training (employer paid) that she needs. For her it is a career ladder. Finding access to RN, LPN, Co-workers for additional OTJ is not difficult. Can also take specialty training as CE.

Patti Weaver: If you would like some certification of what you’ve done how would that make you feel?

Jennifer Wilson: I do have that and it does put me above and beyond those who didn’t apply themselves and take the training.

Rep. Dawn Morrell: What training works best for you?

Jennifer Wilson: Combination of classroom and on the job.... There was always opportunity for more training for me. But on the job training has always been the most important and helpful.

Carol Cowan: Works for The Frederickson House – Has Special Education teaching assistant background. Has worked for 8 ears with this population. Theory is great, but it’s OTJ that works for me. Knowing the people’s needs and preferences is most important. Building relationships is the biggest reward.

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	<p>Craig Frederickson: That's the attitude that we look for.</p> <p>Linda Lee: SEIU LTC worker – received CAN at Nursing home, Clark College, nutrition and chemistry and worked in hospital, emergency and DDD community settings. Understanding why I'm doing something is important to me. Behavioral issues are another important aspect of caring for DD clients. The 6 hours of training for parent providers is not sufficient. Supportive of additional training requirements. Certification is important to me and thousands of caregivers I represent.</p> <p>Martha Schulte: Mother of 26 year old severely disabled child. I have a Masters in nutrition. My real training has been 26 years of on the job. I am the sole expert on caring for Nathan. Son is the ultimate silent teacher who has taught us, patience, open mindedness and to never give up. Felt despair and disbelief when she first saw the bill 2284.</p> <p>Parents are training the caregivers... no other group of people are as unique as those with DD.... Doctors rely on parents help. ARC annually offers free workshops and valuable information. This information is priceless and this is what the families need. I realize there is more I can learn but when it comes to my son – the older my son got the more repetitive the workshops came... There is always more to learn, but it must be relevant. Too tired for irrelevant training. Parents are so individual in their needs they need to be able to say what they need. Occasional or intermittent caregivers for people should be trained by the parents. Concerned additional requirements will reduce intermittent caregiver availability. Dawn: Needs are always changing and may not be addressed in current training.</p> <p>Martha: Difference between training & support. Issues across DD are so broad it's critical to have access to necessary "support", but that's not the same as training. How can you cover such a broad spectrum and have relevant core training? You can make it available without making it mandatory. Asked group to rethink the bill and its impacts to new parents providers.</p> <p>Craig Frederickson: Keep in mind WA's system is about choices and opportunities....make sure we don't create barriers.</p> <p>Donna Patrick: Relevancy of a flexibility issue – how we make things happen.</p>
<p>6. Briefing on Apprenticeship Programs in Washington</p>	<p>Jody Robbins: DOL & I, Apprenticeship Council. Distributed handouts for the workgroup on WA apprenticeships. Gave presentation. Nation is celebrating 70th year of apprenticeship. Has a long history of success. Things to consider – Apprenticeship are governed by the state.</p> <p>Three (CAEL) apprenticeships: Healthcare Coordinator, Health Care Unit Coordinator, Admin. Ward Clerk, include combination of schooling and on the job training.</p> <p>Reminded group the DOL will create apprenticeships upon request and that there is flexibility of requirement to define type of training and setting.</p>

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7. Workgroup Deliberations on Recommendations	<p>Rick Hall: Reiterated that our focus is getting to the recommendations:</p> <ol style="list-style-type: none">1. Number of hours2. Content of curricula3. Criteria associated with new long term care workers as of January 1, 2010. <p>This workgroup will not make recommendations addressing exclusion or inclusion of the LTC Worker definition; this is outside the scope of the Workgroup. He assured that public and stakeholder comments will be in the final report. We will make sure people are heard and had the opportunity to provide input. We have heard one size doesn't fit all, flexibility of training is important, and evaluation of experience and challenge test component be considered.</p> <p>Cynthia Smith distributed a Template for the Workgroup to consider for use to compile recommendations. .</p> <p>She directed group to also consider the Preamble as a guide for determining recommendations. One of the things we're trying to achieve is what and not yet the how....</p> <p>Rick Hall/Jonathan Seib asked group to look at the Curricula first, then hours and certification will then follow. If we look at this thoughtfully maybe we can come to an understanding of the "What" then we can come to the "how".</p> <p>Use the preamble as a guide. Use the template as working tool to complete the template in order to identify commonalities.</p> <p>Cynthia Smith: Distributed the Decision Matrix tool which listed all of the current LTC training across Specialty and Setting and their current Program Components. The template format as a working tool was reviewed with the Workgroup.</p> <p>Jonathan Seib: We will first look at what. Then come back to how competencies will be demonstrated.</p> <p>Cynthia Smith: What were looking at is the minimum sets of CORE training...what everyone would be required to take. The Decision Matrix tool is designed to help review the common program components across all of the LTC categories as defined by HB 2284.</p> <p>Craig Frederickson requested group plug into each population/setting and test relevance and impacts to parties.</p> <p>Rick Hall asked if we can consolidate some of these settings.</p> <p>Peter Nazzal suggested four columns Licensed Medicaid Contracted HC Agency PC, Licensed HC Agency PC, Licensed Medicare Certified HH PC, and Licensed HH agency also be added.</p>
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	<p>Cynthia Smith will work with Michael Johnson, DOH to assist with appropriate classifications.</p> <p>Rick Hall confirmed when we do the template – we want to make it relevant, flexible, and address special needs that are out there instead of a one size fits all.</p>
<p>8. Public Comment</p>	<p>Sam Miller: Question regarding Ingrid’s presentation on The Blueprint – has it been done, or is it a proposal? Concerned about models presented are proven by outcomes.</p> <p>Ingrid McDonald: Not a program that has been implemented, nor evaluated.</p> <p>Sam Miller: CHCA – good program – do we know the funding source and the outcomes? Hoping Suzanne Sikma has sent her studies to the workgroup.</p> <p>Jonathan Seib: Cautious of restricting our rationale to only evidence based outcomes, otherwise there might not ever be change.</p> <p>Craig Frederickson: More if we’re going to propose a change...there needs to be a proven positive outcome. Can’t just make change for the sense of making change.</p> <p>Jonathan Seib agreed that there needed to be a reason to make a change, but not all changes can be proven before consideration is given.</p> <p>Nancy James: Home Care Agency – Object to the bill casting too broad of a net.</p> <ul style="list-style-type: none"> a. Dementia care can be taught in home care agencies b. Struck by the fact that CPR and Emergencies were listed together. DSHS does not want Medicaid paid providers learning CPR because of potential liabilities <p>Peter Nazzal: Re-read the legislation, believes Medicaid certified is not exempt.</p> <p>Nancy James: We have to follow the federal standards and not sure how that’s going to work out.</p> <p>Julie Ferguson would like things posted sooner on the Website. Requested that we reference the WAC’s. Quick reminder – A lot of examples were tests and not theory. We are actually ahead of most other states.</p> <p>Joanne O’Neill: ARC –Request to ask department to clarify the use of respite dollars.</p>

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	<p>Suggested family members of DD would be better to go into parent provider category.</p> <p>Julie Peterson:</p> <ul style="list-style-type: none"> • Presentations didn't quote WAC's - need to be quoted. • Matrix – would be happy to correct in terms of the boarding homes. CPR – is to be done within 30 days. <p>Michiko Iwasaki from University of Washington supports need for mentorship and increased supervision – She benefited from mentors as role models. Without them her career wouldn't have developed as fully as it has. Wants to see metrics of how turn over, Quality of care, and satisfaction of workers and consumers would be impacted for changes. Core Competencies should include – Communication – with more emphasis on interpersonal relationships, more flexible to client needs.</p>
<p>9. Next Steps & Closing</p> <ul style="list-style-type: none"> • Confirm Assignments, Due Dates and Action Items • Next Meeting • Next Steps 	<ul style="list-style-type: none"> • Apprenticeship benefits associated with levels of training – post to website as an addendum to Deliverable #7 - Treinen • Update stakeholdering input - Treinen • Update matrix - Treinen • Homework – begin to get some ideas for core elements for training - Workgroup • Ingrid McDonald would like to do some analysis ahead of time. • Rep. Dawn Morrell: Start discussion with the FOC analysis.
<p>10. Plus/ Delta</p>	<p>Additional Meeting Needs: White board – something big that we can put it on.</p>
<p>11. Amendments</p>	<p>Sam Miller requested the following amendment be made in regards to her verbiage:</p> <p>"As an example you have this CHCA program which appears to have done some nice things, although it is in a different state and only one agency in a small area. Do we know how it was funded and what were the outcomes? I caution this group from legislating a costly program state wide that has never been piloted in Washington State and is not evidenced base."</p>