



Missouri Alliance for HOME CARE

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Thank you Chairman and members of the committee for the opportunity to testify today in opposition of HB 2481.

My name is Carol Hudspeth and I am the Executive Director of the Missouri Alliance for Home Care or MAHC. MAHC represents home health, hospice, in-home, CDS, Private Duty Nursing and Private Duty/Private Pay providers in MO.

We were made aware of this bill only when it was first read on the House floor February 17th. No contact was made with our organization or our providers related to discussions or thoughts on the proposed legislation. No communication with involved stakeholders to determine impact is worrisome.

Our providers support dementia-specific training requirements for staff involved in care delivery to those with Alzheimer's disease or related dementias. As a matter of fact, we currently have a statute and regulations in place that already require this. Current training for those that provide direct care or have daily contact addresses the following areas:

1. Overview of Alzheimer's disease and related dementias
2. Communicating with persons with dementia
3. Behavior management
4. Promoting independence in activities of daily living
5. Understanding and dealing with family issues

And for those that do not provide direct care but may have daily contact the 2 training requirement topics are - 1. Overview and 2. Communications.

Currently, the training can be given by an instructor who is qualified by education, experience, and knowledge in the current standards of practice regarding individuals with Alzheimer's disease and other related dementias.

Because of our concerns with the new language I contacted the Bureau of Home Care and Rehab Standards, the Division of Senior and Disability Services and the Missouri Medicaid Audit and Compliance Unit (MMAC), all of whom oversee the current training requirements for our programs, to make sure there were no issues we were not aware of that may have led to the need for additional training and this legislation. Each agency informed me that there have been no complaints, citations, deficiencies, issues or concerns related to lack of or inadequate caregiver Alzheimer's training. Based upon these conversations, it is our position the current training and delivery system are effective and are meeting the needs of the clients and caregivers.

After reaching out to my colleagues, I found there is a push from the National Alzheimer's Association to implement this within each state. **In talking with my counterparts from other states, some have ended up with 6-8 hours of initial training requirements and 4 hours of continuing training each year.** To be honest, this is a huge number of hours for one specific diagnosis. Education should be comprehensive and should not value one disease process over others that have significant health impacts on the population we serve. In home care we are seeing more and more patients/clients with CHF, Diabetes, COPD, etc. The Alzheimer's training requirements should remain flexible and not a prescribed number of hours to allow providers to address additional training needs.

We are concerned that HB2481 is too prescriptive and will be extremely difficult for our providers and the state departments to operationalize. It goes beyond what we think is necessary to train our caregivers.

This bill specifies topics that must be covered in the training. Some of these requirements are not appropriate to all levels of staff. For instance, the requirement for assessment and care planning would be appropriate for nurses but not for home health aides or personal care aides because assessment and care planning are not within their scope of practice.

It also adds additional training topics for administrative employees. Not sure why those in an administrative position would require the same training as the caregiver and the additional topics.

This bill requires the Department of Health & Senior Services to **identify** and **approve** training programs. This is unprecedented. Currently the department ensures that providers Alzheimer's training programs meet the required topics and trainer qualifications. If a provider would tailor its curriculum to their staff's knowledge base or type of service provided or purchase a curriculum, this bill requires prior approval from the Department first. Or only those "identified" by the Department would be approved? This is a burden on the Department as well as providers.

This bill requires the Department of Health & Senior Services in cooperation with the Department of Social Services to periodically review the training provided using **competency-based measures to evaluate**. What does this mean? Does the Department periodically go out and give written tests to care givers??

This bill requires the Department of Health in cooperation with the Department of Social Services to **Observe and Assess the proficiencies** of employees who have received the training. What does this mean? Will the Department send staff out to observe caregivers with dementia patients? This process would be very subjective and how would it be measured? What qualifications would the state staff need in order to Observe and Assess? Individuals with Alzheimer's usually like routine. Having a stranger in the home to observe and assess could be detrimental to the well-being of the patient. The stress alone could upset an Alzheimer's patient for days, leaving the family to deal with an escalating situation. This would be

disrespectful to the patient and family. This, as we all know, would not be in the best interest of the patient/client.

This bill is also an unfunded mandate that will cause further financial burdens to Medicaid Home Care providers who have already been faced with other recent unfunded mandates such as Minimum Wage increases and the Electronic Visit Verification (EVV) requirements. These additional costs have already become unsustainable for providers.

On a side note, there is also legislation that was perfected in the House and has moved onto the Senate, HB1683, that establishes the “Alzheimer’s State Plan Task Force”. One of the task force actions would be to - Examine dementia-specific training requirements across healthcare. We feel that HB2481 is putting the cart before the horse. If created, the Alzheimer’s Task Force would be the appropriate body to recommend to the state if and how the current training required should be changed.

In conclusion, we continue to be supportive of a training requirement for those who deal directly with dementia clients, but we believe it should remain flexible. Providers should be able to continue to tailor their training to the personnel being trained. DHSS does not need to start identifying, approving, measuring, observing and assessing especially when the current system works. The cost of that alone would be astronomical to the state.

We encourage the committee to hold off any actions on HB2481 and focus on HB1683, allow the Task Force to report on their findings, and make any recommendations as to any changes necessary to Alzheimer and dementia training standards.

Thank you for the opportunity to testify today.