

## **Human Services and Housing**

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### **Chair Ms Tomei, & members of the committee**

I want to say thank you for hearing my testimony today before this committee.

I would like to start off by saying that I and on behalf of my wife, we oppose the proposed change to the additional requirements of added outside training by substitute caregivers.

My wife and I own 2 Adult Foster Care homes in Bend. One of them is a traditional care home staffed by 1 person working what are commonly known as 24hr shifts. Our other care home is classified as a specialized home which operates under contractual obligations that were implemented under the now defunct 'Oregon - On the Move' program. This program placed complex medical individuals normally residing in nursing homes into a smaller, healthier home-like environment. Our contract requires 2 people to be on staff at all times. This home was granted a 'shift-caregiver' exemption to assist in preventing burn-out of our caregivers.

We do believe that training is of utmost importance to operating our homes and providing the care necessary for our residents. However, the current rules are already in place to address issues that may involve 'additional' training. Under 411-050-0440 Qualification and Training Requirements for licensees, Resident Managers, and Other Caregivers section 8g(C) is states: Substitute caregivers left in charge of an adult foster home for any period that exceeds 48 continuous hours, may be required to meet the education, experience, and training requirements of a resident manager if the licensing authority determines that such qualifications are necessary based on the resident impairment levels in the home. The section prior to this one also requires substitute caregivers to complete a State Preparatory Training guide with the exception of doctors, RN's, or LPN's.

Caring for our residents is the highest priority and is our livelihood. It is our opinion and communicating with others who own foster care homes, the best training one can receive is by providing hands on care. No individual is the same or has the same care needs. There is no classroom setting that can teach anything but the basics when it comes to those individuals needs. An example would be as follows: We have a resident that is diagnosed as a brittle diabetic. Performing blood sugar measurements and providing 2 types of insulin shots are considered delegated tasks that can be taught by a registered nurse. These delegated type tasks currently do not count towards any kind of continuing education but are necessary to insure the health and safety of this resident and adheres to current AFH rules. It basically becomes, "On-the-Job-Training". First-Aid and CPR courses also do not count towards training or educational standards even though they need to be renewed every 2 years. There is no comparison between learning in a classroom setting and actually performing the work. A caregiver is going to perform the task regardless if they learned it in class.

Another reason we oppose the proposed changes is due to economic conditions. As an employer who currently employs 10 people, we have typically paid for any additional training necessary to care for our residents. The proposed change adds to the already increasing cost of doing business.

If substitute caregivers are required to perform additional training, they also may lose the hourly pay they would normally receive if since they are not working on the job.

Adult Foster Home owners were informed of a policy which was implemented in the fall of 2012. This was regarding the requirement of attending and passing the Basic Training Course commonly referred to as Ensuring Quality Care or EQC. Individuals who took this class and passed the required test prior to June of 2012 needed to be placed on an existing license or a newly licensed home before the year 2012 ended or if they are currently not named on a specific license for a period of 6 months, say for maternity leave, they would be required to repeat the EQC class process. This is an additional cost for the caregiver or employer as well as lost time on the job. This policy was implemented irrespective of the fact that we were told when taking the class prior to June 2012, it would be a lifetime certification. It worries us that if additional education is required, will it then be taken away and not counted?

One of the concerns we have is the lack of quality continuing education available due to a 'continuing education committee' that must approve various classes. Using the example above with our brittle diabetic resident, there is very little training available in these circumstances. In our case, we already knew the basics but pursued the information/education necessary for the proper care of this individual. Any additional training needs to be left in the hands of the local offices where the needs can be more accurately assessed.

If there are any questions, I would be more than happy to answer them. My contact information is below:

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Respectfully submitted,

*Michael A. Lantz*