

SB 669 Testimony - 3.25.19

Senate Human Services Committee

Toby Forsberg, Helping Hands Home Care NW

Chair Gelser, members of the committee. Thank you for your time and the opportunity to testify on SB 669. My name is Toby Forsberg. I operate an in-home care agency called Helping Hands Home Care. We have nine locations in Oregon serving some of our most vulnerable populations; seniors and people with physical disabilities. I'm here today because you are considering SB 669 which would damage Oregon's highly regulated and world-class In-Home Care System.

I started my in-home care agency about 9 years ago. It took almost one year to become licensed as a comprehensive in-home care provider because the Oregon Health Authority's Health Facility Licensing and Certification Division's process is rigorous and very in depth. They are tasked with ensuring that organizations going into this field know how to vet their caregivers, train their caregivers and oversee and manage their caregivers and clients.

Although some have referred to in-home care as being "non-medical," the level of care that is required for many clients is in fact quite medical and involved. To become a comprehensive licensed agency you must have a nurse on staff who can delegate medication management and other nursing tasks so caregivers can fully serve clients. The in-home care agency must continually evaluate caregiver competency through on-site monitoring and hands-on return demonstrations. In-home care agencies also have Case Managers or Care Coordinators that match clients to caregivers to help ensure it's the right fit. Nurses and administrators constantly supervise caregivers and clients through required Quarterly Monitoring Visits, trainings and delegations.

SB 669 seeks to tie the training requirements for agency caregivers to the training requirements being developed for Medicaid registry home care workers under the Home Care Commission. First of all, the registry training requirements are still being developed and have not been implemented.

Second, from what I've seen, they would actually reduce our current caregiver training requirements and permit caregivers to provide care for 120 days before being required to complete core training. Our training program and orientation exceeds what is currently being proposed for the Home Care Commission's registry caregivers.

Finally, there are too many differences between the services provided by in-home care agencies and the registry home care workers for this to work effectively. For example, registry home care workers do not require nurse delegation for certain tasks. They can help with injections, catheters, do medication set up and administration, but have very little training and no direct oversight in an unsupervised environment.

In fact, a 2017 audit of the Home Care Registry program (report 2017-23) by the Secretary of State found that the "Current Program Design and Deficient Monitoring Put Client-Employed Provider

Consumers at Greater Risk” and that “DHS should take immediate action to strengthen the program so that vulnerable consumers receive adequate care.”

There are other differences between in home care agencies and the home care worker program. Here are a few:

- We are regularly surveyed by the HFLC department.
- We have robust, defined training requirements that must be completed before a caregiver starts providing care to clients and continuing education requirements
- We are available 24/7/365.
- Our caregivers provide daily documentation of Activities of Daily Living tasks.
- Our Care Coordinators ensure we have the best possible caregiver match for the client and if not, the ability to immediately replace
- We require reference checks in addition to dual criminal background checks for caregivers (CRIMS and a national background check with sex offender search through an accredited background check company).
- We have a formal complaint process, mandated quarterly Quality Assurance meetings, Plans of Corrections, grievance policy, and the list goes on and on.

We take care of our caregivers as well. The average caregiver starts between \$14 and \$15 per hour or more in some cases. We have caregivers that have been with us since I began, and others who stayed with us after I acquired their business with a tenure of almost two decades. We offer a generous paid time off program and healthcare insurance stipends for a good portion of our f/t staff. We offer supplemental Aflac coverage and contribute a portion of the premium. We also have a Roth IRA through the Oregon Saves program.

Rather than move in-home care forward, SB 669 would actually push it back. This bill would be harmful to both consumers and caregivers. The level of care and the job opportunities for caregivers in a sector that is already facing a caregiver shortage crisis would be compromised. The capacity for agencies to bring on new clients would be diminished, leaving many Oregonians without care.

Simply put, to require private in-home care agencies who are held to higher standards and regulated by the OHA, to align training standards with a completely different registry model that is deficient and yet to be fixed, would be ultimately harmful to some of Oregon’s most vulnerable people.

I ask that you oppose Senate Bill 669.

Thank you.