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New York City Chapter



## Creating a Home Care Workforce for the 21<sup>st</sup> Century

Every year, New York's home care workforce provides ongoing support services to at least 275,000 residents with age-related illnesses, as well as other disabilities, chronic diseases, and functional limitations. It has been estimated that 50 percent have some degree of cognitive impairment. And the need is growing: this year, the number of people 65 and older with functional impairments will reach over 850,000, with 80 percent living in the community.<sup>i</sup> More than in other states, aging New Yorkers are likely to live alone without a family caregiver present.<sup>ii</sup> Home care aides will play a vital role as the need for long term care increases and consumers increasingly choose to receive care at home. It is crucial that regulations allow for the right care to be provided at the right time, in the right setting.

## Regulatory Barriers

The vast majority of New Yorkers who receive home care services do so in programs that severely limit the number of nursing tasks which may be assigned to aides.<sup>iii</sup> Sixteen states permit more tasks to be assigned by nurses to paid aides than does New York.<sup>iv</sup> In addition, while current law permits aides to assist certain consumers<sup>v</sup> who are self-directing with their medication, it does not allow the same for consumers who are non-self-directing.

Surprisingly, these barriers can threaten, rather than protect, quality of care. When consumers in traditional home care programs require routine care that is not permitted to be assigned by a registered nurse to a paid aide, the result can be inadequate care or a significant burden on family or caregivers. Evaluations of Nurse Delegation programs in two states found that allowing nurses to assign tasks to trained and supervised aides did not harm patients, brought improved consistency to the care and brought unlicensed and unregulated practice under the supervision of registered nurses.<sup>vi</sup>

## Advanced aide and medication administration services

Governor Andrew Cuomo's 2015-16 Executive Budget proposal includes provisions recommended by the Workforce Flexibility Workgroup of the Medicaid Redesign Team. They amend the Nurse Practice Act to allow for advanced aide services, including medication administration, by experienced home health aides employed by hospices, CHHAs and LHCSAs who undergo additional didactic and clinical practice training and pass a competency testing. The regulations for those tasks will take into account the recommendations of a workgroup of representatives of providers, consumers and workers, who have outlined a list of tasks similar to those which home health aides are permitted to do now under a limited set of "special circumstances." Registered professional nurses will retain the discretion to decide whether to assign such tasks to aides certified to undertake them and will continue to supervise aides closely. With respect to medications, only those that are routine and premeasured or otherwise packaged could be administered.

We believe this is a careful, deliberate proposal that meets consumer need and provides crucial support for family caregivers. It does not assume that any home health aide can provide the services but creates new titles and sets standards to meet those titles, including a certification exam. In doing so, it will create a career ladder for home care workers. We wholeheartedly support this proposal.

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<sup>i</sup> New York State Office for the Aging, "Aging in New York State." Available online at: <http://www.aging.ny.gov/NYSOFA/Demographics/DemographicChangesinNewYorkState.pdf>.

<sup>ii</sup> According to the 2010 census, in New York, 10.5% of households consist of someone over 65 living alone, as compared to 9.4% nationwide: <http://www.census.gov/prod/cen2010/briefs/c2010br-14.pdf>.

<sup>iii</sup> While those providing services through the Consumer Directed Personal Assistance program are exempt from Nurse Practice Act restrictions, the clients they service represent only a small percentage of home care consumers in New York State.

<sup>iv</sup> Susan Reinhard, Enid Kassner, Ari Houser and Robert Mollica, "Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers," AARP, The Commonwealth Fund and the Scan Foundation, available at: [http://www.longtermscorecard.org/~media/Files/Scorecard%20site/Report/AARP\\_Reinhard\\_Realizing\\_Exp\\_LTSS\\_Scorecard\\_REPORT\\_WEB\\_v4.pdf](http://www.longtermscorecard.org/~media/Files/Scorecard%20site/Report/AARP_Reinhard_Realizing_Exp_LTSS_Scorecard_REPORT_WEB_v4.pdf)

<sup>v</sup> Only consumers who are self-directing, have need for assistance for routine maintenance of his/her health, cannot physically perform the task, and have no informal caregiver or a caregiver willing.

<sup>vi</sup> "Washington's Nurse Practice Policies for Home and Community Living," Rutgers Center for State Health Policy, State Policy in Practice Series, June 2006, Available online at <http://www.cshp.rutgers.edu/downloads/6480.pdf>; "The New Jersey Nurse Delegation Pilot Project: There's No Place Like Home," Presentation by Susan Brennan McDermott, RN Project Director, Division of Disability Services New Jersey Department of Human Services, <http://www.state.nj.us/humanservices/dds/projects/njndp/>. Available online at <http://www.nasuad.org/documentation/hcbs2010/PowerPoints/Sunday/Nurse%20Delegation%20in%20Home%20Care%20Agencies%20Serving%20Persons.pdf>