

**Waverly
Care
Associates**

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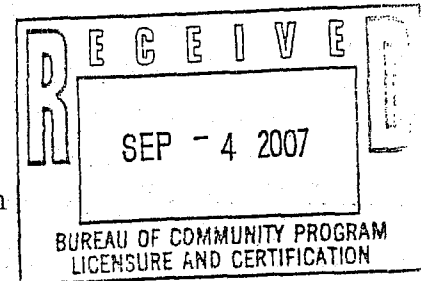
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Gladwyne, PA 19035
610.645.8627

INDEPENDENT REGULATORY
REVIEW COMMISSION

Wednesday, August 29, 2007

PA Department of Health
Janice Staloski, Director
Bureau of Community Program Licensure and Certification
132 Kline Plaza, Suite A
Harrisburg, Pa 17104-1579



Dear Ms. Staloski,

I am writing to you as a director of a non-medical private-duty companion agency in the Philadelphia area and a member of Pennsylvania Home Care Association.

In reviewing the draft regulations as published in the Pennsylvania Bulletin dated August 4th, I wanted to comment on three areas, Training, Health Evaluations, and Consumer Protection.

The training requirements as proposed would be a certain hardship on many private-duty agencies. 1) It is cost prohibitive to pay future caregivers for many hours of training before an agency or registry can bill for services. 2) Requiring many hours of training will cause too long a delay from date of hire to date of service in an already limited workforce. 3) Most of the workforce in the non-medical private-duty industry is part-time. Employees are working either other full time jobs or other part time jobs. The ability for those employees to commit to a long training period would be impossible. 4) It encourages agencies/registries to only hire certified nursing assistants thereby limiting the workforce and also eliminating the opportunity to employ a variety of backgrounds to meet different needs. 5) For many small agencies, the same person that does the training is also doing the scheduling, the client assessments, the interviewing, the record keeping, the client visits, etc. 6) The initial draft requiring six subjects prior to placement with another eight optional subjects to be in-serviced is more achievable and still puts the client first. 7) There is a distinct benefit in learning skills from on going training rather than to have it all upon hire.

The initial draft of the regulations indicated that the "individual was evaluated, at a minimum, for tuberculosis risk factors and tested as necessary." The August 4th draft added 5 more conditions or diseases in which the employee needs to be screened. This is not even required at this time for Nursing Home employees. This is again added cost and time. If individuals are getting their physicals through their own physicians, insurance will only cover 1 physical per year. This health evaluation should have to be within 1 year prior to start date as stated in the initial regulations.

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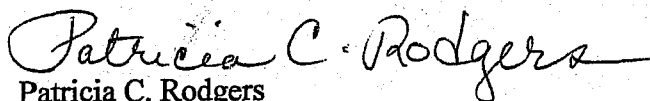
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Under Consumer Protections (c) the regulations state that prior to the commencement of services, the agency must provide a packet containing a list of 7 documents that can be easily read. Private-duty non-medical care is not ordered by physicians. The need for non-medical care at home arises quickly without warning unlike a planned discharge that requires home health. My agency, as well as most others with which I have contact, pride ourselves on being able to respond quickly in the time of need. For example, I have received calls on a Friday night at 10 pm from a family member living out of state to provide care for a mother who has a change in mental status and cannot be left alone. I also have had calls at night and on weekends from an out of town family member whose parent was taken to the hospital. Since the family member cannot be there, he or she has requested a private-duty companion to be with Mother or Dad to ease their anxiety. These calls are not out of the ordinary. They are every day. Do we have to turn these consumers away because it is not possible to present them with a packet? It would benefit the consumer to be able to verbally explain information over the telephone, providing the written material within some designated number of hours, such as within 60 hours following the start of service.

I am totally committed to providing the best care possible to my clients. I am passionate about the elderly being able to age at home. This is what non-medical private-duty agencies do best. We are a very different entity than Medicare certified agencies. I do believe that requiring agencies and registries to be licensed is a positive step in protecting the elderly. At the Stakeholder meetings in December, there was much emphasis on "minimum standards". In looking at this final draft, "minimum" seems to be overlooked. My major concern is that by placing undue hardships on home care, the state will effectively reduce the number of available caregivers and their employers thereby leaving the elderly without the care they need to stay home. I also am very concerned over the cost involved to be compliant with the regulations. Many agencies are working under a minimal margin to keep their services affordable. The increased cost of hiring, training, etc will need to be passed on to the consumer. This will make homecare unaffordable for many.

I appreciate your sensitivity on these issues.

Yours truly,



Patricia C. Rodgers

Director of Companion Services