

October 16, 2022

Dear Homemaker Companion Agency Task Force Members,

I am submitting the following testimony on behalf of myself and my late wife, Michele, who received live-in caregiver services from homemaker companion agencies for nearly six and one-half years until her passing in September of this year. My wife required such services as a "total care" client during the later stages of her battle with Parkinsonism and associated dementia.

During the years my wife received such services, we were fortunate to have a number of caregivers who provided competent care for prolonged periods of time at a stretch (5 months or longer at a time). However, we also incurred experiences with numerous other caregivers that evinced a **tremendous need for reform** for (1) resolving complaints against such agencies and their caregivers, and (2) training provided by such agencies to their caregivers.

There was always the feeling of being in the "**wild, wild west**" while using such agencies, as we would routinely be given the proverbial run-around by both agency and caregiver as to why there was a sudden, unexpected change in caregiver or why a given caregiver would fail to show up entirely. Such occasions were far more frequent than most reasonable people would be willing to tolerate.

While these were extremely stressful occasions, they were not the only incidents for which **accountability of any kind was lacking**. We experienced caregivers who: (1) Were completely untrained, unskilled and incapable of providing the care my wife required, (2) abusively yelled at our family and friends while taking gross advantage of my family to perform the caregiver's duties, (3) stole or destroyed personal property in our home, (4) refused to speak or interact with us while living in our home, (5) abandoned the case all together, (6) displayed a hostile temperament toward medical professionals attending to my wife, and (7) who failed to react in any way as my wife experienced cardiac arrest and passed away even though the "caregiver" was sitting three feet away from my wife at the time and was fixated on her smart phone.

For any of these horrible events, there was never any real-time, effective or meaningful method of addressing any complaint against a given caregiver or agency. Contacting both DCP and DSS never resulted in a timely rectification of any incident. **In considering the adequacy of a system to address complaints concerning such agencies and their**

caregivers, it should be understood that in some cases such system needs to be real-time and provide for an immediate response and resolution of the complaint because the client in question is dependent upon the presence of such caregiver for the provision of personal care and functions including feeding, bathing, dressing and toileting. These are not needs that can be met or rectified with a complaint system that is either unknown to the client or family of such client or that is untimely, unresponsive or ineffective.

The recruitment and training reforms needed for such agencies are of a wide scope and scale. **Many agencies never meet their caregivers in person in order to determine if their temperament, personality and communication skills are appropriate for such a placement. This should absolutely be required for live-in caregivers.** Moreover, **before a live-in caregiver is placed in a client's home, the agency should be required to tell the caregiver about the client's needs (as determined by a home visit and any applicable care plan) and assure such caregiver's training and experience level is suited to meet such needs.** Far too many times, an inexperienced HHA was sent to care for my wife who required a CNA level of care. The two are simply not interchangeable.

In terms of training for live-in caregivers, most agencies provide no training to their caregivers that is tailored to the specific needs of the client. Rather, they rely on the client or the client's family to provide such training. As such, **the agency should be required to direct the caregiver to respect, be amendable to and adhere to the training provided by the client or the client's family.** Caregivers who will be performing "total care" for clients **should be trained by the agency in performing Western standards of personal hygiene, particularly for female clients.** Moreover, for caregivers placed with clients who have Parkinson's, **training should include a basic understanding of movement disorders and responsiveness to dysphagia related issues such as coughing and choking.** Finally, live-in caregivers assigned to clients with dementia **should be trained on the importance of communicating with the client** even if the client is not always/able to be responsive to the caregiver.

Thank you for the opportunity to submit this testimony and for your consideration of these critical recommendations rooted in my late wife's experience with such agencies.

Sincerely,

Ray Towson
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