




# DC Coalition for Long-Term Care Medication Aide Survey

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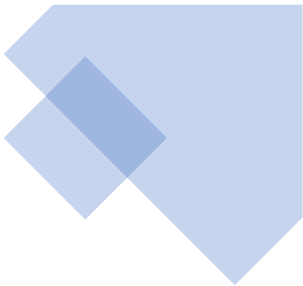
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# Introduction




In 2019, the DC Board of Nursing approved new certification standards for medication aides (MA-C). MA-Cs are CNAs and HHAs who have received additional training and have been certified to administer medications under the supervision of an RN or LPN.

MA-Cs can administer subcutaneous injections including insulin, perform finger sticks and administer drugs orally, via drops, suppository or topically.

Nursing homes, assisted living communities and home health agencies in other jurisdictions use medication aides as a cost-effective way to administer medications to those who are unable to self administer.

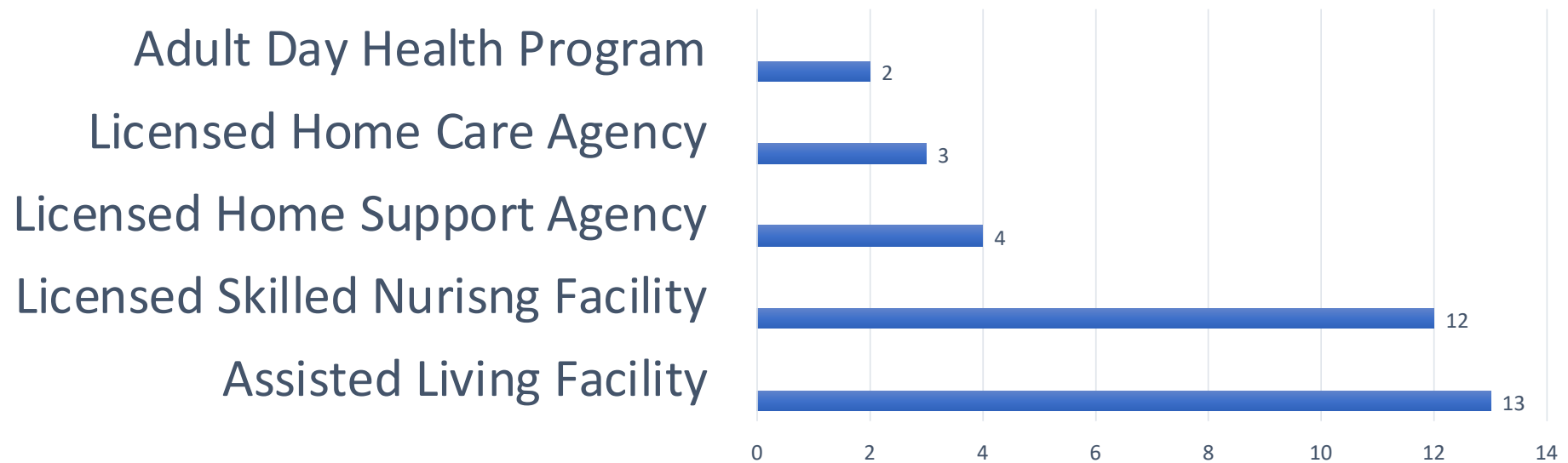
Although the Board of Nursing has approved the curriculum for MA-Cs, no schools have yet been approved to offer the MA-C training program.

The DC Coalition for Long-term Care, Subcommittee on Workforce Development surveyed providers across the LTSS spectrum to better understand the need for certified medication aides in DC.







We received 27 responses representing  
34 licensed entities



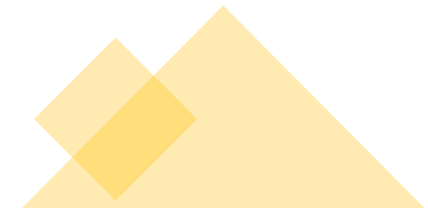
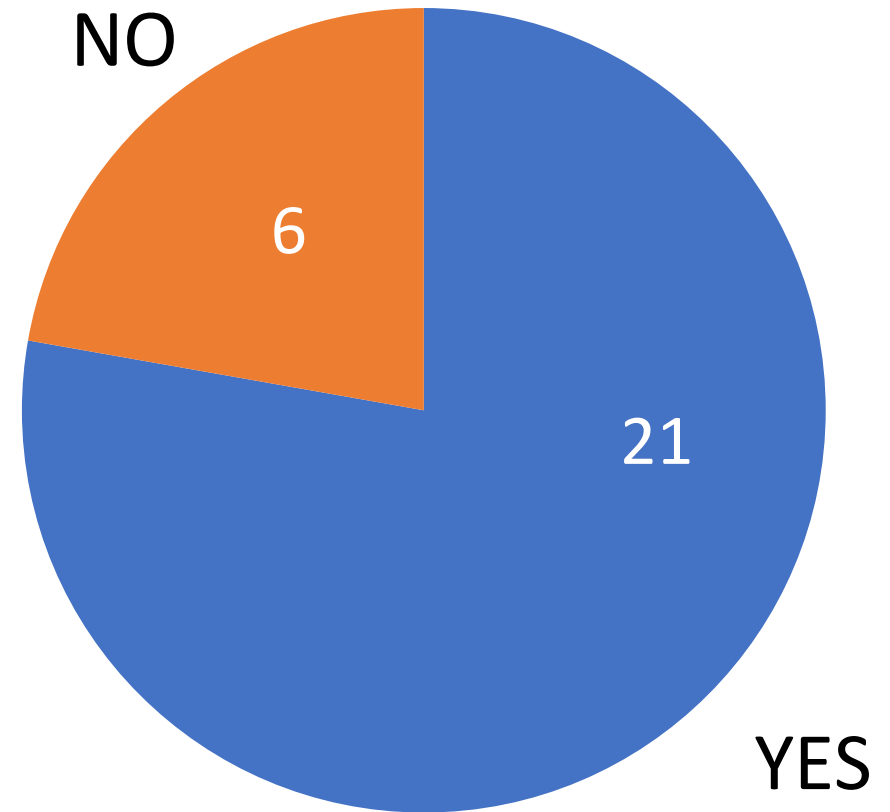


# Majors Findings

- The vast majority of providers strongly support using Certified Medication Aides in a variety of care settings.
  - Certified Medication Aides would help address staffing challenges, would allow for more efficient use of RNs, and would help with CNA recruitment and retention.
  - Certified Medications Aides support CNAs and HHAs who seek to advance their careers and increase their earning power.
  - For providers who lack experience working with CMAs in other jurisdictions, additional education about how CMAs are trained and how to effectively incorporate them into staffing plans and provide ongoing training and supervision would be helpful.
  - Although Home Support Agencies can not provide medication administration assistance, they see that clients need this assistance.
- 



78% of Respondents  
stated they are familiar  
with the regulations for  
Certified Medication  
Aides



# What are the benefits of hiring Certified Medication Aides?



IT WOULD INCREASE THE NUMBER OF STAFF THAT ARE ABLE TO ADMINISTER MEDICATIONS.  
78% (21)



IT WOULD HELP US RECRUIT AND RETAIN CNAS WHO WANT TO ADVANCE THEIR CAREERS BY PROVIDING OPPORTUNITY FOR FURTHER PROFESSIONAL DEVELOPMENT AND INCREASED PAY  
78% (21)



WE COULD USE STAFF MORE EFFICIENTLY, FREEING RNS/LPNS TO FOCUS ON MORE COMPLEX RESIDENTS/CLIENTS  
74% (20)



IT HELPS WITH STAFFING  
67% (18)



IT WILL BE MORE COST-EFFECTIVE THAN HIRING RNS  
56% (15)



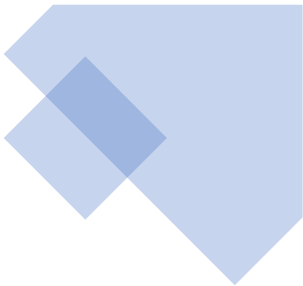

OTHER  
26% (7)



NONE  
7% (2)





## Other Benefits


- It would lower the cost of care to DC residents who need medication assistance at home.
  - I have worked in LTC/SNF for almost 30 years in Maryland and the benefits of relieving the med pass for the nurses on the floor allows for better continuity of care. It allows the staff time to interact with the residents and their families and build lasting relationships.
  - I am familiar with and see the benefits of having Med Techs in our Maryland communities.
  - Home Support Agencies are prohibited from administering medications. If that were an option, we have clients in need of med admin services.
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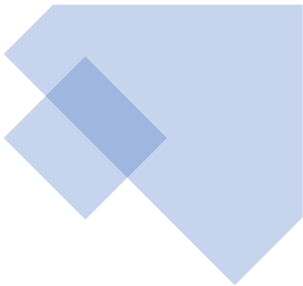
## Other Benefits Continued

- Patients that are unable to self-administer their own medications would have a trained person
  - Help us to provide cost effective ways of working with those on hospice who oftentimes are prescribed medication for pain and have long hours. This seems to be a sticking point.
  - Increase skill set of the CNAs.
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Do you have concerns about hiring medication aides?




| Answers   |    |      |
|---|----|------|
| Medication Aides still must be supervised by an RN.   | 12 | 55%  |
| For EPD Waiver and Medicaid providers, DHCF needs to establish a higher rate and that rate needs to be factored into the provider's reimbursement rate. | 10 | 45%  |
| Total Respondents   | 22 | 100% |

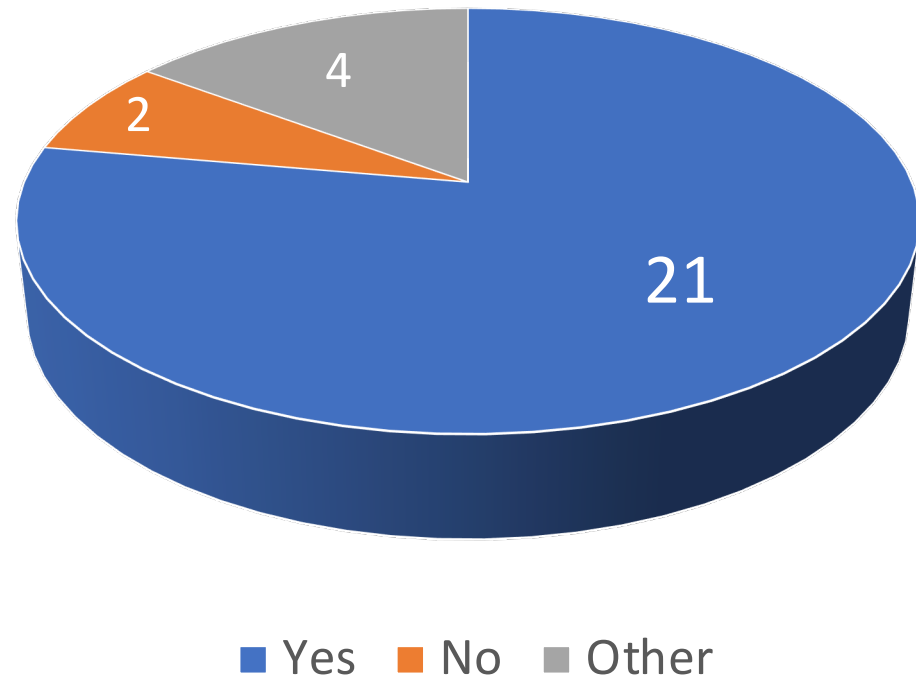




## Other Concerns?

- Prohibited for HSAs
  - They must be under direct supervision of RN
  - Our DON would want to review the course and testing process before she would feel comfortable.
  - There is no direct supervision in a home care setting.
  - I have used them in other states with no issues
  - We do not provide medical home care and do not have nursing staff to supervise medication aides.
  - We use Medication Aides. It is important to understand that ongoing training and guidance is needed. We continuously educate our medication aides and make sure they know they can come to us with questions.
- 



If you had the opportunity and reimbursement rates reflected higher wages, would you hire certified medication aides?



- Other Explained:
- Does not apply in our care setting (2)
- We use them in AL but not sure about SNFs (1)
- Other issue (1)




## Other comments

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- This is an excellent idea that would not only help the health care workforce but, more importantly provides a truly valuable service to DC residents
  - I have personally been the nurse on the floor supervising the CMAs on my unit and there were such an asset to my team. It allowed me time to provide more resident centered care
  - We are very interested – it's been a challenge, especially during the pandemic to find LPS.
  - I LIKE THE IDEA
  - In the home setting where there is no direct supervision, I know it makes the DON/Supervising RNs nervous. If there was a better understanding of training, I think this could open up more of the conversation.
  - It is a good career ladder step which is so needed in this field
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## Other comments continued

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- Although we cannot presently employ medication aides, I believe they play an extremely important role in the direct care health care workforce.
  - I believe they would need additional training if there were to be used in LTC, they would require supervision and I'm not sure how efficient they would be without required supervision.
  - I have worked with them successfully in Maryland.
  - I have no experience yet would be interested in learning more. CMAs would be good for low-risk med administration. It would be a career ladder too.
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