

LDs 400, 1059, 1078, and 1364

## Direct Care Workers' Task Force

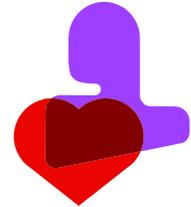
Monday, October 26, 2009

1:00 to 3:00

221 State Street – main conference room

### Agenda & Minutes

**Attendees:** Diana Scully, Joanne Rawlings-Sekunda, Rick Erb, Nicole Brown, Helen Hanson, Jay Hardy, Don Harden, Romaine Turyn, Elise Scala, Mollie Baldwin, Dee-Dee Strout, Cathy Bouchard, Matt Peterson, Ted Rippey,



## Agenda:

1. Welcome- Introductions
2. Context for group – relationship to the HCBS-LEAN process
3. Outline of the 3 bills to be included
4. Discussion of a strategy to address the tasks
1. Questions to be Explored – RE: Dirigo grant from the U.S. Department of Health and Human Services / Health Resources and Services Administration (HRSA)
  - a. ....focus of the HRSA grant?
  - b. ...coordinating these two efforts?
  - c. Would our Direct Care Workers' Task Force be willing to serve as a focus group for the HRSA grant?
2. Thoughts
3. Schedule of meetings

## Minutes:

### I. Suggestion for how to proceed

1. Training
  - A. Rates?
  - B. What do Direct Care Workers need that they're not getting?
  - C. Cost of training?
  - D. Identify a core curriculum
  - E. Identify overlaps
  - F. Identify efficiencies
  - G. Reduce barriers in the training programs that exist now
  - H. Focus on Quality of Care - what do workers need to be successful?

- I. Want to hear directly from Direct Care Workers on what the primary focus should be
    - a. Comprehensive training across the board for all Direct Care Workers is necessary
    - b. Want to professionalize Direct Care Workers in order to better serve the consumer AND warrant higher pay
  - J. Focus on how to make things simpler, and then create economies-of-scale to apply to other areas such as wages , benefits
    - a. Perhaps look at the plethora of job descriptions and job titles?
    - b. Identify commonalities? Which builds directly to training and skill sets – are there levels? Can we raise skill levels?
    - c. See Direct Care Workers as key players in managing chronic conditions? Could produce measurable outcomes in terms of health outcomes
  - K. **Next Meeting:** Elise – has a matrix on who workers are, job functions, common elements – covers about 30,000 workers employed by many employers
    - a. Talk about what it's actually like to be a worker, day-in-and-day-out. What a typical day is like
    - b. Have Pamphlets telling workers' stories, but also hear from people on this Task Force about their experience.
    - c. Focus on a couple of job titles
    - d. Diana – briefly overview outcomes of HCBS-Lean process
2. Health Care / Health Insurance
    - A. HRSA Grant
      - a. Have had one meeting on HRSA grant
      - b. \$8.5 million from feds, for each of next 4 years, for uninsured, part-time, seasonal , Direct Care Workers in firms for 50+ people. Will get vouchers as a subsidy for each to buy into his or her employer's health coverage. Won't happen by January 2010. Questions:
        - People who need to be wholly, or partly, subsidized?
        - Employers have to be willing to participate and pay a substantial amount, funding source unknown – depending upon applicants' income and assets
    - B. Review Montana model and experience
    - C. Workers may work many hours, spread across several agencies, must be taken into account, particularly in regard to employer-contribution.
    - D. National work on health care also has implications for this state debate
    - E. SEIU also offers bare-bones insurance
  3. Rates and Wages –
    - A. Invite staff from Russ Begin's office

## II. Other discussion

- A. Get Elise's information updated
- B. where/what is the role of Direct Care Workers in the HCBS-Lean effort?
- C. Issues;
  - a. How fast can a worker be found to come into the home? How quickly can a consumer acquire needed services?
  - b. Business/employer issues, aside from the Care Plan: background checks; liability
- D. Look at trends: pay? Demographics?
- E. Pay: Don't want pay rates to be dictated
  - a. But state sets rates for many contracts that it pays for. Setting rates also provides predictability. Gives more control over the allocation of State resources.
  - b. A wage may be different than a reimbursement rate
  - c. Department's work on rates: rate-setting now centralized under Deputy Commissioner of finance. More rational than prior to merger. May want to invite him/his staff to a meeting. To learn more about department's process for setting rates.
- F. Quality of service – directly proportional to skill, training of the Worker; quality of the workforce, which involves wages, training, valuing the worker and workforce
  - a. Also correlation between Staffing Levels and Quality of Care
- G. rate increases have ripple effects on many other aspects of the system
- H. the vast number of disciplines are confusing

### Next Meeting:

Monday, November 16, 2009

1:00 to 4:00 pm

Lean lab @ DHHS, 221 State Street, Augusta

Subject: Direct Care Worker Training