

LDs 400, 1059, 1078, and 1364

Direct Care Workers' Task Force

Monday, November 30, 2009

1:00 to 4:00

442 Civic Center Drive - room 1B

Agenda and Minutes

Participants: Matt Peterson, Elizabeth Gattine, Molly Baldwin, Diana Scully, Mike Ballard, Rich Lawrence, Rhonda Parker, Helen Hanson, Cathy Bouchard, Nicole Brown, Rick Erb; Joyce Gagnon, Elise Scala, Sherri Witton, Ted Rippey, DeeDee Strout, Don Harden, Jay Hardy, Cheryl Ring

- I. Review composite picture of the job functions and qualifications for 16 direct care/support worker titles.**
 - 1. focus on similarities/differences in training topics and job functions**
 - 2. review general groupings of job categories, including similar training requirements and specialized job functions based on consumer need and program/service**
 - 3. discuss opportunities for workforce flexibility and training efficiencies**

Notes:

- Homemaker/Independent Support Services (ISS) – no defined training. Training is based on Catholic Charities' training, which is solely based on its accreditation
 - Should training be standardized to include consumer health and welfare? e.g. Safe-lifting
- Would like a recommendation from Elise RE: how best to consolidate job functions and titles. Rational number of discrete functions – to provide a core skill, with options for specialty training
 - Direct care jobs are currently defined by the training required, not by performance, competencies, and outcomes. So, jobs are task-oriented
 - Developing core competencies would seem to be a good approach to defining the work of Direct Care Workers; e.g.
 - Workers should know about consumer-directed and self-directed, (which is not currently in the training),
 - need common language,
 - putting it into a framework governing how to work with consumers,
 - safety items,

- Workers' responsibility to report abuse, neglect, and exploitation
- what is the intent of having a classification model? What would this model's ultimate objective be?
 - To improve the quality of the workforce, to look at common tasks, curriculums for training, to infuse the job ladder with more portability, which creates an advantage for workers to have more opportunities to work in different settings. Also an advantage for providers
 - To look at the standardized wage rates, to see what falls into the rate, and look at alternatives, increase professionalism, quality of life for workers, raise the quality of outcomes
 - Create more standardized curriculums and expectations, to provide a meaningful training matrix, to improve outcomes for consumers
 - Predictability of costs
 - To value Direct Care Workers' work, and recognize the increasing need for Direct Care Work in our state

For Next Time:

1. perhaps add to Elise's table: Who can supervise these workers?
2. Cheryl, Elise, Helen, Elizabeth: bring back a new scenario and recommendation for what the job classifications should be. Identify the policy questions that must be considered

II. Discussion with staff from DHHS Rate-Setting Unit

- 1. implications of revising the structure in order to achieve uniform wages and rates.**
- 2. how rates are structured currently**

DHHS Rate-Setting Staff: Mike Ballard, Rich Lawrence, Rhonda Parker

Issues:

- MIHMS' development
- Budget implications
- Aggressive timeline; need to report by January and action by July
- Some past rates based on what was able to be negotiated, or on amount available for budget, not on true cost-analysis.
- Former legacy departments did rates in different ways
- Merged department now has a Rate-setting unit available, which is trying to standardize the process, including looking at market-demand and market-value of the service

- Direct Care Workers are undervalued and underpaid
 - Q: What is state's role in helping to provide Direct Care Workers with a livable wage? Could the Legislature set the wage-rate?
- Direct Care Workers can help to reduce institutionalization of people.
- Are there standard items that must always be included in the rates: e.g. wages, fringe, training, sick leave, vacation?
 - Due to low-wages, Direct Care Workers often are eligible for heating assistance, MaineCare insurance
- No baseline exists to set the cost-of-doing-business, a baseline which is necessary to know in order to provide home and community-based services . No clear understanding of what it costs to run an agency, and how much volume is necessary to justify being in business
 - Also, no baseline for cost of providing institutional services
- Policy drives rate-setting, regardless of whether policy is based in reality

Task:

- perhaps estimate cost of rationalizing rates?
- Develop several scenarios for reform?
- Suggest a rational process for rate-setting
- Perhaps start by determining the cost of providing accessible quality services?
 - Develop a rational methodology
 - What would be the cost of collecting cost-data?
 - Need to determine the basics of costs that are reasonable in order to do business in providing direct care services
 - Perhaps aggregate audited existing costs from a number of Providers, to set a baseline

Idea:

- perhaps benchmark a reasonable cost for doing business – including all the different items needed to do business
 - Manage costs to ensure quality outcomes
 - Look at economies of scale to eliminate administrative redundancy
 - Will create a policy framework as time goes on, to help move toward a balance of consumer needs and available resources
- Where do we start? E.g. existing costs? Actual costs?

- Recommend to collect info on the costs of doing business, and what elements should be included in that cost
 - Also need to establish a periodic review date, to ensure that rates are reviewed
 - Need some report back from providers – real cost reporting – to help us plan and manage
 - Then, could assess where current providers fare relative to this baseline
- Fee-for-service: could be more efficient, less bureaucratic for the provider,
- cost reimbursement: more transparent, has reporting requirements, delineate each cost item, provide more data to enable comparisons
 - has been a trend away from cost reimbursement
 - does DHHS have a set of criteria to help move toward fee-for-service?

Legislative Intent: is there a way to standardize both job descriptions and more equality across titles and functions? More predictability for the budgeting process and the cost of the long-term services and supports, due to worker costs. Develop a parallel standardization of administrative costs, which also vary due to funding silo, not based on the nature of services provided. Need standardization and predictability in the system, for workers and providers.

MIHMS – due to transition to MIHMS, DHHS' rate-setting unit has had to review each policy. What kind of information does our group need from the rate-setting unit?

III. discussion solely with Direct Care Workers

1. In reality, jobs are not flexible, neither on agency side nor on consumer side.
2. Lean identified some issues with flexibility –for people both getting services, and those providing services.
 - A. This could be a place to address some of these issues
 - B. Policy drives the degree of flexibility available in the Plan of Care
 - C. The home care coordination agency also probably drives flexibility of the providers
3. On consumer-directed side, reimbursable time is restricted to a set number of hours; if more time is needed, or can't get another person to come in at end of shift, worker often stays overtime, but can't get paid. If the next worker had been doing the work, his or her time could have been reimbursed, but not with the prior shift's worker, since he or she had already worked the hours authorized for reimbursement
4. One current consumer is allotted only 40 hours, but requires 110, for which the consumer is able to pay for herself.

5. Workers should be allowed to work together as a team, in order to arrange coverage for time-off, etc. . Now, one worker notifies both the consumer and the worker's agency well in advance of needing a day off, but the consumer sometime reports that the agency failed to arrange for a replacement.
 - A. Some workers do form informal teams on their own
6. Time allotted for certain tasks are often unreasonably short; e.g. 40" for bath not adequate for one consumer – most often requires 1 hour
 - A. Questions in the Need Assessment done by Goold should be more detailed in order to ensure that the assessment truly reflects consumer's abilities – not take at face-value what consumer reports, but ask follow-up probing questions to come to a true determination of competencies
 - B. Workers should be invited to be present during Goold's reassessment, to complement Goold's assessment of consumers' abilities
7. **Important** - Direct Care Workers Need vaccinations made available to them
 - A. Consumers want their workers to have proper protection
 - B. Workers don't want to get sick

Next Meeting:

- December 14, 1:00 to 4:00, 442 Civic Center Drive, room 1B