

**PENNSYLVANIA
DEPARTMENT OF AGING**

LONG-TERM CARE COUNCIL

EST. 2015

Meeting Minutes

Meeting:	Pennsylvania Long-Term Care Council
Date:	Thursday, October 25, 2018
Start & End Time:	10:00 a.m. to 3:01 p.m.
Location:	Pennsylvania Farm Show Complex & Expo Center, Keystone Conference Center

Council Members in Attendance

Insurance Cmmr. Jessica Altman (Designee: Alison Beam)*	Samella Hudson-Brewton - <i>Senior Community Centers</i>	Dr. David Nace - <i>LTSS Physician</i>
Sen. Michele Brooks (Designee: Chloe Mandara, Esq.)*	Kathleen Kleinmann - <i>LTSS Consumer</i>	Shane Nugent - <i>For-Profit SNFs**</i>
Brig. Gen. Anthony Carrelli (Designee: Andrew Ruscavage)*	Cmmr. Ted Kopas - <i>County Commissioners Assoc. of PA</i>	Sec. of Aging Teresa Osborne, Council Chair
Tim Coughlin - <i>Assisted Living**</i>	Ray Landis - <i>Consumer Advocacy</i>	Vini Portzline - <i>LTSS Consumer</i>
Representative Pam DeLissio** (Designee Lauren Rooney also attended)	Holly Lange - <i>Area Agencies on Aging</i>	Kenneth Potter, Esq. - <i>PA Bar Association, Elder Law Section</i>
Sen. Art Haywood (Designee: Liana Walters, Esq.)*	Sec. of Health Dr. Rachel Levine (Designee: Susan Coble)*	Nicole Pruitt - <i>Adult Day Centers***</i>
Rep. Tim Hennessey (Designee Erin Raub also attended)	Thomas Lilly, JD, CLU - <i>LTSS Insurance</i>	Sec. of Transp. Leslie Richards (Designee: Emma Lowe)*
Anne Henry - <i>Nonprofit SNFs</i>	Robert Marino – <i>Caregiver</i>	Matt Yarnell - <i>Consumer Advocacy**</i>
Nancy Hodgson, PhD - <i>Academic Research</i>	Joyce McClary - <i>LTSS Nurse</i>	Heshie Zinman - <i>Consumer Advocacy</i>
Brian Hudson, Sr. (Designee: Gelene Nason)*	Sec. of Human Services Teresa Miller (Designee: Virginia Brown)*	

*Attended on member's behalf

**Participated in Council meeting via teleconference

***Presenter

Council Members Not in Attendance

Joan Bradbury - <i>LTC Managed Care</i>	Lydia Hernandez-Velez - <i>Consumer Advocacy</i>
Dr. Mario Cornacchione - <i>Academic Research</i>	Diane Menio - <i>Caregiver</i>
Mickey Flynn - <i>PA Council on Aging</i>	Mike Sokoloski - <i>Homecare</i>

PDA Staff in Attendance

Teresa Osborne, Secretary	Steve Horner, Special Assistant
Stephanie Cole, Executive Assistant	Chuck Quinnan, Council Executive Director
Maria Dispenziere, Deputy Legislative Director	Sasha Santana, Executive Secretary
Faith Haeussler, PCoA Executive Director	David Toth, Legislative Director

Committee Members & Guests in Attendance

Carl Berry, PA Providers Coalition Association WC	Vince Phillips, Phillips Associates AC
Cmdt. Rohan Blackwood, PA Dept. of Military & Vets Affrs (DMVA) QC	Barry Ramper, Homeland Center*
Jeff Blume, PA Dept. of Labor & Industry	Cmdt. Barbara Raymond, DMVA WC
Devon Grant, Governor's Cabinet & Advisory Committee for People with Disabilities	Jacqueline Rowe, PA Department of Human Services WC
Art DiLoreto, PA Association of Area Agencies on Aging (P4A) WC	Matthew Seeley, PA SILC
Jennifer Haggerty, PA Homecare Association*	Zach Shamberg, PA Health Care Association WC

Owen Larkin, Donahoe Manor*	Steve Touzell, Philadelphia Corporation for Aging AC
Michelle Lisk, Synergy Homecare of Mid Penn*	Linda Walker, Educators, Inc. AC
Daniel Kleinmann, PA Health & Wellness OC	Margie Zelenak, PA Assisted Living Association OC*
Rebecca May-Cole, P4A OC	Andrew Zwally, Greenlee Partners

OC = Outreach Committee; AC = Access Committee; QC = Quality Committee; WC = Workforce Committee

*Presenter

Meeting Minutes

#	Discussion Items	Summary
1	Welcome	<p>Secretary of Aging Teresa Osborne opened the meeting by welcoming members and guests and introduced John F. Kennedy Center Executive Director Samella Hudson-Brewton, who attended her first meeting as the Council's new senior community center representative.</p> <p>Council Executive Director Chuck Quinnan went over the housekeeping items (e.g., emergency evacuation protocol, Wi-Fi password, etc.), introduced the members on the conference line, and noted that the Pennsylvania Council on Aging (PCoA) will be seeking to have a new representative to the Long-Term Care Council named to replace Mickey Flynn who decided not to seek reappointment as the PCoA's representative.</p>
2	Introduction of Members & Guests	Members and guests introduced themselves.
3	Approval of August 23, 2018 Meeting Minutes	A motion was made and seconded, and the August 23, 2018 meeting minutes were unanimously approved.
4	Commonwealth Updates	<p>Secretary Osborne provided the following updates:</p> <ul style="list-style-type: none"> • State Long-Term Care Ombudsman Margaret Barajas, who had spoken to the Council last year regarding the State Long-Term Care Ombudsman Program and highlighted concerns over personal care home closures and the decreasing number of SSI beds, recently held a roundtable discussion with the Department of Aging's sister agencies, legislative staff, and stakeholders to identify solutions as these issues continue to escalate. Secretary Osborne highlighted the difficulties closures place on residents who often have to move to a personal care home in another county because the lack of available beds within a particular service and planning area. • Two pieces of legislation – House Bills 1539 and 2133 – were recently signed into law by Governor Wolf to assist grandparents who are raising grandchildren due to the opioid epidemic. House Bill 1539, sponsored by Representative Eddie Day Pashinski, provides grandparents standing to obtain temporary guardianship of their grandchildren. In addition, House Bill 2133, sponsored by Representative Katharine Watson, creates the Kinship Caregiver Navigator Program within the Department of Human Services (DHS) as a resource for grandparents who are raising grandchildren. Secretary Osborne noted that DHS has already received federal funding to launch the program. <ul style="list-style-type: none"> ○ Secretary Osborne also mentioned that the Administration for Community Living is currently requesting nominations for the Advisory Council to Support Grandparents Raising Grandchildren, which was established as a result of legislation Special Senate on Aging Committee Chairwoman Senator Susan Collins and Ranking Member Senator Bob Casey enacted last summer. • Thanks to the assistance of Council member Heshie Zinman and others who serve on the Governor's LGBTQ Workgroup and the newly formed Commission on LGBTQ Affairs, the commonwealth recently held its first LGBTQ Aging Summit. The inaugural event drew

		<p>over 300 attendees, who gathered to listen and learn and build bridges between LGBTQ communities and the aging services network. The summit featured a keynote address from former Obama Assistant Secretary of Aging Kathy Greenlee, who shared her own experiences, along with obstacles she has faced in her professional and personal life as a lesbian woman.</p> <ul style="list-style-type: none"> • The Pennsylvania Department of Aging will be hosting the 2018 Alzheimer’s Disease and Related Disorders Forum on November 15th in Harrisburg. Registration information recently went out and a full agenda will be shared shortly. • Lastly, House Bill 270, sponsored by Representative Frank Farry and House Aging and Older Adult Services Democratic Chair Steve Samuelson, was recently signed into law by the Governor to make enhancements to the Pharmaceutical Assistance Contract for the Elderly Needs Enhancement Tier (PACENET) Program. The enhancements include the first expansion of the PACENET income eligibility limits in 15 years, which will make the program available to an additional 17,000 seniors. Secretary Osborne also discussed the importance of Medicare beneficiaries enrolling in Medicare Part D given the financial benefit and savings to both participants and the PACE/PACENET Program.
5	<p>Governor’s Participant-Directed Homecare Services Executive Order</p>	<p>Virginia Brown, Director of the Office of Long-Term Living’s Bureau of Policy and Regulatory Management under the Department of Human Services (DHS), provided the following update/overview on the Governor’s 2015 Participant-Directed Homecare Services Executive Order:</p> <ul style="list-style-type: none"> • The Pennsylvania Supreme Court’s decision to allow the executive order to proceed affirms a key part of the Governor’s plan to provide choices for seniors and individuals with disabilities, improve home and community-based care, and attract additional qualified home care workers. • Governor Wolf signed the executive order in January 2015 as a first step in rebalancing the state’s home care system. • The executive order ensures that seniors and those with disabilities have choices about where to receive care and home care workers have a voice in shaping the future of the industry. • The executive order does not grant collective bargaining rights to workers, force them to join a union, make them state employees, or give them a right to enter into a contract with the state. Rather, it is a way for seniors and people with disabilities to receive high-quality care in their homes and a way for home care workers to get the training they need to provide high-quality care. • We continue to make progress in support of seniors and people with disabilities and the court’s decision in favor of the executive order will help us in that effort, as well as offer support for the direct care workers providing these vital services. • Since the Supreme Court decision, DHS has taken the following steps to meet the terms of the executive order: <ul style="list-style-type: none"> ○ The Direct Care Worker Pre-Service Orientation Program will be reactivated on December 1, 2018. <ul style="list-style-type: none"> ➤ This orientation is meant to support direct care workers in their roles and to help provide quality care for the individuals that they are serving. The orientation program began in 2017 but was stayed pending the court decision. ○ In addition, DHS will begin to meet with the Direct Care Worker representative in November of 2018, and the Advisory Group on Participant-Directed Home Care will also convene soon.

		<p>During the question and answer period, Ms. Brown noted that she would provide Chuck Quinnan information to share with the Council regarding the development and content of the pre-service orientation curriculum, the method by which it will be delivered, how workers will be informed of the program, and clarification on whether it addresses LGBTQ cultural competency. Mr. Quinnan also indicated that he would re-forward to Council members the link to the executive order.</p>
6	<p>DCW Recruitment/Retention Best Practices – Panel #1</p>	<p>The following long-term services and supports panelists shared best practices regarding recruitment and retention of direct care workers:</p> <p>Michelle Lisk, CEO of Synergy HomeCare of Mid Penn, a private pay home care agency, provided a PowerPoint presentation on best practices she has implemented at her agency to address recruitment and retention of direct care workers. The following is a recap of additional information and clarification Ms. Lisk shared during her presentation and in response to questions.</p> <p><u>Background</u></p> <ul style="list-style-type: none"> • The agency is all private pay and has approximately 80 clients (varies day-to-day) and 130 direct care workers. <ul style="list-style-type: none"> ○ She would hire 30 more direct care workers today if she could find them. ○ The starting pay for her direct care workers is \$11 an hour, with more experienced workers starting at \$12, and depending on their experience, she is paying \$13/\$14 an hour. • She started the business in 2011 and quickly became aware that they needed to find out what their direct care workers wanted and needed in order to improve their retention rate. • As a result, they begin utilizing a company called Home Care Pulse to poll their direct care workers. <ul style="list-style-type: none"> ○ Home Care Pulse unanimously polls 10% of her direct care worker roster every month. <ul style="list-style-type: none"> ➤ She does not know which employees they call, but they are asked a variety of questions including what gives them job satisfaction, what they like to see done with training, how the office treats them, do they feel comfortable going to their supervisor, etc.? ○ Each month, she receives a report, and it goes out to everyone on her office staff; <ul style="list-style-type: none"> ➤ Everyone reads it, gives back comments, and then they meet about it. • They have utilized the feedback received to develop their recruiting and retention programs. <p><u>Retention</u></p> <ul style="list-style-type: none"> • What they have learned from the Home Care Pulse surveys is that it is not as much about pay, although pay was certainly part of the feedback, as it is about recognition. <ul style="list-style-type: none"> ○ Their direct care workers want to know that they are doing a good job. ○ The surveys have also taught them that their workers wanted more hands-on training • As a result of the survey feedback, they have implemented several programs, including the following: <ul style="list-style-type: none"> ○ Every time a client or co-worker compliments a direct care worker, they are given Synergy Bucks, which they can turn in for prizes. ○ Their direct care workers also receive paid quarterly training during which time they are fed.

		<ul style="list-style-type: none"> ➤ This past quarter, she rented a hospital bed, a wheelchair, and a Hoyer lift, which her direct care workers had to use. ➤ They have also provided Alzheimer's and dementia-related training, nutrition training, among many others, and brought in hospices and grief counselors to talk to their direct care workers as they become attached to their clients. ➤ Her workers love getting together for the trainings as it allows them to socialize with their co-workers and share ideas, which is another thing that they learned from the surveys. <ul style="list-style-type: none"> • Their annual turnover rate is now at approximately 37%, which she noted is much lower than the national rate of 70%. <ul style="list-style-type: none"> ○ She did a survey of their books, and it costs \$750 to bring one direct care worker on board. <p><u>Recruitment</u></p> <ul style="list-style-type: none"> • Their biggest headache is recruiting • When she started back in 2011, the main source of recruiting was newspaper print ads and then flyers, job fairs, Indeed, and Facebook. However, they discovered that their best recruiting tool is from within. <ul style="list-style-type: none"> ○ Her agency implemented a referral program where a direct care worker gets a bonus after 30 days if they refer someone and the following criteria is met: the person is hired and they pass the required background checks and training/competencies, work 60 hours a month, and meet additional requirements such as not being late, not calling off, etc. <ul style="list-style-type: none"> ➤ The direct care worker that referred them gets \$200 after 30 days and another \$200 if the worker meets the same criteria after 60 days. ➤ The direct care worker that was referred gets a sign-on bonus after 30 days if they work 60 hours without any call offs or late notices, as well as another bonus after six months for a total of \$300. ➤ The direct care worker with the most referrals also receives special recognition. They had a direct care worker who received \$1,500 in referral bonuses in one month. <p>Ms. Lisk also noted that she offers flexible scheduling, and that her employees work an average of 30 hours a week, with some employees, such as retired LPNs and RNs, choosing to work only five hours a week while others are working 20 hours of overtime.</p> <p>Jennifer Haggerty, who is the Chief Operating Officer of the Pennsylvania Homecare Association (PHA), accompanied Ms. Lisk during her presentation and shared the following information:</p> <ul style="list-style-type: none"> • According to a recent national poll, 77% of home care providers believe that the direct care worker shortage is one of the top three issues and threats to their agencies. • Ms. Lisk's presentation includes Bureau of Labor statistics on how personal care and home health aides compare to other occupations when it comes to growth rate and median pay. • The presentation also contains information on the projected number of home care jobs that will be needed by 2020.
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- Paul Osterman, the author of a book called “Who Will Care for Us?” puts forth the following three suggestions for addressing the direct care workforce: better training, better compensation, and an expanded role.
- They conducted a survey of the direct care workers who utilize PHA’s “My Learning Center,” an online training program supported by the Department of Aging, and the responses focused not only focused on wages and benefits but on many of the issues Ms. Lisk identified that were important to her employees, such as recognition and training. Click [here](#) to view the survey results.

Council member Nicole Pruitt presented on behalf of Leslie Gilman, the Director at SarahCare of Jenkintown, a Medicaid adult day provider, on best practices she has employed at her adult day center to address recruitment and retention of direct care workers. The following is a recap of additional information and clarification Ms. Pruitt shared during her presentation and in response to questions. Click [here](#) to view Ms. Gilman’s responses to the questions poised ahead of time by the Council’s committees.

Background

- Ms. Gilman has over 25 years of experience working in the adult day world and running adult day centers in Pennsylvania.
- She asked me to note that she has not done any formal testing, analyzing, or surveying, and that the information shared today and in her written responses is a result of her own experiences.
- You will see the quote presented earlier by Paul Osterman, which talked about better training, compensation, and expanded roles, highlighted in the information Ms. Gilman shared.

Recruitment & Retention

- The top three factors for success in recruiting and retention that Ms. Gilman highlighted are: 1) communication, 2) consistent scheduling, and 3) training.
 - 1) *Communication* –
 - Ms. Gilman has implemented daily stand-up meetings to both increase and ensure that staff know that her direct care workers are involved in the communication at the center.
 - She finds that these meetings at first may be uncomfortable for direct care workers, but that over time the staff becomes very comfortable with making suggestions, from activities and programs to what the participants are doing during the day to identifying unmet needs.
 - During these meetings, she also communicates any feedback from participants or from family members, so her direct care workers hear that information directly, not just through formal surveys, complaints, or compliments.
 - Her direct care workers are also included in the development of any type of team plan such as care plans and behavioral plans.
 - 2) *Consistent scheduling* –
 - When Ms. Gilman is interviewing or ready to make an offer to hire a direct care worker, she has a discussion about scheduling.
 - The discussion is not simply that I need you to work from 7:00 A.M. to 3:00 PM. Monday through Friday or Tuesday through Saturday,

but when are you available or what hours can you work?

- She has found that having that conversation from the time of hiring has made for successful retention of her employees. In addition, when an employee has a life status change that makes maintaining their current schedule problematic, she discusses how they can accommodate their schedule so that they can work.

- As an adult day provider, she is asking people to work the day shift and generally Monday through Saturday as the program is open for limited hours on Saturday. As a result, she finds that a lot of staff come from home care and other kinds of agencies or settings where the shifts may not be as reliable or may not be during the day, so that is one of the benefits of hiring in the adult day world.

3) *Training* –

- Ms. Gilman does a lot of training beyond the requirements and beyond the expectations.
 - She looks for ways to provide staff development in areas that interest them. For example, if a staff member has a particular interest in becoming ServSafe certified because they are involved in the serving of meals at the program or in mental health first aid because they are seeing an increase of people with behavioral issues that they are trying to manage, she finds a way to provide that training to them. Ms. Gilman has found that this approach has created a well-rounded knowledgeable workforce in her center, and her staff benefits by being able to seek out training and development opportunities that interest them, not just what they are mandated to do.

Outreach Committee member Margie Zelenak shared best practices for recruitment and retention of direct care workers on behalf of the Pennsylvania Assisted Living Association (PALA). The following is a recap of additional information and clarification Ms. Zelenak shared during her presentation. Click [here](#) to view the handouts she provided.

Background

- PALA’s national association is Argentum, and they have been focused on recruitment and retention of direct care workers as it is a national problem.
 - Argentum has a public website called [Senior Living Works](#) that assists employers with recruiting and retention resources for senior living.
 - Ms. Zelenak gave an overview of the website, including videos, articles, PowerPoints, and tool kits that can be used for talking to students, as well as a career center where employers can post jobs.
- The following recruitment and retention strategies are from two articles – [The Big Book of Perks](#) and [Employee Rewards for Every Budget](#) – as well as additional context from when she served as an administrator in personal care and assisted living for UPMC Senior Communities.

Recruitment Strategies

- *Employees Referrals*
 - This was probably the best method by which we found our workers, but you have to have happy employees in order for them to want to refer other people.
- *Recruiting cards*
 - We did not have cards but had staff members who would approach people in the community. For example, we had a dietary manager who was at the grocery store and came across a clerk with amazing customer service skills. She gave the woman her business card, and we ended up hiring her.
- *Targeted Recruiting*
 - You need to reach out to certain demographic areas.
 - We would invite nurse aide training schools or culinary students to tour our building so they understood what our business was all about.
- *Job Fairs*
 - Job fairs work better if you do them right in your senior living community, so they can see what the work entails.
 - Have them shadow someone; we used to bring in students and let them follow around the nursing assistants.
 - Provide refreshments as food will get people in the door.
- *School Involvement*
 - Bring in students for activities, give them a tour, and let them sit down with the residents at the end of the activity, so that they can witness firsthand how direct care work is a caring and compassionate job.
 - It is also important to bring in younger students as having that experience may stay with them and lead to a desire to work with seniors and those with disabilities when they are older.
- *Internships*
 - Offer internships where students and others can come in and learn about the position.
- *Hosting Community Events*
 - This is one of the biggest recruiting strategies that people fail to do.
 - If people know and understand your senior living community, they will refer people to you.
 - The family members of residents are a great recruiting tool because if they are happy with their family member living in your community then they may refer relatives and friends to come and work there.
- *Reaching the next generation*
 - One of the articles Ms. Zelenak shared notes that the trucking association has a badge.
 - She was surprised when she visited the Girl Scouts' website that they did not have a badge related to senior living. She believes that doing so would be a great recruiting tool because scouts would have to visit senior living communities, etc. and learn about what the employees do in order to get a badge. She noted that the same thing could be done with the Boy Scouts.
 - Having middle and high school students come into your senior community as a way of meeting their community service requirement allows them to learn about the industry.

		<p><u>Retention Strategies</u></p> <ul style="list-style-type: none"> • <i>Celebrate the Employee</i> <ul style="list-style-type: none"> ○ We used to give out thank you cards for things like picking up an extra shift. <ul style="list-style-type: none"> ➤ A card from the administrator meant a lot to my workers. ○ The onboarding process is very important. <ul style="list-style-type: none"> ➤ There are proven facts that if an employee stays 90 days then they are going to stay longer, so embracing new employees helps to retain them. ➤ The key to mentoring programs is to have the new hire stay with the same employee and not rotate them around; this helps them develop a relationship so they have a person to go to if they have issues or concerns. • <i>Reward Good Performance</i> <ul style="list-style-type: none"> ○ Again, we sent thank you notes as well as gave out bonuses. <ul style="list-style-type: none"> ➤ Sometimes not everyone is able to pick up an extra shift, but they may be able to cover a few hours if a coworker cannot stay due to child care issues. It is important to have your staff work together and be a team and to reward that behavior. • <i>Increase Financial Wellness</i> <ul style="list-style-type: none"> ○ Among other things, provide food rewards but do not forget about the night shift. • <i>Promote a Healthy Lifestyle</i> <ul style="list-style-type: none"> ○ We used to do a weight loss program. <ul style="list-style-type: none"> ➤ We had teams and that helped create comrade; people want to come to work when they enjoy being with their coworkers. • <i>Encourage Professional Development</i> <ul style="list-style-type: none"> ○ At UPMC, we would help reimburse employees who wanted to go on to become a nurse aide, LPN, RN, etc. • <i>Create Work-Life Balance</i> <ul style="list-style-type: none"> ○ The biggest thing in creating a work-life balance is flexible scheduling. <ul style="list-style-type: none"> ➤ Employees are not only constrained by child care but many are also taking care of aging parents.
7	<p>Pennsylvania Workforce Development Board Healthcare Ad Hoc Committee</p>	<p>Michael Leister, Director of Development for the Pennsylvania Workforce Development Board, provided the following overview of the board and its Healthcare Ad Hoc Committee:</p> <p><u>Workforce Development Board</u></p> <ul style="list-style-type: none"> • The Pennsylvania Workforce Development Board is the governor's business and industry advisor on workforce policy issues. • Through federal law, the board is required to consist of a majority of representatives from business, with at least 20% from labor. <ul style="list-style-type: none"> ○ Other members include representatives of higher education, cabinet secretaries, General Assembly members, local elected officials, and community-based organizations. ○ These members work together to explore workforce issues across the commonwealth. • The board also plays an important role in providing interagency coordination with state and local partners on workforce policy issues. <ul style="list-style-type: none"> ○ The board works with any department that is doing workforce development activities (e.g., the Departments of Aging, Agriculture, Community and Economic Development, Corrections, Education, Human Services, and Labor and Industry) and helps to coordinate those efforts.

Healthcare Ad Hoc Committee

- One of the main ways that the board influences policy is by creating committees to explore various issues.
- In November of 2017, the board established a Healthcare Ad Hoc Committee to address the overall workforce issues in the healthcare sector, with a particular emphasis on exposing the current direct care worker emergency and proposing solutions to address the lack of existing and the projected need for additional workers in the commonwealth.
- SEIU Healthcare Pennsylvania President Matt Yarnell, who is a member of the Long-Term Care Council and the Pennsylvania Workforce Development Board, was appointed to be the chair of the ad hoc committee.
 - Mr. Yarnell believes that the role of the committee is to expose the current direct care workforce crisis through data collection, developing solutions to those problem issues, and providing strategies for coordination of efforts across the appropriate state agencies and the workforce development system.
 - He would also like to explore other issues that are impeding the development of the professional direct care worker occupation, and the committee work will also include standard cultural competencies inclusive of the LGBTQ community and other populations based on age, race, ethnicity, geographic location, etc. as well as a greater focus on recruitment and retention of direct care workers to ensure that the workforce is empowered and equipped to serve Pennsylvanians not only today but in the future.
- We begin the work of the committee by ensuring that we had the right people at the table, including representatives from business, labor, industry associations, education, and state agency staff.
 - We reached out to the 22 Local Workforce Development Boards across the commonwealth for recommendations on business members to ensure that we had a geographically diverse group.
 - In addition to Matt Yarnell from SEIU Healthcare Pennsylvania, the National Union of Hospital and Healthcare Employees – AFSCME and District 1199C are both represented on the committee.
 - From the industry association side, the Pennsylvania Homecare Association, the Hospital and Healthsystem Association of Pennsylvania, and the Pennsylvania Health Care Association are represented on the committee.
 - In addition, Harrisburg Community College represents the education sector, and we also have staff from the Departments of Aging, Health, Human Services, and Labor and Industry.
- The committee began meeting in March and has met three times.
 - The first three meetings have been used to gauge the interests of the various committee members.
 - One thing that we have explored as a committee is best practices in other states with regard to recruitment and retention of direct care workers. We found a report from the Working Poor Family's Project, which Chuck Quinnan informed me that he shared with you. The report is an in-depth compilation of state and local policies focused on the direct care workforce in five areas: wages, benefits, and workforce supports; financing; recruitment, training, and career advancement; workforce data collection and analysis; and stakeholder engagement. This report is something that we will

		<p>look at moving forward as we start to develop recommendations.</p> <ul style="list-style-type: none"> ○ We also have examined labor market information around direct care workers, including current and projected employment numbers, average annual openings, and average annual wages. ○ At our last meeting, we also explored the work of the former Pennsylvania Center for Health Careers, a former initiative of the state board that focused on a broad array of healthcare issues across the spectrum. <ul style="list-style-type: none"> ➤ It was led by a leadership council comprised of employers, state agencies, industry associations, labor unions, professional associations, and representatives from education. ➤ As part of the center, there were various working groups and subcommittees. One of those was the Direct Care Workforce Workgroup, which produced the 2007 report that this Council reviewed back in the spring. The ad hoc committee looked at this report and will likely be using some of the recommendations as a starting point. ● The big outcome from our last meeting was that the committee agreed that the immediate next step is the development of a crisis statement. <ul style="list-style-type: none"> ○ The crisis statement is something that the committee will develop and present to the state board and hopefully the Governor and General Assembly as well. ○ It will outline the importance of addressing the current issues related to the direct care workforce. ○ Based on the finalized crisis statement, the committee will then work to develop broad topics around current issues, recommendations for each of those topics, and then specific tactics and strategies to accompany those recommendations. ● While the ad hoc committee is in the early stages, I think the members have a good idea of what we want to do and how they are going to accomplish it. With that said, Chuck Quinnan and I have been working closely to share information and keep each other updated on the progress of our respective bodies. <p>During the question and answer period, Chuck Quinnan noted that he would recirculate the report from the Working Poor Family's Project on state direct care workforce initiatives. Mr. Quinnan also reminded the members that the House of Representatives passed a resolution earlier this year directing the Joint State Government Commission to study the long-term healthcare workforce and workforce training needs of the commonwealth's health care sector. In addition, Mr. Leister noted that the Healthcare Ad Hoc committee is always open to new members if anyone is interested in joining.</p>
8	Lunch	Council and committee members broke for an abbreviated lunch.
9	DCW Recruitment/Retention Best Practices – Panel #2	<p>Members heard from a second panel of long-term services and supports providers on best practices for recruiting and retaining direct care workers. The following is an overview of their presentations:</p> <p>Owen Larkin, Administrator at Donahoe Manor, provided a PowerPoint presentation on best practices he has employed at his nursing home to address recruitment and retention of direct care workers. The following is a recap of additional information and clarification Mr. Larkin shared during his presentation.</p>

Background

- Donahoe Manor, which is part of HCR ManorCare, is a 72-bed Medicaid-certified skilled nursing facility located in Bedford, Pennsylvania.
- He has worked 19 years in long-term care across the continuum for nonprofit, for-profit, faith-based, and government-based providers, as well as continuing care retirement communities and a LIFE program.
- He noted that they had the same problem a lot of long-term care facilities have with turnover.
 - The ability of direct care workers to go down the street for a nickel to a quarter an hour more is real, so they had to do some creative things to stop the merry-go-round.
 - In three years, they have gone from more than 50% turnover to 100% retention over the last six months.
 - According to Mr. Larkin, it has been a long process of getting buy-in to stop the turnover, which is very expensive as it costs them \$2,500 on average to replace a direct care worker.

Recruitment

- In preparing for this presentation, he asked his directors of nursing (DON) and his human resources (HR) director what is the one thing that leads to successful recruiting, and the answer the HR director provided was that “you have to do everything.”
 - While he utilizes social media and other things that currently are prevalent, as well as post cards and newspaper ads, he noted that in addition to doing what is standard, it is vital that you think outside of the box, which is what his HR director was getting at with his quote.
 - He removed all of the extra duties from their HR director that are not recruitment and retention-based.
 - They need to be able to focus on recruiting as they are competing for the same workers as Sheetz and doctor’s offices and hospitals.
- They moved their daily and weekly recruitment meetings to a floating meeting.
 - When they get a call off or a death in our building, he does an impromptu meeting with the DON and HR director about staffing and what they need to do as that is how focused you have to be in order to be successful with retaining employees.
- All of their managers are trained on how to conduct interviews and provide tours as many potential employees are not able to come in during the day because they are working their regular job.
 - The second shift RN has to be able to do an interview on the spot because if you have someone wait until tomorrow, you have already have lost them.
- He noted that the younger generation wants immediate gratification, and it is not always about money and benefits – most do not even ask about benefits during the hiring process.
 - They want recognition – knowing that the organization knows who they are and cares about them.
- MAWA is a term used by HCR ManorCare for market analysis wage adjustment; this what they do to ensure that they are competitive in the marketplace.
 - Every segment of their organization is examined every year with regards to wages.
 - Each of their buildings does its own market analysis and wages are adjusted by a percentage.
 - HCR ManorCare strives to be in the 70th percentile.

- In his building, they offer shift differentials, weekend differentials, sign-on bonuses, bonuses for picking up a shift, referral bonuses, etc. to ensure that they are staffed appropriately.
- Donahoe Manor has a scholarship program.
 - Every HCR ManorCare building gets one scholarship a year, and each year they add another one.
 - There is no work commitment attached to the scholarship. It is just one of the things they do to show staff that they care.
- They offer the mandated training electronically so that their nurse aides can complete it during a time that is convenient for them as many are caring for children and aging parents, and they pay them to do it.
 - They have HCR ManorCare University where staff can log in to do the training in order to remain in good standing with the state.
- In terms of the initial training to become a nurse aide, HCR ManorCare has added regional trainers who are RNs so they can provide the nurse aide training in their buildings.
 - They also support technical colleges with offering the nurse aide programs as these programs are often canceled.
 - He noted that the labor pool in Bedford is difficult given its rural nature, and that they can go two-three weeks without receiving an application.

Retention

- Their orientation process is interactive.
 - Every employee has lunch with him when they first start and has the opportunity to ask questions. He also does rounds every day to say good morning to everyone who works for him.
 - He also does long-term care consulting, and commented that he is amazed how the staff in many of the buildings he visits do not know who the DON is or the administrator.
 - These personal touches create a warm and inviting workplace environment, which workers need and want.
- He and his DON also have a game where they see who can get to the new employee first to say good morning.
- He also gets staff involved in committees (Safety/Quality Assurance and Performance Improvement, etc.), so that they feel that they are part of the solution by helping to make decisions.
 - They also make it easy to get them involved in the decision-making process by doing a daily meeting.
 - The morning care meeting includes a quality piece where any employee can bring up quality issues.
 - Staff knows that from orientation on that they have a voice and a say in the building.
- With regards to communication, he has a quarterly meeting where he meets with staff without any managers present.
 - He sets a time during a two-day period where nurse aides, etc. can come in and talk to him about any issue or request during their shift.
 - The answer sometimes is no, but they at least know that he listened and that they have a say in what goes on at their nursing home.
 - He noted that the response back from him is essential, or he will lose them.
 - Six months prior to him coming to Donahoe Manor, he said that there were seven complaints made to the corporate hotline.

- Since he arrived at Bedford Manor, there have been no complaints, and he thinks this approach has a lot to do with it as the staff knows that they can come see him and he is responsive.
- They changed their scheduling to adjust to what their staff needs.
 - They added 10 and 12-hour shifts.
 - For example, getting a child on the bus in the morning while working a 7:00 A.M. to 3:00 P.M. shift can be problematic so they added a 10-hour shift so employees can take care of their family; again, it is helping staff with the work-life balance.
- They instituted a call bell game.
 - He noted that their call bells were not being answered timely, so they gave all of the managers buttons.
 - If one of the nurse aides see a manager go by a call bell, they can take that button and redeem it for a sandwich or a gift card. If they catch him, they receive a \$100 gift card.
 - This has allowed them to solve two problems: 1) getting the managers on the floor, and 2) getting their call bells answered more quickly. Again, this speaks to getting buy-in from every level of the organization providing care.
- He noted that the retention extras, such as employee of the month are essential, but that they also do a meal program once a month in which their dietary vendor provides meals for every shift.
 - The appreciation received from staff for this simple gesture is amazing.
 - Again, staff wants to know that you care.

Barry Ramper, President/CEO of Homeland Center, discussed his organization's approach to recruiting and retaining direct care workers and delivering quality care and services. The following is a recap of Mr. Ramper's presentation.

Background

- Homeland Center is a not-for-profit continuing care retirement community, which operates a Medicaid-certified skilled nursing facility and a personal care home, as well as provides home care, home health, among other services;
- He began his career in long-term care 42 years ago and has been in management/administration for 41 years.
- When he arrived at Homeland Center in 2000, they had one goal - a turnover rate of 4% per year, which they have maintained for the past 18 years.

Recruitment/Retention

- They look for two main elements when it comes to their staff; they must: 1) be compassionate, and 2) be able to multi-task.
 - They assess their compassion as part of the interview process by having them exhibit it, not merely tell them about it.
 - Their management staff also understands that they are looking for individuals that first have a heart.
- In 2009, they did an analysis and determined that they would need \$20 million more in 2020 in order to equal the quality of care they were providing in 2009.

		<ul style="list-style-type: none"> ○ They established that as their goal and went over \$19 million approximately three months ago. <ul style="list-style-type: none"> ➤ That is all endowment. ● To retain staff, he noted that you must first understand human behavior – have an understanding of what it takes to build a strong, meaningful, and trustworthy relationship. <ul style="list-style-type: none"> ○ They strive to create trust with their staff, and that trust begins by not what is in policy or the training that staff receives but through creating relationships, which requires a full commitment. <ul style="list-style-type: none"> ➤ Every one of his staff members has his personal phone number and know that they can contact him 24 hours a day if they need anything, such as help with their rent, purchasing groceries, getting a car, etc. ● There is no more difficult job today than that of being a nurse aide. <ul style="list-style-type: none"> ○ Having experience as a nurse aide is one of the most valuable elements to have as a nursing home administrator. ○ When he became licensed in 1987, he shadowed and mirrored the nurse aides because he knew they are where everything stops and starts. <ul style="list-style-type: none"> ➤ Two of his nurse aides will soon become assistant directors of nursing in skilled nursing; they do not have a nurse license, but they are outstanding supervisors and leaders. ● In the entire organization, the word “assume” does not exist, and staff are encouraged to ask ‘why’ as it creates a process of encouragement and leads to better outcomes. <ul style="list-style-type: none"> ○ Staff knows that they can call, e-mail, or text him with questions, and this is a key part of developing relationships.
10	Committee Breakout Meetings	<p>The Outreach, Access, Quality, and Workforce committees met to:</p> <ul style="list-style-type: none"> ● Discuss the Community HealthChoices Manage Care Organizations’ presentations from the previous meeting and the best practices shared today on recruitment/retention by the long-term services and supports provider panelists ● Evaluate the committee’s preliminary recommendations in light of the above information, including: <ul style="list-style-type: none"> ○ How does this information impact the committee’s approach/focus and how it structures recommendations? ○ Does the committee want to move forward with building out their current list of preliminary recommendations or do they want to narrow it down? ● Is there any additional information or clarification that is needed in order for the committee to begin working on formal recommendations? <p>Chuck Quinnan noted that committee coordinators Liana Walters and Heshie Zinman agreed to run the breakout meetings for the Access and Workforce Committees, respectively, as Access Committee Chair Mike Sokoloski and Workforce Committee Chair Matt Yarnell were unable to attend today’s meeting in person.</p>
11	Committee Reports	<p>The following reports were provided on the committee breakout meetings:</p> <p>Outreach Committee – Chair Ray Landis provided the following report:</p> <ul style="list-style-type: none"> ● We went through the committee’s preliminary recommendations and made some excellent edits. ● The major idea that came out of the meeting in terms of an outreach strategy is identifying a public champion, preferably a celebrity such as

an actor or retired sports figure who is not political, to increase the public's awareness regarding the issues surrounding direct care workforce recruitment and retention.

- Ideally, this person would be someone who has a compelling personal story to tell about the care received by one of their family members.
- We also had some other suggestions that evolved from today's discussion, particularly around how we approach outreach. For example, a lot discussion to date has focused on outreach from the idea of recruitment, but there is also an aspect of outreach with regards to retention.
 - The Council and committee members heard some best practices today from providers on recruitment and retention and making best practices available in a widespread manner is something that is necessary. With that said, there was discussion during our meeting about utilizing a website or some type of information service so providers and others have a one-stop shop to access best practices.

Access Committee – Committee coordinator Liana Walter provided the following report:

- The committee had a good session regarding our four identified preliminary recommendations, particularly around access to them.
- We had the benefit of having a committee member join us from Educator's, Inc. which develops programs and trains people for direct care work.
 - She echoed what we have been saying earlier – that standardized training across the state is something that is absolutely necessary as the absence of such a system has resulted in little silos of training from specific agencies, unions, trade associations, etc.
- Another access barrier to education and training is the cost regarding who pays for it, i.e., is it the employer, is it Medicaid, is it the employee themselves? Therefore, if standardized training is developed or required by the state, we need to consider the funding aspect to ensure that it would be sustainable.
- We also identified several barriers to public awareness, including, among other things, language, lack of cultural competency regarding different populations – not just individuals being cared for but also potential workers as well, and the fact that a lot of people are unaware that direct care work is a career that they can pursue, such as populations outside “the norm” (e.g., seniors).
 - The committee also discussed the need to target younger people prior to high school graduation
 - One thing we took note of from today's discussion was the idea of reaching out to scouting organizations and clubs to develop a badge related to caregiving as that would provide career exposure.
- A directory was also something that committee members honed in on during the meeting.
 - We discussed that there needs to be access to a directory in Pennsylvania that meets minimum qualifications.
 - Barriers to having participant-directed workers listed on the directory include the cost of background checks and the need to update the Older Adult Protective Services Act
- There are two main barriers to direct care workers accessing livable wages and benefits: provider reimbursements for Medicaid and inconsistent hours and scheduling

		<ul style="list-style-type: none"> ○ Committee members were encouraged to hear today that some providers are listening to their employees as far as what they need in order to retain their positions, such as different scheduling arrangements, etc. <p>Quality Committee – Chair Kathleen Kleinmann provided the following report:</p> <ul style="list-style-type: none"> • The committee is getting to the point where we are about ready to wrap up our conversations/objectives for recommendations on this priority. <ul style="list-style-type: none"> ○ We think the idea of having certain committees take the lead on recommendations topics that have been elevated by more than one committee makes sense. • Among other things, we also discussed getting the Governor engaged in the process by requesting that he charge the parts of his cabinet that have oversight and responsibilities regarding the recommendations the Council ultimately advances to develop action plans so that the work of the committees and Council does not sit on a shelf like previous reports. <p>Workforce Committee – Committee member Bob Marino gave the following report as Heshie Zinman had to leave early:</p> <ul style="list-style-type: none"> • Committee members agreed that it makes sense for one committee to take the lead on recommendations topics that have been elevated by multiple committees. • The committee would like to go back and take a look at the report from the Working Poor Family’s Project, which provides a compilation of state policy strategies for addressing recruitment and retention of the direct care workforce. • It was noted that short and long-term solutions need to be examined, including public/private partnerships with the Community HealthChoices Managed Care Organizations to publicize and communicate the direct care workforce crisis (short-term solution) and getting all of the players in the room to look at ways to increase wages through legislation, the ballot box, etc. (long-term solution). • It was also suggested that the committee consider recommending that a hearing(s) be held by key committees in the General Assembly to examine the funding issue. The committee still has to flush out what the hearing(s) would entail, etc., but it is something that we want to examine further based on the feedback from the provider representatives on our committee.
12	2019 Meeting Dates	Chuck Quinnan went over the 2019 meeting dates and explained that the Council will continue to meet at the Farm Show Complex.
13	Open Session	There were no public comments during the open session portion of the meeting.
14	Adjournment	The meeting was adjourned at 3:01 p.m.

New Action Items

#	Action Item	Actionee(s)	Deadline	Status
1	Provide information/clarification regarding the development and content of the Direct Care Worker Pre-Service Orientation Program curriculum, the method by which it will be delivered, how workers will be informed of the program, and whether it addresses LGBTQ cultural competency	Virginia Brown & Chuck Quinnan	ASAP	Completed
2	Re-forward link to Governor’s 2015 Participant-Directed Homecare Services Executive Order	Chuck Quinnan	ASAP	Completed

9	Re-forward link to Working Poor Family's Project report on state direct care workforce initiatives	Chuck Quinnan	ASAP	Completed
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Old Action Items

#	Action Item	Actionee(s)	Deadline	Status
1	Hold conference call with Council/committee members regarding the Pennsylvania Supreme Court's decision on Governor Wolf's 2015-05 Participant-Directed Homecare Services Executive Order	Virginia Brown & Chuck Quinnan	Prior to next meeting	Completed: A webinar was scheduled but needed to be cancelled due to a personal matter. Therefore, an update was provided by Virginia Brown at the Council's October 25, 2018 meeting.