

**PENNSYLVANIA  
DEPARTMENT OF AGING**

# LONG-TERM CARE COUNCIL

EST. 2015

## Meeting Minutes

<b>Meeting:</b>	Pennsylvania Long-Term Care Council
<b>Date:</b>	Thursday, February 15, 2018
<b>Start &amp; End Time:</b>	10:00 a.m. to 3:01 p.m.
<b>Location:</b>	Pennsylvania Farm Show Complex & Expo Center, Keystone Conference Center

### Council Members in Attendance

Acting Insur. Cmmr. Jessica Altman (Designee: Glenda Ebersole)*	Brian Hudson, Sr. (Designee: Gelene Nason)*	Shane Nugent - For-Profit SNFs
Joan Bradbury, <i>LTC Managed Care</i>	Kathleen Kleinmann - <i>LTSS Consumer</i>	Sec. of Aging Teresa Osborne, <i>Council Chair</i>
Brig. Gen. Anthony Carrelli (Designee: Maj. Gen. (R) Eric Weller)*	Commissioner Ted Kopas - <i>County Commissioners Association of PA</i>	Vini Portzline - <i>LTSS Consumer</i>
Dr. Mario Cornacchione - <i>Academic Research**</i>	Ray Landis - <i>Consumer Advocacy</i>	Kenneth Potter, Esq. - <i>PA Bar Association, Elder Law Section</i>
Representative Pam DeLissio (Designee: Morgan Johnson)*	Holly Lange - <i>Area Agencies on Aging</i>	Nicole Pruitt - <i>Adult Day Centers</i>
Sen. Art Haywood (Designee: Liana Walters, Esq.)*	Acting Sec. of Health Dr. Rachel Levine (Designee: Shannon Baker)*	Sec. of Transp. Leslie Richards (Designee: Emma Lowe)*
Rep. Tim Hennessey (Designee: Erin Raub)*	Diane Menio - <i>Caregiver</i>	Mike Sokoloski - <i>Homecare</i>
Anne Henry - <i>Nonprofit SNFs</i>	Acting Sec. of Human Svcs. Teresa Miller (Designee: Acting Dep. Sec. Kevin Hancock)*	Matt Yarnell - <i>Consumer Advocacy</i>
Lydia Hernandez-Velez - <i>Consumer Advocacy</i>	Dr. David Nace - <i>LTSS Physician</i>	

\*Attended on member's behalf

\*\*Participated in Council meeting via teleconference

### Council Members Not in Attendance

Sen. Michele Brooks (Designee: Chloe Zittle, Esq.)	Dr. Jason Karlawish - <i>Academic Research</i>
Tim Coughlin - <i>Assisted Living</i>	Robert Marino - <i>Caregiver</i>
Lynn Fields Harris - <i>Senior Community Centers</i>	Joyce McClary - <i>LTSS Nurse</i>
Thomas Lilly, JD, CLU - <i>LTSS Insurance</i>	Heshie Zinman - <i>Consumer Advocacy</i>

### PDA Staff in Attendance

Teresa Osborne, Secretary	David Toth, Legislative Director
Chuck Quinnan, Council Executive Director	Kell Wilkinson, Policy Director
Sasha Santana, Executive Secretary	Rachel Wrigley, Press Assistant

### Committee Members & Guests in Attendance

Tom Atkins, Pennswood Village <b>OC</b>	Twila Johnson, Voices for Independence
Pam Auer, Ctr. for Indep. Living of Ctrl. PA (CILCP)/ADAPT	Julie Kane, PA Department of Education
Toni Baughman, Transitional Paths to Independent Living (TRIPL)	Keith Klink, TRIPL
Michael Baughman, TRIPL	Samantha Koch, PA Department of Education
Kate Blaker, TRIPIL	Jessica Lynde, Greenlee Partners
Antonio Bowser, Participant-Directed Worker	Latoya Maddox, Liberty Resources, Inc.
Theo Braddy, CILCP	Laura Ness, Bayada Home Health Care <b>WC</b>
Tony Brooks, ADAPT/DIA	Wendy Nickerson, Liberty Resources, Inc.

T. Calab, Liberty Resources, Inc.	Michele Olsen, Caregiver
Phyllis Carr, Voices for Independence	Lolita Owens, Liberty Home Choices
Dep. Sec. Eileen Cipriani, PA Dept. of Labor & Industry <b>WC</b>	Jay Pagni, PA Health and Wellness
Ruth Charlier, TRIPIL	Tim Rapella, Consumer, ROADS To Freedom Center for Independent Living of North Central Pennsylvania (RTF-CILNCP)
Sharon Chatman, Home Care for Living Well	Jacqueline Rowe, PA Department of Human Services <b>WC</b>
Dwane Crosby, Voices for Independence	Nancy Salandra, Liberty Resources, Inc.
Art DiLoreto, PA Association of Area Agencies on Aging <b>WC</b>	Zach Shamberg, PA Health Care Association <b>WC</b>
Lindsey Disler, SEIU	Robin Slater, SEIU
Sandra Fisher, Participant-Directed Employer	Crystal Spivey, Liberty Home Choices
Carrie Fowler, CILCP	Kialenah Stewart, Participant-Directed Worker
Bob Garraty, SEIU Healthcare Pennsylvania	Shaylin Sluzalis, RTF-CILNCP
Charles Ann Gordan, Liberty Home Choices	Leah Tucker, Liberty Resources, Inc.
Jennifer Haggerty, PA Homecare Association	Shawn Tucker, Liberty Resources, Inc.
Charles Lamour, Liberty Home Choices	Steve Touzell, Philadelphia Corporation for Aging <b>AC</b>
Andrea Lamour-Harrington, Liberty Home Choices	Quinn Wells, TRIPIL
Carlos Harcum, SEIU	Eileen Warner, Voices for Independence
Maria Maletta Hastie, LIFE Geisinger <b>OC</b>	Tina Cummings, RTF-CILNCP
Melissa Hawkins, Disability Empowerment Center	Margie Zelenak, PA Assisted Living Association <b>OC</b>
Lori Howe-Gutierrez, PA Department of Health	Andrew Zwally, Greenlee Partners
Mindy Isser, SEIU	

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

## Meeting Minutes

#	Discussion Items	Summary
1	<b>Welcome</b>	<p>Secretary of Aging Teresa Osborne welcomed everyone and gave a special thanks to the direct care workers, consumers, and advocates of direct care services who traveled to Harrisburg for the meeting, noting that their experiences and expertise is vital as the Council works to ensure that Pennsylvania has a robust direct care workforce so those in need of these services have access to them.</p> <p>Council Executive Director Chuck Quinnan explained the emergency evacuation protocol, as well as provided the following updates:</p> <ul style="list-style-type: none"> <li>• Kevin Hancock, Acting Deputy Secretary of the Department of Human Services' Office of Long-Term Living, is Acting Secretary of Human Services Teresa Miller's new designee on the council.</li> <li>• Pennsylvania Council on Aging (PCoA) member Dennis "Mickey" Flynn has been appointed by the governor to serve as PCoA's new representative on the Long-Term Care Council.</li> <li>• The commonwealth's reimbursement rates for personal vehicle mileage have increased, effective January 1, 2018, and the council's Travel Guidelines document will be updated accordingly.</li> </ul>
2	<b>Introduction of Members &amp; Guests</b>	Members and guests introduced themselves.
3	<b>Approval of December 7, 2017 Meeting Minutes</b>	A motion was made and the December 7, 2017 meeting minutes were unanimously approved.
4	<b>Commonwealth Updates</b>	Secretary Osborne gave an overview of Governor Wolf's Fiscal Year (FY) 2017-18 State General Fund Budget proposal from an aging lens and then asked the other state agencies in attendance to discuss the long-term care related aspects of their budgets under the proposal. In addition to noting that

Congress passed and the President signed legislation providing for a continuing resolution to fund the federal government through March 23, 2018, and a spending agreement for 2018 and 2019, Secretary Osborne discussed President Trump's 2019 Federal Budget proposal. Lastly, information was shared on the Department of Military and Veterans Affairs' LGBTQ training initiative and Governor Wolf's Heroin and Opioid Disaster Declaration. Highlights are as follows:

**Governor Wolf's FY 2018-19 State General Fund Budget Proposal**

Department of Aging - Secretary Osborne

- Maximizes the use of private managed care providers to limit the growth of Medical Assistance expenditures, including the implementation of Community HealthChoices (CHC) to ensure that the state's long-term care system allows seniors and individuals with disabilities to remain in their homes and communities. Specifically, the budget includes an additional \$69 million for the continued roll out and implementation of CHC.
- Addresses streamlining internal and back office functions at the Departments of Aging, Drug and Alcohol Programs, Health, and Human Services, including human resources, information technology, budget, and support services.
- Unifies the Departments of Health and Human Services.
- \$2 million in funding for continuing community senior center grant initiatives.
- \$2.1 million in additional funding for protective services, which protects seniors from abuse, neglect, exploitation, and abandonment.

Department of Human Services – Acting Deputy Secretary of Long-Term Living Kevin Hancock

- The budget proposal has combined funding for the Departments of Health and Human Services as a unified Department of Health and Human Services (HHS) and includes a significant amount of federal shares (\$40.4 billion).
- The largest three programs in that series of appropriations involves Medical Assistance for physical health services and behavioral health services. The second largest is the budget for long-term living services, followed by intellectual disabilities.
- The long-term living budget is the most significant cost driver and sees the biggest increases, with \$230 million proposed in state funding for FY 2018-19.
- This additional funding is designed to be able to support that continued growth and to make sure that people are still able to receive their services in the community as is reflective of their preference. The budget also includes an additional \$74 million for services for individuals with intellectual disabilities and autism. These programs also see continued growth, and this additional funding is to address the waiting list.
- The budget also includes, as Secretary Osborne mentioned, \$69 million for the continued implementation of CHC.

Department of Health – Executive Assistant of Quality Assurance Shannon Baker

- As noted by Acting Deputy Secretary Hancock, the Department of Health's budget is proposed together with the Department of Human Services, reflecting the Governor's proposal to unify these two agencies to enhance program effectiveness, reduce administrative costs, etc.

- There is a proposed 2.5 percent increase for the Office of Quality Assurance, which regulates hospitals, home health care agencies, home care agencies, and nursing homes.
- Although not specifically related to long-term care and the work of the council, the following information was also shared regarding the governor's budget proposal:
  - \$2.35 million increase for the Office of Vital Records to address the increase in requests for birth certificates due to Real ID Driver's License requirements and to reduce the processing time
  - \$2.5 million to implement recommendations from the *2015 Lyme Disease in Pennsylvania Report* to build a more robust Lyme disease prevention and education program and to conduct more well-rounded surveillance

Department of Transportation – Special Assistant Emma Lowe

- Although not specific to long-term care, Ms. Lowe provided the following information which impacts all Pennsylvanians, including those providing and receiving long-term services and supports:
  - The Pennsylvania Department of Transportation (PennDOT) is launching a new rural and low volume road initiative, which will invest \$300 million over five years to address pavement conditions on 900 miles of low-volume rural roads and municipally-owned structurally deficient bridges
    - This includes, among other things, \$200 million to restore and repair rural commercial routes, and \$50 million to assist municipalities with their bridges
    - For the FY 2018-19, PennDOT is undertaking a \$50 million program to improve 260 miles of lower volume traffic roads on the state-maintained system
  - PennDOT is also continuing to work on an autonomous vehicle strategic plan and monitoring the Trump administration's infrastructure plan regarding its impact on funding for the state and municipalities

Insurance Department – Policy Director Glenda Ebersole

- Insurance has a \$26 million annual budget, and its mission is to provide a healthy regulatory environment that promotes a vibrant insurance marketplace for consumers
- One of the department's roles in relation to long-term living is that it regulates health insurance and long-term care insurance policies

Department of Military and Veterans Affairs – Deputy Adjutant General of Veterans' Affairs Major General (R) Eric Weller

- Major General (R) Weller noted that their FY 2018-19 budget is in good shape, and he also described the internal review he conducted comparing State Veterans Homes and private care facilities

President Trump's Proposed 2019 Federal Budget

- The proposed budget seeks to cut funding for social safety net programs, including Medicare, Medicaid, and Social Security. For example, the budget would cut approximately \$554 billion in Medicare funding and \$250 billion in Medicaid funding over the next ten years, as well as 20 percent in funding for the Supplemental Nutritional Assistance Program, commonly known as food stamps, in 2019 and more in the out years.
- It establishes a new six-week family leave program, which excludes caring for frail parents or other relatives with disabilities.

		<ul style="list-style-type: none"> <li>• The proposed budget largely proposes level funding or a slight increase for Older Americans Act programs.</li> <li>• It proposes eliminating the following programs, along with base funding for the State Health Insurance Assistance Program (SHIP), referred to in Pennsylvania as APPRISE: <ul style="list-style-type: none"> <li>○ Low Income Home Energy Assistance Program (LIHEAP)</li> <li>○ Senior Community Service Employment Program</li> <li>○ Community Development Block Grant</li> <li>○ Social Services Block Grant</li> <li>○ Community Services Block Grant</li> </ul> </li> </ul> <p><u>LGBTQ Training</u></p> <p>Major General (R) Weller also briefed the council on the Department of Military and Veterans Affairs' efforts to provide LGBTQ training to employees at its six State Veterans Homes and expressed his appreciation of council member and LGBT Elder Initiative co-founder Heshie Zinman for his assistance with this effort. General Weller noted that they started with an awareness briefing for senior staff in April 2017, and they are now in the process of traveling to all of the State Veterans Homes to provide training to management staff. He also stated that they are currently providing web-based training for the remainder of the employees and will establish initial training for new employees going forward, continued training for current employees, and awareness education in relation to their residents.</p> <p><u>Heroin and Opioid Disaster Declaration</u></p> <p>Department of Aging Policy Director Kell Wilkinson provided the following overview of Governor Wolf's disaster declaration and opioid-related initiatives by state agencies:</p> <ul style="list-style-type: none"> <li>• When Governor Wolf signed the Heroin and Opioid Disaster Declaration on January 10, 2018, it immediately created an Opioid Command Center at the Pennsylvania Emergency Management Agency, which pulled together a number of state agencies to help coordinate resources to break down silos in state government and get resources where they are needed at the local level.</li> <li>• Current initiatives include: <ul style="list-style-type: none"> <li>○ The Department of Health (DOH) and the Commission on Crime and Delinquency continue to work with emergency medical services providers on a naloxone leave behind program</li> <li>○ The Department of Corrections has implemented an advanced body scanner pilot program and has not had an overdose in their facilities since doing so</li> <li>○ DOH has waived the birth certificate fee for people suffering from opioid use disorder so they can receive the identification required when going to a treatment facility</li> <li>○ A waiver was published in the Pennsylvania Bulletin regarding the face-to-face physician requirement for narcotic treatment programs in order to allow initial intake reviews to be performed by a certified registered nurse or physician assistant</li> </ul> </li> <li>• State agencies have also formed new prescription guidelines to help doctors who provide opioid prescriptions to their patients and created warm handoff guidelines to facilitate referrals from an emergency department directly to substance use treatment.</li> <li>• Additional efforts include four \$1 million grants for medication assistance treatment using a hub-and-spoke model for Pennsylvanians who are uninsured, underinsured, or have private health insurance.</li> </ul>
5	<b>State Agency Feedback on Direct Care Workforce</b>	The following state agencies provided feedback regarding the status of the recommendations from the 2007 report <i>Addressing Pennsylvania's Direct Care Workforce Capacity: Primary Recommendations for Quality Jobs and Quality</i>

Care and shared information on any current or recent direct care worker initiatives at their departments:

Department of Labor and Industry

In addition to providing the below feedback on the 2007 report and department initiatives, Deputy Secretary of Workforce Development Eileen Cipriani noted the following regarding the state and federal budget:

- Under Governor Wolf's Fiscal Year 2018-19 State General Fund Budget proposal, workforce development will be part of the PAsmart Initiative, and \$10 million will be geared towards workforce through apprenticeships and next generation sector partnerships.
- At the federal level, the Department of Labor and Industry (L&I) is looking at potential cuts with the federal budget, which could be significant, with training programs. With that said, they are looking to put more money into apprenticeships. As with other agencies, L&I is in a wait and see period and advocating on behalf of all its constituencies.
- The State Workforce Development Board has established an ad hoc committee around healthcare issues, with a particular focus on recruitment and retention of the direct care workforce. Council member Matt Yarnell is the chair of the committee and will kick off their work in the near future.
- The State Workforce Development Board, which was then called the State Workforce Investment Board, developed Centers of Excellence and one of them - the *Pennsylvania Center for Health Careers* - was focused on healthcare. The 2007 report was developed by a workgroup convened by the Pennsylvania Center for Health Careers in partnership with the Governor's Office of Health Care Reform.
- There were five immediate priority recommendations that came out of the 2007 report, two of which focused on training/career advancement and establishing a Governor's Commission on the Direct Care Workforce. Two committees – the workgroup's Training Subcommittee, which was reconvened, and a Direct Care Worker Committee comprised of various state agencies – met after the release of the 2007 report to address the recommendations, identify issues within the recommendations, and make additional recommendations going forward. L&I staff were able to find a fair amount of information on the work that was done going forward to 2010, which is when it appears the work on this project ended.
- The following are some of the issues and recommendations worked on by these committees: (Click [here](#) for additional information)
  - Nurse aide faculty shortage
  - State agency functions regarding certified nurse aides
  - Training and certification
    - Develop competencies and scope of work definitions for direct care workers (e.g., personal care attendants and certified nurse aides)
    - Provide for multiple levels of direct care workers (i.e., entry level personal care attendants and certified nurse aides/home health aides), basing their training on increasing responsibilities for these different levels
      - ❖ The Training Subcommittee engaged with the Paraprofessional Healthcare Institute, the organization that presented at the council's December 7, 2018 meeting, to develop a standardized curriculum, which can be viewed at the above hyperlink

Department of Human Services

Acting Deputy Secretary of Long-Term Living Kevin Hancock provided the following feedback:

		<ul style="list-style-type: none"> <li>• The Department of Human Services (DHS) did a detailed review of the 2007 recommendations to assess the status and provide the most recent information on where DHS is with addressing these recommendations as noted below. In addition, DHS’s Office of Policy Development, Office of Developmental Programs (ODP), and Office of Long-Term Living (OLTL) will participate on the Workforce Development Board’s new Healthcare Sector Ad Hoc Committee.</li> <li>• <i>Systems Coordination - Revise the “conditions of participation” of the procurement and certification process</i> – DHS implemented a direct care worker pre-service orientation program for all participant-directed workers on July 1, 2017. The orientation program was temporally stopped on October 31, 2017, because of a legal challenge and will be reevaluated after a court decision is rendered.</li> <li>• <i>Assess and Restructure Reimbursement and Program Procedures – Assess Rate Setting and Reimbursement Systems</i> – ODP established a new fee schedule in FY 2017-18, and the rates were based on the Bureau of Labor Statistics. OLTL went through the same exercise, and a new fee schedule was implemented in 2012. This was based on a cost analysis of services conducted by the department’s actuarial contractor.</li> <li>• <i>Initiate Quality Workforce Incentives</i> – As part of the roll out of Community HealthChoices (CHC), DHS built into the goal of advancing program innovation the development of a robust direct care workforce. Acting Deputy Secretary Hancock noted that his presentation later in the meeting would focus on the requirements for the CHC managed care organizations (MCOs) as it relates to improving recruitment and retention of direct care workers, including the MCOs proposals.</li> <li>• <i>Training, Credentialing, and Career Advancement – Define Competencies</i> – See second bullet above. In addition, ODP has developed credential requirements for several services in its newly established Medicaid waivers, which were recently approved. ODP supports individuals with intellectual disabilities and provides training for certification requirements, including quality improvements, community participation services, employment services, and benefits counseling for dual diagnosis.</li> <li>• <i>Studies and Data – Rate-setting and reimbursement mechanisms, Pennsylvania’s Nurse Practice Act, and State and national best practices</i> <ul style="list-style-type: none"> <li>○ <i>Rate-setting and reimbursement mechanisms</i> – see above information under “Assess and Restructure Reimbursement and Program Procedures – Assess Rate Setting and Reimbursement Systems”</li> <li>○ <i>Pennsylvania’s Nurse Practice Act</i> – This was covered by Department of Health Executive Assistant of Quality Assurance Shannon Baker later in the meeting</li> <li>○ <i>State and national best practices</i> <ul style="list-style-type: none"> <li>▪ ODP participated in a national study called the <i>Staff Stability Survey Report</i>, which provided comparisons on wages, benefits, and characteristics of direct support professionals in 20 participating states. Pennsylvania’s turnover rate for direct support professionals was lower than average, and staff employed for 12 months or longer was above average, and the median hourly wage was above average as well. Acting Deputy Secretary Hancock noted that he would provide Chuck Quinnan the link to the full report to share with members.</li> <li>▪ In November 2017, the Wolf administration launched the <a href="#">PA Link to Community Care</a> website, which is</li> </ul> </li> </ul> </li> </ul>
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intended to help connect or “link” older Pennsylvanians and individuals with disabilities or behavioral health needs to available community services and supports. The website also includes a home care directory that is intended to connect or “link” individuals seeking available in-home services to providers in their county. The administration plans to further develop the website to link individuals in need of in-home services directly with individuals who provide this service.

Department of Health

Executive Assistant of Quality Assurance Shannon Baker provided the following feedback:

- In conducting research on the report, it was realized that the Department of Health (DOH) does engage in internal state workgroups concerned about improving access to a qualified direct care workforce.
- There was discussion regarding consolidation of the nurse aide registry, but nothing really progressed on that front.
- With regard to the Pennsylvania Nurse Practice Act recommendation Acting Deputy Secretary Hancock referenced, the Wolf administration issued a policy clarification in November 2016 regarding the types of non-skilled services and activities direct care workers can perform in a person’s home. DOH then followed up with additional guidance in February 2017 for providers, which outlined the criteria that must be met by home care agencies/registries under the new policy. DOH received feedback from stakeholders that the guidance did not provide enough definition so we are currently working with the Department of Human Services to provide further clarification to that document. Our intention is to further define the types of non-skilled services and activities that can be performed in a home and community-based setting.

Department of Education – Policy Director Samantha Koch provided the following feedback:

- Ms. Koch noted that she did not currently have anything to share regarding the 2007 report as Education did not yet have an opportunity to dive into it in any great detail, but that she would connect with her agency’s Bureau of Career and Technical Education, which manages pathways to specific programs (i.e., secondary and post-secondary training programs), on it.
- Ms. Koch also provided the following observations regarding workforce training trends:
  - There has been a significant increase in the number of students at the secondary level who are interested in training around health occupations but substantial declines at the post-secondary level, so the department is monitoring this trend and working to understand it better.

Department of Military and Veterans Affairs

Deputy Adjutant General of Veterans' Affairs Major General (R) Eric Weller provided the following feedback:

- His department examined the study and is doing a caliche of things aimed at improving recruitment and retention of direct care workers, including:
  - Standardized and reoccurring training
  - Leadership training
  - Promotion opportunities

		<ul style="list-style-type: none"> <li>○ Volunteer coordinators have been hired to coordinate volunteers who take people to and from their rooms for meals, etc., which helps alleviate stress on direct care workers</li> <li>○ Examining ways to reduce workplace injuries, including new methods to get residents in and out of bed</li> <li>○ Conducting employee surveys</li> <li>○ Tracking retention</li> </ul> <p><u>Insurance Department</u> Policy Director Glenda Ebersole provided the following feedback:</p> <ul style="list-style-type: none"> <li>● It is not clear if the Insurance Department was involved in the workgroup, etc., that developed the report due to staffing changes over the last decade. As such, it is unknown if the recommendation regarding health insurance access for direct care workers was communicated to the department. Nevertheless, Pennsylvania's health insurance landscape has changed significantly since 2007 with the implementation of the Affordable Care Act and Medicaid expansion.</li> <li>● Ms. Ebersole also used this opportunity to provide the following overview of Pennsylvania's health insurance landscape: <ul style="list-style-type: none"> <li>○ 23 percent of Pennsylvanians receive Medicaid and Children's Health Insurance Program (CHIP) coverage</li> <li>○ 20 percent of Pennsylvanians receive Medicare insurance</li> <li>○ 27 percent of Pennsylvanians are commercially self-insured, which is when an employer assumes the financial risk for providing health care benefits to their employees</li> <li>○ 24 percent of Pennsylvanians are commercially fully-insured. This is the area that the Insurance Department regulates and is broken down as follows: <ul style="list-style-type: none"> <li>▪ 5 percent are covered through individual insurance coverage</li> <li>▪ 5 percent are covered through small group coverage, which is offered by small businesses that employ up to 50 individuals</li> <li>▪ 14 percent are covered through large group health insurance, which is through an employer with 51 or more employees</li> </ul> </li> <li>○ 5.6 percent are uninsured as of 2016. This is the lowest rate to date but is expected to more than double due to the repeal of the individual mandate, which begins on January 1, 2019</li> </ul> </li> </ul>
6	<p><b>Improving Recruitment/Retention of DCWs in a Managed Care Environment</b></p>	<p>Acting Deputy Secretary of Long-Term Living Kevin Hancock gave a PowerPoint presentation on the direct care workforce innovation requirements for Community HealthChoices Managed Care Organizations (CHC-MCOs), including the CHC-MCOs' proposals for addressing this issue. In addition to discussing the goals of CHC, Deputy Secretary Hancock provided the following information regarding the requirements and the CHC-MCOs proposals:</p> <ul style="list-style-type: none"> <li>● CHC-MCOs must institute workforce innovation that improves the recruitment, retention, and skills of direct care workers, which may include but is not limited to direct or enhanced payment and other incentives to providers, participant-directed employers, and direct care workers for education, training, and other initiatives designed to enable direct care workers to become a more functional member of the person-centered planning team. Such initiatives may include but are not limited to: <ol style="list-style-type: none"> <li>1) Labor/management partnerships or employee/employer partnerships;</li> <li>2) Training programs that exceed DOH and DHS requirements for direct care worker qualifications, including programs to address complex needs of participants;</li> <li>3) Pre-service orientation;</li> </ol> </li> </ul>

		<ul style="list-style-type: none"> <li>4) Promotion of direct care worker organizations and associations;</li> <li>5) Professional support, certifications, and career-ladder opportunities; and</li> <li>6) Care team integration that engages front line workers</li> </ul> <ul style="list-style-type: none"> <li>• <i>AmeriHealth Caritas</i> will address this issue through workforce training initiatives such as: <ul style="list-style-type: none"> <li>○ Further enhancing educational and training opportunities that support workforce training and skills development;</li> <li>○ Recognizing the completion of coursework through incentives, rewards, and recognition certificates of competency in specific skills; and</li> <li>○ Partnering with vendor(s) that have multi-platform distribution channels to allow workers to view course materials and videos on mobile devices as well as their computers, making content easily accessible for learning. To illustrate, they would partner with the Pennsylvania Homecare Association and Centers for Independent Living to deliver their training videos to registered direct care workers and facilitate their existing tracking mechanism</li> </ul> </li> <li>• <i>Pennsylvania Health and Wellness (PHW)</i> has engaged with a statewide partner to develop a long-term services and support workforce quality framework. The draft was recently completed. The following are key to the initiative: <ul style="list-style-type: none"> <li>○ Expanded access through worker recruitment and orientation strategies;</li> <li>○ Expanding knowledge through increased education and training that assist direct care workers;</li> <li>○ Improved coordination by having access to technology that improves real-time communication between the worker and the service coordinator; and</li> <li>○ The development of interventions that use evidence-based algorithms to identify worker turnover risk</li> <li>○ Over the next 45 days, the quality framework will be socialized across association partners to gather feedback and suggestions that can be incorporated into the final tool. Additionally, PHW is working in collaboration with a statewide partner to develop a direct care worker training curriculum and has engaged a southwest area provider to participate in a pilot that will measure success through the training of their own direct care workforce. It is PHWs' intent to offer additional providers the opportunity to access the program upon completion of the pilot</li> </ul> </li> <li>• <i>UPMC Community HealthChoices' (CHC)</i> short term direct care workforce development strategy is focused on standardizing existing training programs and utilizing an adult learning-centered training program focused on the inherent experience of the direct care worker. Additional details of the proposal include: <ul style="list-style-type: none"> <li>○ Over the first two years, UPMC CHC will also provide direct care worker training and education seminars in all zones across Pennsylvania as a means to support each personal assistance services provider organization and offer additional opportunities for direct care workers.</li> <li>○ UPMC CHC long-term strategy is to look at alternative reimbursement models to bring the payment of direct care</li> </ul> </li> </ul>
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		<p>workers more in line with the demands of the job. One facet of these alternative models will be subsidized health insurance.</p> <p>Acting Deputy Secretary Hancock noted that the MCOs' proposals to improve the workforce are part of the CHC agreements, and that he would share the link to the agreements with Chuck Quinnan to forward to the council and committee members.</p>
7	<b>Expanded Open Session</b>	<p>Secretary Osborne then began the "Open Session" portion of the meeting, which normally occurs at the end of the agenda, as the direct care workers and direct care consumers/advocates in attendance had only planned to stay for the first half of the meeting, and there was a mutual desire for their voices to be heard. The following issues were shared by some of the guests:</p> <ul style="list-style-type: none"> <li>• Wages for direct care workers need to be increased.</li> <li>• The processing time for background checks in order to serve seniors and adults with disabilities is taking too long and needs to be shortened.</li> <li>• Direct care workers and consumers must be included in all direct care worker discussions in order to further define the types of non-skilled services and activities that can be performed in a home and community-based setting.</li> </ul>
8	<b>Working Lunch w/ Committee Breakout Meetings</b>	<p>The Outreach, Access, Quality, and Workforce committees met for a working lunch to discuss:</p> <ol style="list-style-type: none"> <li>1) Appointing a committee coordinator to coordinate the work of the committee with regard to the current priority;</li> <li>2) Acting Deputy Secretary of Long-Term Living Kevin Hancock's presentation on improving recruitment and retention of direct care workers in a Managed Care Environment;</li> <li>3) State agency feedback regarding recent/current direct care worker initiatives and the 2007 report <i>Addressing Pennsylvania's Direct Care Workforce Capacity: Primary Recommendations for Quality Jobs and Quality Care</i>; and</li> <li>4) Committee assessment process for considering and navigating recommendations for improving recruitment and retention of direct care workers.</li> </ol>
9	<b>Committee Reports &amp; Council Discussion</b>	<p>The following reports were provided on the committee breakout meetings:</p> <p><b>Outreach Committee</b> – Chair Ray Landis providing the following report:</p> <ul style="list-style-type: none"> <li>• Lydia Hernandez-Velez was appointed committee coordinator and the committee discussed: <ul style="list-style-type: none"> <li>○ A Direct Care Worker Awareness Day as a way to highlight the direct care workforce crisis and educate the public and policymakers about Pennsylvania's changing demographics and the rewards and challenges of the job. As part of this recommendation, the committee also discussed media outreach, legislative informational hearings, etc.</li> <li>○ Utilizing demographic information to demonstrate the seriousness of the direct care workforce issue</li> <li>○ Evaluating resurrecting the Paraprofessional Healthcare Institute's (PHI) training that was developed as a result of the 2007 report <i>Addressing Pennsylvania's Direct Care Workforce Capacity: Primary Recommendations for Quality Jobs and Quality Care</i> <ul style="list-style-type: none"> <li>▪ This included discussion of a core training for direct care workers that can be built upon (supplemented) if the worker wants to go from being a personal care aide into home health, a nursing home setting, etc. It was noted that a core curriculum was created in the</li> </ul> </li> </ul> </li> </ul>

past and has been used by some secondary career and technology centers, community colleges, etc., so, similar to PHI's training, the committee would not need to start from scratch

- ❖ It was suggested that community colleges and secondary career and technology centers should be involved in any efforts to create a comprehensive direct care worker education program
- Exploring outreach to older adults on the idea of direct care being a second career and evaluating how House Bill 2065, which would establish a new Older Adult Mentor Volunteer Program at middle and high schools for older adults, could be used as a path for recruiting new direct care workers
- How to hold the Community HealthChoices managed care organizations accountable for their plans to enhance the direct care workforce

**Access Committee** – Chair Mike Sokoloski provided the following report:

- Liana Walters was appointed committee coordinator and the committee discussed the following regarding the direct care workforce and the implementation of Community HealthChoices (CHC):
  - Paid time off is a major issue that must be addressed, among other benefits, and there should be incentives to offer benefits. Also, managed care organizations (MCOs) may not employ all direct care workers so this could be part of the contracts to enhance retention
  - There is an opportunity to show what is working regarding best practices for direct care workers going forward by looking at feedback scores and rewarding contracts to providers that give back the most to their workers
  - Addressing recruitment and retention will require a multipronged approach
  - The brand name recognition of MCOs could be helpful to attract direct care workers because they have state contracts, which provides predictability and security
  - Managed care provides a laboratory for experimenting with a lot of ideas, seeing the impact in a variety of areas, and quality of care (outcome) measurements
  - Consumers tell the best stories to advocate for what is necessary via rolling satisfaction scores – need to reward great work versus just giving out contracts. It is also important to hear details about the benefits and the direct care worker experience from the providers when this data is collected
  - It was noted that historically the Living Independence for the Elderly (LIFE) program has done well with retaining direct care workers as they are part of an interdisciplinary care team and participate in care plans
  - Opportunities to address recruitment and retention may be leveraged via reimbursement/rate setting, rate caps, or requiring benefits more descriptively via tiered reimbursements per capita
  - It is important to have more consumer access committees (beyond just each CHC zone) that are regionally based as certain areas will need specific strategies to address the direct care workforce crisis, etc. This should be examined annually and built in as a requirement to ensure that the unique needs of rural, urban, and suburban areas are being addressed.

		<p>These groups should also have representatives that come to Harrisburg</p> <ul style="list-style-type: none"> <li>○ It is important to consider how the rewrite of the Older Adult Protective Services Act may impact the employment of direct care workers</li> </ul> <p><b>Quality Committee</b> – Chair Kathleen Kleinmann provided the following report:</p> <ul style="list-style-type: none"> <li>• The committee did not appoint a committee coordinator as most members were unable to attend the breakout meeting due to other obligations</li> <li>• In addition to inquiring about the status, etc., of the governor’s 2015 Executive Order for participant-directed home care services, discussion focused on: <ul style="list-style-type: none"> <li>○ Wage rates/increases for direct care workers should be tied to training as well as quality, seniority, etc.</li> <li>○ Action is needed now, and efforts to address recruitment and retention of the direct care workforce should not wait until Community HealthChoices is fully implemented</li> <li>○ The policy clarification/guidance issued by the Departments of Health, Human Services, and State regarding the types of non-skilled services/activities direct care workers can perform must be reflective of the views and needs of consumers and direct care workers, and there should be incentives for workers providing these specialized services</li> </ul> </li> <li>• The committee will schedule a conference call to discuss the above and the information presented at today’s full council meeting given the limited committee attendance</li> </ul> <p><b>Workforce Committee</b> – Chair Matt Yarnell provided the following report:</p> <ul style="list-style-type: none"> <li>• Similar to the Quality Committee, the Workforce Committee did not appoint a committee coordinator given that most members were unable to attend the breakout meeting</li> <li>• The committee discussed possible recommendations and proposals to explore further, including: <ul style="list-style-type: none"> <li>○ Reimbursing providers and consumers under the participant-directed model for training-related costs (e.g., workers’ lost time from work)</li> <li>○ Implementing presumptive eligibility for home and community-based services to ensure a level playing field with facility-based care</li> <li>○ Figuring out what the minimum standard is to get to a living wage for direct care workers</li> <li>○ Having the state or managed care organizations track wages, healthcare, and retirement benefits for direct care workers</li> <li>○ Need to find a way to reframe this profession so people understand that this is incredibly important and rewarding work</li> <li>○ Ensuring that direct care workers are part of an integrated care delivery team and engaged in the outcomes</li> </ul> </li> <li>• Given the limited attendance, the committee will schedule a conference call to continue discussing the above and the information presented at today’s full council meeting</li> </ul>
10	<b>Open Session &amp; Announcements</b>	<p>The following council members spoke during the open session:</p> <ul style="list-style-type: none"> <li>• Maria Hastie suggested that the Direct Care Worker Awareness Day concept discussed by the Outreach Committee could be held after National Nursing Assistants Week, which is in June each year</li> <li>• Joan Bradbury emphasized the importance of the Living Independence for the Elderly (LIFE) program being promoted in conjunction with Community HealthChoices (CHC) as it serves as an alternative to</li> </ul>

		<p>CHC. Ms. Bradbury also commented on recent trends LIFE providers are experiencing and noted the attributes of the program as it pertains to direct care workers such as being part of an integrated care delivery team, etc.</p> <ul style="list-style-type: none"> <li>Major General (R) Eric Weller reminded members about the importance of outreach, noting that no one will listen if you do not speak up</li> </ul> <p>Secretary Osborne reminded members that the Council's next meeting is scheduled for Thursday, April 12, 2018, at 10:00 a.m.</p>
11	<b>Adjournment</b>	The meeting was adjourned at 3:01 p.m.

**New Action Items**

#	Action Item	Actionee(s)	Deadline	Status
1	Provide link to Community HealthChoices Managed Care Organizations agreements/proposals	Dep. Sec. Hancock & Chuck Quinnan	ASAP	Completed
2	Provide copy of <i>Staff Stability Survey Report</i>	Dep. Sec. Hancock & Chuck Quinnan	ASAP	Completed

**Old Action Items**

#	Action Item	Actionee(s)	Deadline	Status
1	Status of the five immediate initiatives/recommendations in the December 7, 2007 report <i>Addressing Pennsylvania's Direct Care Workforce Capacity: Primary Recommendations for Quality Jobs and Quality Care</i>	Secretary Osborne & Chuck Quinnan	ASAP	Pending