

**PENNSYLVANIA
DEPARTMENT OF AGING**

LONG-TERM CARE COUNCIL

EST. 2015

Meeting Minutes

Meeting:	Pennsylvania Long-Term Care Council
Date:	Thursday, August 23, 2018
Start & End Time:	10:00 a.m. to 3:15 p.m.
Location:	Pennsylvania Farm Show Complex & Expo Center, Keystone Conference Center

Council Members in Attendance

Insur. Cmmr. Jessica Altman (Designee: Emily Holladay)*	Nancy Hodgson, PhD - <i>Academic Research</i>	Dr. David Nace - <i>LTSS Physician</i>
Joan Bradbury, <i>LTC Managed Care**</i>	Brian Hudson, Sr. (Designee: Gelene Nason)*	Shane Nugent - For-Profit SNFs
Sen. Michele Brooks (Designee: Chloe Mandara, Esq.)*	Kathleen Kleinmann - <i>LTSS Consumer</i>	Sec. of Aging Teresa Osborne, Council Chair
Brig. Gen. Anthony Carrelli (Designee: Andrew Ruscavage)*	Cmmr. Ted Kopas - <i>County Commissioners Assoc. of PA</i>	Vini Portzline - <i>LTSS Consumer</i>
Tim Coughlin - <i>Assisted Living**</i>	Ray Landis - <i>Consumer Advocacy</i>	Kenneth Potter, Esq. - PA Bar Association, Elder Law Section
Representative Pam DeLissio (Designee Lauren Rooney also attended)	Holly Lange - <i>Area Agencies on Aging</i>	Nicole Pruitt - <i>Adult Day Centers</i>
Mickey Flynn - <i>PA Council on Aging</i>	Sec. of Health Dr. Rachel Levine (Designee: Susan Coble)*	Mike Sokoloski - <i>Homecare</i>
Sen. Art Haywood (Designee: Liana Walters, Esq.)*	Robert Marino - <i>Caregiver**</i>	Matt Yarnell - <i>Consumer Advocacy</i>
Rep. Tim Hennessey (Designee: Erin Raub)*	Joyce McClary - <i>LTSS Nurse</i>	Heshie Zinman - <i>Consumer Advocacy</i>
Anne Henry - <i>Nonprofit SNFs</i>	Diane Menio - <i>Caregiver**</i>	
Lydia Hernandez-Velez - <i>Consumer Advocacy**</i>	Sec. of Human Svcs. Teresa Miller (Designee: Dep. Sec. Kevin Hancock)*	

*Attended on member's behalf

**Participated in Council meeting via teleconference

Council Members Not in Attendance

Dr. Mario Cornacchione - <i>Academic Research</i>	Sec. of Transp. Leslie Richards (Designee: Emma Lowe)
Thomas Lilly, JD, CLU - <i>LTSS Insurance</i>	

PDA Staff in Attendance

Teresa Osborne, Secretary	Abby Fox, Administrative Officer
Stephanie Cole, Executive Assistant	Steve Horner, Special Assistant
Maria Dispenziere, Deputy Legislative Director	Chuck Quinnan, Council Executive Director
Debee Ethridge, Clerk Typist	David Toth, Legislative Director

Committee Members & Guests in Attendance

Cmdt. Richard Adams, PA Dept. of Military & Vets Affrs (DMVA) WC	Jeff Iseman, CILCP
Joe Angelelli, UPMC Health Plan*	Anna Keith, PA Health & Wellness*
Mitzi Armstrong, SEIU Healthcare PA/United Home Care Workers of PA (UHWP)	Daniel Kleinmann
Pam Auer, Ctr. for Indep. Living of Ctrl. PA (CILCP) & Central PA ADAPT	Susan McAllister, AmeriHealth Caritas Pennsylvania*
Keith Baker, Department of Labor & Industry (L & I)	Lolita Owns, Liberty Resources Home Choices/SEIU Healthcare PA

Sharon Behun, CILCP	Jay Pagni, PA Health & Wellness*
Cathy Black SEIU	Vince Phillips, Phillips Associates AC
Theo Brady, CILCP	Jacqueline Rowe, PA Department of Human Services WC
Wayne Byrd, SEIU	Matthew Seeley, PA SILC
Art DiLoreto, PA Association of Area Agencies on Aging (P4A) WC	Zach Shamberg, PA Health Care Association WC
Bob Garraty, Garraty Workforce Investment	Robin Slater, SEIU Healthcare PA
Kathy Gillespie, Clearfield County Area Agency on Aging QC	Zhané Taylor, Liberty Resources Home Choices
Christine Filipovich, PA Department of Health	Steve Touzell, Philadelphia Corporation for Aging AC
Charlesann Gordan, SEIU Healthcare PA	Linda Walker, Educators Inc.
Allison Haley, UPMC Health Plan*	Bill Wiegmann, Department of Human Services (DHS)
Maria Maletta Hastie, LIFE Geisinger OC	Tara Williams, DHS
Melissa Hawkins, L & I	Pattie Wright, AmeriHealth Caritas Pennsylvania*
Vicki Hoak, PA Homecare Association WC	Andrew Zwally, Greenlee Partners
Lori Howe-Gutierrez, PA Department of Health AC	Margie Zelenak, PA Assisted Living Association OC

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 welcomed everyone to the meeting and recognized University of Pennsylvania School of Nursing Professor Nancy Hodgson, PhD, RN, who replaced Dr. Jason Karlawish on the Long-Term Care Council and is now serving as one of the Council's two academic research representatives along with Dr. Mario Cornacchione. Secretary Osborne also noted that Samella Hudson-Brewton, the Executive Director of the John F. Kennedy Center in Erie, has been appointed by the Governor to fill the remainder of Lynn Fields Harris' term as the senior community center representative.</p> <p>Council Executive Director Chuck Quinnan went over the emergency evacuation protocol and explained that Communication Access Realtime Translation (CART) services were again being provided during the meeting in response to a request.</p> <p>Secretary Osborne then commented on the Pennsylvania Supreme Court's recent decision to allow Governor Wolf's 2015-05 Participant-Directed homecare Services Executive Order to proceed. Secretary Osborne explained that the executive order (EO) was signed by the Governor on February 27, 2015, as one of his steps to ensure that Pennsylvania has a home care system that ensures that direct care workers have a voice in shaping the future of the industry and seniors and persons with disabilities have choices about where, how, and by whom they receive their care. After the EO was signed, two separate suits were filed against it, and in September 2016 the Commonwealth Court ruled that the EO was illegal as they viewed it as legislation rather than an exercise of the Governor's executive power. The state appealed, and on August 21, 2018, the Pennsylvania Supreme Court reversed the Commonwealth Court's decision and thus upheld the EO, ruling that the order did not exceed the Governor's executive power. Given today's robust meeting agenda with the Community HealthChoices Managed Care Organizations, coupled with the fact that there have been key leadership changes in state government since the executive order was first issued and the administration and the state agencies involved in the long-term services and supports system are still reviewing the Supreme Court decision, Secretary Osborne noted that a conference call will be held with members prior to the next Council meeting in</p>

		order to discuss next steps and to respond to any questions from the Council on the EO.
2	Introduction of Members & Guests	Members and guests introduced themselves.
3	Approval of June 14, 2018 Meeting Minutes	A motion was made and seconded, and the June 14, 2018 meeting minutes were unanimously approved.
4	Committee Updates	<p>The following reports were provided on the committees' recent work to elevate preliminary recommendations and develop questions for the Community HealthChoices Managed Care Organizations (CHC-MCOs) ahead of today's meeting.</p> <p><u>Outreach Committee</u> – Chair Ray Landis provided the following report:</p> <ul style="list-style-type: none"> • The Outreach Committee held a conference call on July 13th and remains focused on promoting direct care work as a career option and determining how the CHC-MCOs can assist with that effort. • We came up with some thoughts on specific activities. <ul style="list-style-type: none"> ○ One of the things we are examining are collaborations that could result in outreach and better knowledge and understanding of what the career of a direct care worker can and should be. ○ A lot of the questions we hope the CHC-MCOs will address are focused around that collaborative effort – whether it is with educational institutions, other providers, or through state government – on how to get the word out about the role of a direct care worker and how to interest more people across the age spectrum about getting involved in this field as a career. <p><u>Access Committee</u> – Chair Mike Sokoloski provided the following report:</p> <ul style="list-style-type: none"> • The Access Committee held a conference call on July 16th during which members discussed their desire to drill down to a core group of three or four things versus a broad-based approach. Areas of potential focus include: <ul style="list-style-type: none"> ○ Education and training and the establishment of a standardized core program for direct care workers to provide a clear career pathway ○ Building public awareness about this career field and highlighting the direct care worker crisis in order to expand the potential pool of workers ○ In line with the home care directory page already established on the PA Link to Community Care website, there is interest in the establishment of a similar directory that consumers can utilize to find certified, licensed or some other type of verified direct care workers. ○ Wages and benefits - not just looking to increase them but potential ways to include such aspects as paid time off, insurance, and employee recognition <p><u>Quality Committee</u> – Committee member Anne Henry provided the following report on behalf of Chair Kathleen Kleinmann:</p> <ul style="list-style-type: none"> • Our committee had a conference call on July 13th, and the conversation focused on the following: <ul style="list-style-type: none"> ○ Along with the other committees you heard from today, we believe there needs to be significant awareness that there is a direct care workforce crisis. <ul style="list-style-type: none"> ▪ We do not believe that it is elevated yet to the point where the general public understands the significance of this crisis.

		<ul style="list-style-type: none"> ○ Establishing some sort of standardized core training and career ladders for direct care workers, as well as mentoring programs. <ul style="list-style-type: none"> ▪ We can train people, but if they are not mentored by their peers, etc., there is a greater chance that they will leave the direct care worker field, so we believe mentoring programs are very important. ○ Increasing the availability and scope of benefits – we discussed and focused a lot of attention on nontraditional benefits. <ul style="list-style-type: none"> ▪ Health insurance is one thing, but direct care workers often need help with child care or care for an aging parent who may be at home, as well as transportation needs and life skills. ▪ It is vital that we start to focus on nontraditional types of benefits that may help people not only get into the field of direct care but stay there once employed. ○ We discussed technology and the importance of service coordinators knowing what technology is available that might assist not only those who need care but direct care workers as well. <ul style="list-style-type: none"> ▪ Help is needed from our government partners when technology becomes available in terms of expediting the approval/reimbursement process for covering new technologies. ○ And finally, we discussed implementing incentives for students and informal caregivers (e.g., loan forgiveness, housing stipends, tax credits, etc.). <p><u>Workforce Committee</u> – Chair Matt Yarnell provided the following report:</p> <ul style="list-style-type: none"> • The Workforce Committee held a conference call on July 11th, and similar to the breakout session during the Council’s August 23rd meeting, the call focused on the following four areas: <ul style="list-style-type: none"> ○ Standardized core training with stackable credentials to create a career ladder <ul style="list-style-type: none"> ▪ It is critical that standardized training includes minimum competencies that are inclusive of LGBTQ cultural competencies and also around Alzheimer’s disease and related dementias. ○ Wages - we recognize that the current reimbursement rates make it difficult to talk about a wage increase, but if we want people to be able to do this work, these jobs have to pay a living wage. <ul style="list-style-type: none"> ▪ Workers also need benefits and standardized hours. ○ Ensuring that there is a real commitment to including direct care workers in the care plan delivery and building the care plan <ul style="list-style-type: none"> ▪ Direct care workers want to be engaged, and they are the eyes and ears of the consumers for which they provide care. ○ Data collection and ensuring standardization across all of the different types of care delivery, focusing on wages, direct care worker turnover, hospitalizations, diagnoses, hours of care, services provided, etc.
5	AmeriHealth Caritas Pennsylvania	Department of Health Deputy Secretary of Long-Term Living Kevin Hancock moderated presentations by the three Community HealthChoices Managed Care Organizations (CHC-MCOs) on their approach to meeting DHS’s innovation requirement for augmenting the direct care workforce. Deputy Secretary Hancock noted that the Council’s four committees – Outreach,

Access, Quality, and Workforce – had shared their preliminary recommendations on recruitment and retention of direct care workers, as well as questions for the CHC-MCOs, with the health plans ahead of today's meeting. Each of the CHC-MCOs PowerPoint presentations can be accessed in their entirety by clicking the links found under each MCOs' portion of the meeting minutes.

Pattie Wright, Administrator for Community Living, and Dr. Susan McAllister, Chief Medical Officer, presented on behalf of AmeriHealth Caritas Pennsylvania. In addition to their [PowerPoint presentation](#), the following is a recap of additional information and clarification they provided during their presentation and in response to questions.

Approach

- As it entered into Community HealthChoices, AmeriHealth Caritas Pennsylvania held a number of focus groups and listening sessions with home care providers, advocates, and direct care workers (including the two previous Direct Care Worker of the Year recipients) to get a better understanding of the needs of the direct care workforce and possible approaches to enhancing recruitment and retention.
- While AmeriHealth Caritas' current focus has been on direct care workers employed in the community (e.g., home care), Ms. Wright acknowledged the importance of expanding that focus to facility-based workers and expressed interest in engaging in conversations to that end.

Awareness

- Agree that CHC-MCOs should be working with community partners – whether it is at an academic level, through public service announcements, advertisement campaign, etc. – to raise awareness of the direct care worker crisis
- Have had internal discussions about starting a pilot program with high schools to educate students on the role of being a direct care worker
 - Many students are already in caregiver roles and do not realize it.

Mentorship Program & Peer Support

- Committed to scholarship funding for a direct care worker mentor pilot program
 - Interested in collaborating with the other CHC-MCOs on such a program in order to create a more robust scholarship fund
 - Exploring a higher rate for direct care workers who serve as mentors in the program
 - Will begin talking to home care agencies about establishing mentor program criteria
- Exploring peer support for direct care workers and a forum(s) for facilitating that interaction

Financial Incentives & Employee Assistance

- Exploring financial incentives for both home care agencies and direct care workers, including:
 - A value-based model for home care agencies focused on hospitalizations, emergency room utilization, etc.
 - Employee performance recognition (e.g., not missing shifts over a certain period of time, etc.)
- Exploring ways to assist direct care workers with transportation challenges such as providing passes, tokens, etc., as well as collaborating with the other CHC-MCOs to address transportation

issues for direct care workers who serve clients enrolled in different managed care plans.

Scheduling

- Working with service coordinators to optimize hours for participants, including blocking hours, provided it meets the participant's needs and preferences
- Scheduling is another area where the three CHC-MCOs can work together as direct care workers, again, are often serving participants enrolled in different health plans throughout their day.
 - Scheduling is also tied to the transportation issue.

Training/Education

- It was noted that the curriculum skills and topics included in the PowerPoint presentation under training and education are not exhaustive but reflect specific feedback AmeriHealth Caritas Pennsylvania received from direct care workers. With that said, Ms. Wright and Dr. McAllister noted the importance of including training and skills development on LGBTQ cultural competency, Alzheimer's Disease and dementia, and other cultural sensitivities such as new populations of immigrants.
- When thinking about training curriculum, consideration needs to be given to preparing workers for certain scenarios, including the dynamics and sensitivities involved with participants who are new to the system and previously were taken care of by family members, participants who entered the long-term services and supports system as a result of a crisis, etc.
- Soft skills (e.g., communication, body language, cultural sensitivities, etc.) need to be part of training.
- Will be reaching out to homecare agencies for input on how best to structure in-person training in recognition that it is difficult for many agencies to have staff participate out of pocket or due to limited backup coverage
 - Also exploring the approach taken with the training of service coordinators on the interRAI (the system for housing the functional eligibility determination), which was coordinated by the three CHC-MCOs so service providers did not have to take redundant training
 - Recognize that there needs to be some type of reimbursement for workers' lost time, etc.
 - A question was asked whether training was a billable service under Medicaid. Deputy Secretary Hancock explained that training is not currently part of the service definitions, which were submitted to and approved by the federal government for CHC. He noted that if it was added, the federal government would have to approve it and the Department of Human Services would have to justify why it considers training to be a component of an individual service. Deputy Secretary Hancock added that he believes the commonwealth attempted to do this in the past without much success, but that it is something that could be looked at again.
- Based on feedback, we are exploring working with colleges to develop YouTube videos to teach cooking basics to direct care workers based on feedback we received

		<ul style="list-style-type: none"> ○ This is a way to both better support workers and provide an opportunity for their peers to showcase their talents and take a leadership role. <p><u>Wages & Hours</u></p> <ul style="list-style-type: none"> • It was noted that while AmeriHealth Caritas cannot control what home care agencies pay their workers, it does have the ability to set reimbursement rates with providers. • In response to a question, Ms. Wright noted that she would talk to her contracting team regarding whether direct care workers can receive differential pay for circumstances where they do not stay for the entire time a participant is scheduled for services due to the participant's preference (e.g., the participant decides to go to bed early and sends the worker home). <p>The presenters also noted that a lot of the focus to this point has been on ensuring that participants do not have service interruptions and providers get paid. Now that the continuity of care period is over in the southwest, Ms. Wright explained that there will be more attention and work being done on direct care workforce innovation. Specifically, she stated that mentorship will be one of their early focuses based on the feedback they received from the two previous Direct Care Worker of the Year recipients, one of which was a mentor in a program that included recognition and reimbursement for time spent mentoring other workers.</p>
6	Lunch	Council and committee members broke for an abbreviated lunch.
7	PA Health & Wellness	<p>Anna Keith, Vice President of Community Relations, and Jay Pagni, Senior Director of External Relations and Business Development, presented Pennsylvania Health & Wellness's plan for improving opportunities and quality in the direct care workforce. Their PowerPoint presentation can be accessed by clicking here. The following is a summary of additional information and clarification that they provided during their presentation and in response to questions.</p> <p><u>Quality Framework – Provider Performance Measures</u></p> <ul style="list-style-type: none"> • In conjunction with community partners, such as SEIU Healthcare Pennsylvania, the Pennsylvania Adult Day Services Association, the Pennsylvania Homecare Association, the Pennsylvania Statewide Independent Living Council, LeadingAge Pennsylvania, area agencies on aging, and Welfare Pride, PA Health and Wellness developed a quality framework to increase the quality and delivery of long-term services and supports with a focus on direct care workers. <ul style="list-style-type: none"> ○ Ms. Keith noted that the quality framework leans heavily toward direct care workers in nursing facilities but that they have the ability to adapt it to a home care setting and received feedback from the Pennsylvania Homecare Association regarding the need to figure out how to apply these metrics in the community. • The following are the elements/metrics of the quality framework: <ul style="list-style-type: none"> ○ <i>Unanticipated Change in Condition</i> (i.e., hospitalization, nursing home admittance, etc.) <ul style="list-style-type: none"> ▪ Evaluating how direct care workers are trained to identify changes in condition before it results in a hospitalization or something more critical, such as depression, pressure sores, etc., and notification to the MCO when a change in condition occurs ○ <i>Quality of Care Complaints/Grievances by Participants</i> <ul style="list-style-type: none"> ▪ Evaluating how the direct care workforce is trained to understand participant-driven care plans, as well as

		<p>identify changes in the participant's life and documenting and sharing that information with the care team to prevent unnecessary outcomes</p> <ul style="list-style-type: none"> ○ <i>Percentage of Long-Term Stay Residents Experiencing One or More Falls w/ Major Injury in Past 12 Months</i> (nursing facility focused) <ul style="list-style-type: none"> ▪ Evaluating how direct care workers are trained to identify potential risk factors and how they can be more aware of the environment and how the participant is doing ○ <i>Percentage of Short-Stay Residents Who Are Successfully Discharged to the Community in Past 12 Months</i> <ul style="list-style-type: none"> ▪ Determining the type of training needed to support people returning to the community ○ <i>Staff Turnover in Past 12 Months</i> <ul style="list-style-type: none"> ▪ Determining what employee engagement programs look like in different provider organizations to ensure that PA Health and Wellness is supporting its contracted partners in understanding how critical it is that employees are heard and can provide feedback on quality and be part of the overall quality improvement strategy ○ <i>Care Ratio</i> <ul style="list-style-type: none"> ▪ This is how we measure our providers' investment in their frontline workers ○ <i>Medicaid Occupancy for SNFs</i> <ul style="list-style-type: none"> ▪ Evaluating providers' commitment to caring for the neediest residents and rewarding those efforts ○ <i>Enhanced Training</i> <ul style="list-style-type: none"> ▪ Evaluating what providers are doing to facilitate a more educated workforce <ul style="list-style-type: none"> ➤ In order for direct care workers to have better outcomes with quality of care, training beyond the minimum standards is needed. ○ <i>Positive Employee Relations w/ Direct Employee Input on Staffing & Safety Issues</i> <ul style="list-style-type: none"> ▪ Evaluating the culture of the provider organization and whether staff are empowered to share concerns about care delivery and other issues that put participants at risk, etc. <p><u>Testing Quality Framework Model & Data Collection</u></p> <ul style="list-style-type: none"> ● PA Health and Wellness's current focus is testing the quality framework model. <ul style="list-style-type: none"> ○ Have identified nursing home providers who are interested in testing the model but welcome others who would like to participate ○ Currently working on developing an external data system to track these metrics ○ Testing and data collection will last six months to a year. ○ Once data is measured, we will determine next steps, which may include exploring innovative payment models and different rate structures. <ul style="list-style-type: none"> ▪ While it is unknown what the future payment model may look like, PA Health and Wellness is committed to rewarding providers who exhibit exceptional standards. ▪ A question was asked whether the MCO would redirect any savings realized from reduced hospitalizations and nursing facility admissions to providers so that they
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can address wages, benefits, etc. for direct care workers. Mr. Pagni noted that it was too early in the process to make that determination as they still need to collect baseline data to measure quality and outcomes. However, he did state that a higher quality of care is delivered when an employee or direct care worker is adequately paid and has a good benefit package.

- It was also noted that while the health plan will not dictate what providers should pay their employees, more creativity is needed regarding where they get those dollars. Again, it was stated that the MCO first needs historical, baseline data in order to determine how that information is used to negotiate contracts.

Pilot Program

- PA Health and Wellness is also involved in a direct care worker pilot with SEIU Healthcare PA and Transitional Paths to Independent Living (TRPIL) aimed at providing training to direct care workers and measuring metrics.
 - SEIU's Training and Education Fund assisted PA Health and Wellness in developing the foundational training curriculum for direct care workers in the pilot.
 - PA Health and Wellness built in some additional trainings into the curriculum as well. It was also noted that the training could be framed around specific issues (e.g., Alzheimer's disease, dementia, etc.) by way of increased competencies.
 - Ms. Keith noted that a large premise of this project is to reduce staff turnover, promote career ladders for advancement, etc.
 - PA Health and Wellness is ready to move into the next phase of the project, which is to provide the training to direct care workers and track metrics, such as hospitalizations, emergency room visits, risks around falls, etc. Once the pilot is done, they will measure the outcomes, share it with their stakeholder group, and determine if there is viability in replicating the program across Pennsylvania as well as in other states where PA Health and Wellness' parent company Centene operates.
 - TRPIL has 30 direct care workers who will participate in the training program.
 - As part of the program, PA Health and Wellness will cover the time that staff misses from work in order to participate in the project.
 - Direct care workers will receive incentives for participating in the training and for completing the program.
 - It was noted that while PA Health and Wellness cannot require providers to increase wages, there is an agreement that workers will be rewarded once they reach a certain skill level.
- A question was asked if there is anything in law that requires the financial gains realized, referred to as a gain share, from reducing hospital admissions, reducing emergency room visits, keeping more people at home, etc. to be directed back into the system to

		<p>compensate direct care workers at a higher rate. Deputy Secretary Hancock responded that there are no statutory requirements for a gain share, but that there are managed long-term services and supports programs in other states that have built-in pay-for-performance mechanisms, value-based purchasing models, etc. that allow for this type of gain share between the MCOs and their providers or between the state operating the program, the MCOs, and providers. He went on to note that a gain share program could be designed as part of a contractual vehicle for CHC that would require the MCOs to share that benefit with direct care workers.</p> <ul style="list-style-type: none"> • While not specifically related to the direct care workforce, PA Health and Wellness noted that their parent company, Centene, is requiring all of its health plans to engage in informal caregiver demonstration initiatives. <ul style="list-style-type: none"> ○ PA Health and Wellness is exploring opportunities (e.g., enhancing training around service coordination) to better engage with informal caregivers to ensure that they have access to the supports and resources needed to reduce the likelihood of depression, burnout, etc. <ul style="list-style-type: none"> ▪ Such efforts are critical to not only helping keep people in the community but alleviating some of the demands placed on the direct care workforce.
8	UPMC Health Plan	<p>Joe Angelelli, PhD, Senior Advisor for UPMC's Center for High-Value Health Care, and Allison Haley, MS, Senior Director of Strategy and Analytics for Community Health Choices discussed UPMC's workforce development strategy. Their PowerPoint presentation can be accessed by clicking here. The following is a summary of additional information and clarification they provided during their presentation and in response to questions.</p> <p><u>Data Collection</u></p> <ul style="list-style-type: none"> • Now that the continuity of care period has concluded in the southwest zone, UPMC is working on how to gather better data to make informed decisions around supporting its partners. <ul style="list-style-type: none"> ○ We have a survey ready to go out to personal assistance services (PAS) providers in the next four to six weeks to gather baseline data on PAS agencies, including direct care worker turnover and staff recruitment and retention best practices, among other things. <p><u>Approach/Focus</u></p> <ul style="list-style-type: none"> • UPMC will be design a three-prong approach based on the survey responses as it partners with homecare organizations, facilities, and participant-directed individuals on how to 1) incorporate PAS workers into the care team, 2) enhance the PAS workforce, and 3) provide a career trajectory for PAS workers by way of training and a career lattice. <ul style="list-style-type: none"> ○ Similar to the other CHC-MCOs, one of the things we want to focus on is changing conditions. <ul style="list-style-type: none"> ▪ Mr. Angelelli noted that when he was with Robert Morris University, he worked with UPMC, the Jewish Healthcare Foundation, and other providers in the community on an early identification tool called INTERACT. He noted that this tool, which is nursing facility-based, was developed for nursing assistants and provides a structured way to communicate about changing conditions. With that said, Mr. Angelelli went

on to explain that UPMC can work with homecare partners that have apps and other ways of pushing notifications to inform the care management team, service coordinators, etc. if they see a change in a participant's condition or potential issues such as a fall risk in someone's home. In addition to direct care workers and other care professionals, it was also noted that this type of technology can also be utilized by family members who detect changes or risks as well.

Training

- Mr. Angelelli referenced the 77-hour Model Personal Care Services Curriculum, which grew out of the work of the 2007 report [Addressing Pennsylvania's Direct Care Workforce Capacity: Primary Recommendations for Quality Jobs and Quality Care](#) in partnership with the Paraprofessional Healthcare Institute (PHI) and was discussed by the Departments of Labor and Industry and Education during the Council's [February 15, 2018](#) and [April 12, 2018](#) meetings, respectively.
 - He noted that: 1) the goal of the training curriculum was to create a core set of competencies for direct care workers across the long-term services and supports continuum with a career path for moving into a home health aide or nurse aide position, and 2) many of the organizations that participated in the workshops (which occurred from 2009-2011) are still using large elements of the curriculum.
 - Mr. Angelelli stated that there was a large concentration of the workgroups in Pittsburgh because that was where he was located at the time.
 - A lot focused on adult learning styles of education and training
 - There is interest in the southwest with our partners to take this training to the next level and use it as a way to introduce a career pathway in a more structured manner.
 - UPMC hopes to pilot test the training by the end of the year.
 - Can build specialization (e.g., Alzheimer's disease, dementia, etc.) on top of the core training for individuals who do not want to go on to become home health aides or nurse aides but want to specialize.
 - Might be able to do a scaled down version of the training for existing workers (e.g., 28 hours of training)
 - UPMC recognizes the importance of not subjecting providers to duplicative training requirements and helping to underwrite training costs.

Wages/Incentives/Guaranteed Hours

- Mr. Angelelli noted that wages remain a persistent issue, and that UPMC believes training goes together with the wage conversation.
- UPMC will be subsidizing the costs of home care agencies for utilizing electronic visit verification technology and wants to create additional incentives for agencies who partner in raising the bar.
- PHI's home care agency, Cooperative Home Care Associates, has a Guaranteed Hours Program.

		<ul style="list-style-type: none"> ○ It was noted that UPMC is interested in working with home care agencies to identify these types of models and explore how it can help support such efforts. <p><u>Next Steps</u></p> <ul style="list-style-type: none"> ▪ Ms. Haley noted that similar to the other CHC-MCOs, the majority of their focus to date has been on ensuring that participants do not have any service interruptions and providers are paid. ▪ What we learned today is that we need to coordinate with our CHC-MCO colleagues to reduce redundancy. <ul style="list-style-type: none"> ○ UPMC will be reaching out to the other MCOs to discuss training plans and timelines and reconnect once the pilot studies are done to ensure that there is as much alignment as possible between the MCOs once things are rolled out. <p>As a result of feedback from its Participant Advisory Committee, Ms. Haley noted that UPMC is working to pursue a forum/committee for direct care workers, particularly on the participant-directed side.</p> <p>There was also discussion by various Council and committee members regarding legislation in the General Assembly to permit presumptive eligibility for Medicaid home care services. In addition, it was also noted that the CHC-MCO contracts state that payments to providers cannot go below the Medicaid home and community-based services rates, which are different based on the four regions of the state (e.g., \$17.52 an hour in the southwest to \$19.52 an hour in the southeast) and used not only to pay direct care workers but cover administrative costs such as criminal background checks for employees, etc.</p> <p>In addition, a question was asked regarding why individuals enrolled in the Act 150 Program (state-funded program that replicates the Attendant Care Waiver) must fill out the PA-600 even when they know they know they are not eligible for Medicaid. Deputy Secretary Hancock noted that the requirement was put in place approximately 12 or 15 years ago because there were a significant number of people in the Act 150 Program who were otherwise Medicaid eligible. He went on to explain that due to the federal match for Medicaid long-term services and supports, it is to the financial advantage of state programs like Act 150 to ensure individuals are enrolled in the Medicaid program when appropriate. However, Deputy Secretary Hancock noted that his department is reevaluating this process to make it more streamlined for those who would never qualify for Medicaid.</p> <p>Lastly, clarification was requested regarding why the percentages in UPMC's page seven slide on health insurance coverage for direct care workers exceeds 100 percent. Chuck Quinnan noted that he would reach out to the Paraprofessional Healthcare Institute (PHI) for an explanation as this information was provided by PHI and is similar to what they presented to the Council last December.</p>
9	Council Discussion	<p>After the presentations, Secretary Osborne asked members for their thoughts on the sessions with the Community HealthChoices Managed Care Organizations (CHC-MCOs) and additional information that they believe would helpful as the Council's looks ahead to its October 25th meeting.</p> <p>The following is a recap of members' feedback and responses to questions:</p> <ul style="list-style-type: none"> • The CHC-MCOs will be able to track what is occurring in the direct care workforce much more globally than has previously been the case, especially on the home and community-based services side. This information will be key to getting pilots started with the MCOs to come up with strategizes that engage

		<p>these workers and the consumers in their care and to use these opportunities to track and direct the savings that come out of these efforts (e.g., reduced hospitalizations, emergency room visits, etc.) to incentivize direct care workers with living wages, while also recognizing the cost challenges providers face.</p> <ul style="list-style-type: none"> • It would be helpful to develop recommendations that both includes how we might use the data to bolster quality of care and the direct care workforce and work with the CHC-MCOs to understand what they are learning. <ul style="list-style-type: none"> ○ Recommendations should also clearly identify what requires legislative approval versus administrative (state and/or federal) approval, etc. • Deputy Secretary Hancock noted that the length of the contracts between the Department of Human Services and the Community HealthChoices Managed Care Organizations (CHC-MCOs) is a maximum of seven years, five years plus a two-year renewal option. <ul style="list-style-type: none"> ○ He further clarified that the length of contracts between the CHC-MCOs and long-term services and supports providers is up to each individual MCO and provider. • It was also noted that the list of current CHC-MCO providers can be found on the Department of Human Services' website at: https://www.enrollchc.com/choose/find-provider. • Several members discussed their desire to hear from providers across the long-term services and supports condominium at the next Council meeting on best practices they have employed to address recruitment and retention of direct care workers. <ul style="list-style-type: none"> ○ It was noted that Council Executive Director Chuck Quinnan would reach out to the committee chairs after the meeting to: 1) solicit their thoughts on how to focus these presentations, and 2) schedule committee conference calls to provide members the opportunity to help develop questions to share with the provider participants ahead of the next meeting. • While not related to CHC, it was noted that the University of Pittsburgh's Health Policy Institute recently established the Center for Caregiving Research, Education and Policy.
10	Open Session & Announcements	During the open session portion of the meeting, Jeff Iseman commented on transportation agreements with the CHC-MCOs, adding that the use of Amtrak in the southeast should be considered.
11	Adjournment	The meeting was adjourned at 3:15 p.m.

New 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	Deputy Secretary Kevin Hancock & Chuck Quinnan	Prior to next meeting	Pending: A webinar was scheduled but needed to be cancelled due to a personal matter. Therefore,

				an update will be given at the next Council meeting.
2	Clarify Paraprofessional Healthcare Institute insurance data regarding coverage	Chuck Quinnan	ASAP	Completed

Old Action Items

#	Action Item	Actionee(s)	Deadline	Status
1	Use of Medicaid dollars related to the Department of Human Services' memorandum of understanding with the Department of Education for reviewing and approving nurse aide programs	Julie Kane/Chuck Quinnan	ASAP	Completed