

**PENNSYLVANIA
DEPARTMENT OF AGING**

LONG-TERM CARE COUNCIL

EST. 2015

Meeting Minutes

Meeting:	Pennsylvania Long-Term Care Council
Date:	Thursday, June 14, 2018
Start & End Time:	10:00 a.m. to 2:33 p.m.
Location:	Pennsylvania Farm Show Complex & Expo Center, Keystone Conference Center

Council Members in Attendance

Insur. Cmmr. Jessica Altman (Designee: David Buono)*	Brian Hudson, Sr. (Designee: Gelene Nason)*	Dr. David Nace - <i>LTSS Physician</i>
Joan Bradbury, <i>LTC Managed Care</i>	Kathleen Kleinmann - <i>LTSS Consumer</i>	Sec. of Aging Teresa Osborne, <i>Council Chair</i>
Tim Coughlin - <i>Assisted Living</i>	Cmmr. Ted Kopas - <i>County Commissioners Assoc. of PA</i>	Vini Portzline - <i>LTSS Consumer</i>
Representative Pam DeLissio (Designee Lauren Rooney also attended)	Ray Landis - <i>Consumer Advocacy</i>	Nicole Pruitt - <i>Adult Day Centers**</i>
Mickey Flynn - <i>PA Council on Aging**</i>	Holly Lange - <i>Area Agencies on Aging</i>	Sec. of Transp. Leslie Richards (Designee: Emma Lowe)*
Lynn Fields Harris - <i>Senior Community Centers</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 also attended)	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

Sen. Michele Brooks (Designee: Chloe Mandara, Esq.)	Thomas Lilly, JD, CLU - <i>LTSS Insurance</i>
Brig. Gen. Anthony Carrelli (Designees: Major General (R) Eric Weller & Andrew Ruscavage)	Shane Nugent - <i>For-Profit SNFs</i>
Dr. Mario Cornacchione - <i>Academic Research</i>	Kenneth Potter, Esq. - <i>PA Bar Association, Elder Law Section</i>

PDA Staff in Attendance

Teresa Osborne, Secretary	Debee Ethridge, Clerk Typist
Chuck Quinnan, Council Executive Director	Sasha Santana, Executive Secretary
Maria Dispenziere, Legislative Specialist	

Committee Members & Guests in Attendance

Kara Beem, Greenlee Partners	Lori Howe-Gutierrez, PA Department of Health AC
Cmdt. Rohan Blackwood, PA Dept. of Military & Vets Affrs (DMVA) QC	Dr. Darryl Jackson, DMVA
Tamalee Brassington, PA Department of Education*	Daniel Kleinmann, PA Statewide Indep. Living Council OC
Sandra Curlee, Long Term Care Insurance Specialist AC	Laura Ness, Bayada Home Health Care WC
Art DiLoreto, PA Association of Area Agencies on Aging (P4A) WC	Jay Pagni, PA Health & Wellness
Diane DiMuria, HHAeXchange QC	Jacqueline Rowe, PA Department of Human Services WC

Christine Filipovich, PA Department of Health	Matthew Seeley, PA SILC
Jennifer Haggerty, PA Homecare Association	Steve Touzell, Philadelphia Corporation for Aging AC
Maria Maletta Hastie, LIFE Geisinger OC	Lou Wolkenstein, The Investment Advisor QC
Melissa Hawkins, PA Department of Labor & Industry	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 asked members and guests to keep those impacted by the tornado that struck Wilkes-Barre Township (Luzerne County) in their thoughts and prayers.</p> <p>Council Executive Director Chuck Quinnan went over the emergency evacuation protocol, noted that Communication Access Realtime Translation (CART) services were being provided during the meeting in response to a request, and provided the following updates:</p> <ul style="list-style-type: none"> • Dr. Jason Karlawish, who served as an academic research representative on the Long-Term Care Council, resigned on May 22, 2018 due to added job responsibilities. • David Buono, Consumer Liaison for the Insurance Department, is serving as Commissioner Jessica Altman's designee for today's meeting. • Dr. Darryl Jackson is attending the meeting on behalf of the Department of Military and Veterans Affairs.
2	Introduction of Members & Guests	Members and guests introduced themselves.
3	Approval of April 12, 2018 Meeting Minutes	A motion was made, and was seconded, and the April 12, 2018 meeting minutes were unanimously approved.
4	Commonwealth Updates	<p>Secretary Osborne noted that the commonwealth is in the midst of completing the State Fiscal Year 2018-19 budget and provided the following updates:</p> <ul style="list-style-type: none"> • Tomorrow is World Elder Abuse Awareness Day, and the Department of Aging will gather in the morning with area agency on aging protective services investigators to discuss their challenges, questions, and suggestions regarding elder abuse and providing seniors a pathway to elder justice. After the meeting, the Department of Aging will gather in the Main Capitol Rotunda with protective services staff, advocates, and stakeholders to observe World Elder Abuse Awareness Day, which is held annually on June 15th. • The Alzheimer's State Plan Task Force, which was established to take a lead role in implementing and championing the goals and recommendations of the Pennsylvania's State Plan for Alzheimer's Disease and Related Disorders, will hold its first meeting on June 28th. Secretary Osborne also mentioned that in conjunction with the Alzheimer's Association's "Day on the Hill" next week in Washington, D.C., she will be testifying at the U.S. Senate Special Committee on Aging's Alzheimer's hearing. • The commonwealth will hold its inaugural LGBTQ Aging Summit on October 9-10, 2018 at the Sheraton Harrisburg Hershey Hotel. The Department of Aging has been working closely with Council member Heshie Zinman and the LGBT Elder Initiative, the Governor's LGBT Workgroup, and a host of other advocates from the LGBTQ and aging services community in planning the summit. Secretary Osborne noted that a <i>Save the Date</i> notice will be sent to the Council and committee members.

5	Career & Technical Education – Nurse Aide Training	<p>Tamalee Brassington, Division Manager of Adult and Postsecondary Career and Technical Education for the Pennsylvania Department of Education (PDE), provided an overview of Pennsylvania's Nurse Aide Training and Competency Evaluation Program (NATCEP). In addition to discussing the statutory authority behind the NATCEP – the federal Public Health Omnibus Budget Reconciliation Act (OBRA) of 1987 and the Pennsylvania Nurse Aide Resident Abuse Prevention Training Act 14 of 1997 – Ms. Brassington provided the following details regarding the program:</p> <ul style="list-style-type: none"> • There are several state agencies involved with the nurse aide training program in Pennsylvania. <ul style="list-style-type: none"> ○ The Pennsylvania Department of Human Services (DHS) holds the contract with the federal Centers for Medicare and Medicaid Services to contract out the various components of the nurse aide training program. <ul style="list-style-type: none"> ▪ DHS contracts with Pearson VUE for the testing. ○ DHS currently has a memorandum of understanding with PDE to approve and monitor the training programs. <ul style="list-style-type: none"> ▪ PDE approves and monitors approximately 240 nurse aide training programs across the state. ○ The Pennsylvania Department of Health is responsible for administering and maintaining the Nurse Aide Registry. • The curriculum is tightly prescribed by the federal OBRA and Pennsylvania's Act 14 of 1987. <ul style="list-style-type: none"> ○ OBRA and Act 14 require a minimum of 80 hours of training – 75 hours are required under OBRA and an additional five hours required under Act 14. ○ The majority of Pennsylvania's programs are 130 hours or less and that includes classroom theory, lab, and a clinical experience. ○ 16 hours of specific content must be offered prior to any resident contact ○ PDE convenes a committee every five years to review the curriculum and make recommendations for modifications based on current trends in nurse aide type work. <ul style="list-style-type: none"> ▪ The most recent curriculum committee was convened in February 2016. ▪ The committee is comprised of approximately 25 individuals, including representatives of nursing facilities, secondary and postsecondary programs, an ombudsman, and state agencies (e.g., Departments of Health and Human Services). ○ There are annual continuing education requirements for nurse aides as well as a minimum number of paid work hours in the job title that must be met in order to remain active on the registry. • The primary instructor of a nurse aide training program must be a registered nurse in good standing with at least two years of RN work experience, one of which must be in the provision of long-term care services. • Students have three opportunities to pass the nurse aide exam. If they fail to do so, they are required to complete another nurse aide training program in order to retake the exam. • Nursing facilities who are enrolled in Medicare and/or Medicaid are responsible for the full payment of training and testing costs (.e.g., tuition, books, testing, etc.) for individuals employed or offered employment at the time they enter a NATCEP. An individual who does not have an employment relationship with a facility at the time they enter a NATCEP will be reimbursed provided that they are hired or
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		<p>receive an offer of employment within one year of completing the program.</p> <ul style="list-style-type: none"> ○ Nursing facilities are reimbursed in part for the monies they pay for the cost of the program. ● Part of PDE's compliance review is to meet with recent graduates of a NATCEP. One of the questions asked focuses on retention (e.g., what keeps them working in a particular facility?). The following are the most common responses: <ul style="list-style-type: none"> ○ Being appreciated for the work that they do ○ A positive shift work environment where there is teamwork ○ An opportunity for flexible scheduling ○ Employee recognition such as employee of the month, employee of the month posters throughout the facility, length of service pins, and recognition for completing additional trainings <p>During the question and answer period, Ms. Tamalee providing additional clarification regarding the nurse aide training program, including the following:</p> <ul style="list-style-type: none"> ● Approximately 20 percent of the 240 nurse aide training programs are provided at the secondary level. ● Nurse aides are required to take eight (8) hours of continuing education training annually. ● Tuition rates vary by training program but students typically do not have to pay for the training up front when it is provided by a nursing facility as the facility either hires the individual and provides the training or the offer of employment is contingent upon successful completion of the program.
6	Committee Updates	<p>The following reports were provided on the committees' work since the previous Council meeting.*</p> <p><u>Outreach Committee</u> – Chair Ray Landis provided the following report:</p> <ul style="list-style-type: none"> ● As we prepare for the August meeting with the Community HealthChoices Managed Care Organizations (CHC-MCOs), the committee is interested in learning if they have any programs, or have plans to establish a program, to encourage people who are not currently in the direct care workforce, particularly young people, to go into this field. ● In looking at this from the outreach angle, we believe that there is an opportunity for a partnership with the CHC-MCOs to help expand the pool of potential direct care workers. ● Members would like to find out what if any consideration has been given to this issue by the CHC-MCOs with the rollout of CHC in the southwest. <p><u>Access Committee</u> – Chair Mike Sokoloski provided the following report:</p> <ul style="list-style-type: none"> ● On the last conference call, the consensus among the committee members was that we should focus on no more than three to five recommendations so it enhances the impact on what we ultimately deliver as a Council. ● The members were also given a survey to solicit their thoughts on potential recommendations. Some of the feedback included: <ul style="list-style-type: none"> ○ Standardized curriculum/training model <ul style="list-style-type: none"> ▪ Adult learner centered methods are needed for those who come into the field from a different line of work ○ Higher wages/reimbursements <ul style="list-style-type: none"> ▪ Funding remains a large barrier ○ Peer-to-peer mentoring ○ Recruitment of new individuals into the direct care worker field

		<p>Workforce Committee – Chair Matt Yarnell provided the following report:</p> <ul style="list-style-type: none"> • A lot of what was previously said by the other chairs is similar to what our committee has been discussing. Obviously, pay is a big issue. • Understanding and looking at standardized training and curriculums for home care workers is another issue, along with stitching that together throughout the different continuums of care. • We are also interested in talking to the Community HealthChoices Managed Care Organizations about their plans around workforce innovation and how they might incentivize people to get advanced training and provide workers better pay. <p>*Quality Committee Chair Kathleen Kleinmann did not provide a report.</p>
7	<p>Working Lunch w/ Committee Breakout Meetings</p>	<p>The Outreach, Access, Quality, and Workforce committees met to:</p> <ol style="list-style-type: none"> 1) Discuss survey feedback and/or additional thoughts from members on potential recommendations as well as questions for the Community HealthChoices Managed Care Organizations (CHC-MCOs) regarding direct care workforce innovation, 2) Evaluate suggested recommendations and select preliminary recommendations, and 3) Determine the focus of the July conference call meetings. <p>Chuck Quinnan noted that the plan is to share the preliminary recommendations and questions that the committees identify with the CHC-MCOs ahead of the August 23rd meeting in order to have an informative, detailed discussion. The July conference calls will be used to finish working on any items not completed above.</p>
8	<p>Committee Reports & Council Discussion</p>	<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"> • The Outreach Committee identified the following three preliminary recommendations in order of priority: <ol style="list-style-type: none"> 1) The creation of a statewide message for promoting direct care work as a career option, including the following elements: <ol style="list-style-type: none"> a) A statewide direct care worker day that would include not only events in Harrisburg at the Capitol but also local/regional events so that direct care workers who cannot journey to Harrisburg can participate. b) A “Take a Legislator to Work Day” c) Use of social media, particularly videos and pictures, to encourage younger people to get into this career – perhaps a day in the life of a direct care worker as well as a website that can be a one-stop portal for people going into or thinking about going into the direct care field. CareerLink should be part of this and possibly the Office of Vocation Rehabilitation 2) Outreach to educational and business entities that provide employees child care and other care-related benefits for the purposes of establishing partnerships and collaborations to create flexible work arrangements/environments for direct care workers (e.g., allowing a direct care worker to utilize the child care benefit provided to the care recipient’s family member). Committee members discussed the importance of such engagement for helping make this a more attractive career across the state, not only for those already in the field who desire more flexibility and assistance with everyday life issues but also for those who are thinking about direct care work as new career or trying to determine their next steps after completing school.

- 3) Outreach efforts must reflect the diversity of languages and cultures in order to remove the barriers to engagement, both for recruiting potential workers and establishing relationships in diverse communities to articulate the needs of older Pennsylvanians and all Pennsylvanians in getting people engaged in this field.

Access Committee – Committee coordinator Liana Walters gave the following report as Chair Sokoloski had to leave early:

- The committee is looking at access from two angles:
 - Via career advancement (e.g., ensuring employees have what they need in order to select or sustain this as a career)
 - Via the consumer perspective, with the priority being person-centered care
- Our preliminary recommendations stem from one or both of these vantage points.
- The following are the potential recommendations that the committee identified:
 - 1) Education and standardized training - we want to examine how various administrative agencies and home care agencies, nursing facilities, etc., look at this so we can get a systemic view of the whole industry.
 - 2) Foundation of practice: awareness and promotion – the manner in which we are looking at this is:
 - a. Do people view direct care work as a career?
 - b. Are we targeting the right people to bring into the industry as this is a special calling?
 - i. You can give people training, but it does not necessarily mean that they are the best fit for the job.
 - ii. We need to examine promoting this profession among men, younger populations, etc. Direct care workers are predominantly women.
 - 3) Directory – the establishment of a directory for consumers to utilize for finding certified, licensed, or some type of verified direct care worker
 - 4) Wages and benefits (e.g., paid time off, health insurance, employee recognition, etc.)
- We will go over these recommendations in a little more detail on our next conference call.
- The committee still needs to identify specific questions for the Community HealthChoices Managed Care Organizations (CHC-MCOs) regarding the direct care workforce, but the following are some general questions members raised with respect to CHC:
 - 1) How are conflicts of interests managed between service coordination entities and personal care entities?
 - 2) Why must a consumer fill out the PA-600L (Financial Eligibility Application) when they know they are not financially eligible for Medicaid coverage?
 - 3) Are non-medical services (e.g., the Supplemental Nutrition Assistance Program (SNAP), etc.) promoted as a part of person-centered, holistic care plans?
 - 4) Is there a disclosure process regarding the distribution of funds that the CHC-MCOs receive from the state? If so, are these reports publicly available?

Quality Committee – Committee member Anne Henry gave the following report on behalf of Chair Kleinmann who had to leave early:

- The committee discussed the need for a public education campaign on the direct care workforce crisis. It was noted that money can often be found for advertising, etc., whenever something is determined to be a crisis.
- We discussed the possibility of requesting that the Community HealthChoices Managed Care Organizations (CHC-MCOs) provide additional funding for staff development and mentoring programs, as well funding for support services for direct care workers such as day care for workers' children and/or aging parents, assistance with transportation needs, life skills coaching, etc.
- As the committee was wrapping up, and this is not fully developed by any means, we began discussing whether medical assistance providers should be required to pay their workers some sort of a wage floor.
- The committee will have a call in July to flush out preliminary recommendations and questions to share with the CHC-MCOs ahead of the August 23rd meeting.

Workforce Committee – Chair Matt Yarnell provided the following report:

- The Workforce Committee identified the following preliminary recommendations and questions for the Community HealthChoices Managed Care Organizations (CHC-MCOs):
 - 1) Standardized Core Training with Stackable Credentials – development of a core group of minimum competencies (inclusive of LGBTQ cultural competency) across all sectors of the continuum of care.
 - a. A question for the CHC-MCOs is whether there is a plan to provide payment incentives to providers/consumers for these trainings?
 - b. Additional questions for the CHC-MCOs include:
 - i. What are their plans to build public/private partnerships?
 - ii. How are they going to work to ensure that the workforce is providing the greatest focus on quality care?
 - iii. What are their thoughts on how to build career ladders and stackable credentials from homecare aides to nurse aides, etc.?
 - iv. It is important that there is not redundancy between training that the CHC-MCOs require and what providers are already doing/requiring. The question for the CHC-MCOs is whether there is a process to ensure that this does not happen so resources are not wasted.
 - c. Recognizing that training is unique across the spectrum of care, the committee discussed the different logistical challenges of training facility-based workers versus those employed in home care. Members also discussed the importance of ensuring that the system allows for consumers to direct their services.
 - 2) Increase Wages – the current reality is that this workforce does not get the pay, training, and respect that they need and deserve.
 - a. Given the high turnover rates of direct care workers (50-70 percent in skilled nursing facilities and 70 percent or greater in homecare), coupled with the fact that one in six workers live in poverty and 24% of

		<p>homecare workers are below federal poverty guidelines, we need to ask the CHC-MCOs what their strategies are for retaining and growing this workforce (e.g., via enhanced working conditions/workplace culture, healthcare benefits, higher wages, etc.).</p> <ul style="list-style-type: none"> b. There is a big question, especially in home care, around income security. For home care workers, and we learned this from the Paraprofessional Healthcare Institute, and we know this from our own experience with people who work in this sector, direct care worker positions in home care are often part-time and very fluid - someone has a job today and tomorrow their consumer goes to the hospital or passes away or goes on vacation, and when they do not work, they do not get paid. Can the CHC-MCOs help figure out how to how to incentivize and provide income security for this workforce so people want to enter and stay in this profession? For example, could the CHC-MCOs support agencies in guaranteeing a certain number of hours/income to direct care workers? <p>3) Care Delivery/Planning – Inclusion of direct care workers on care delivery/planning teams</p> <ul style="list-style-type: none"> a. What are the CHC-MCOs’ plans for increasing direct care workers’ participation in care plans and including them in year-end care plan reviews? b. Direct care workers are typically not included in this process, despite the fact that they are the ones who spend the most time with consumers and are often in the best position to notice subtle changes. This goes to respect and the value of the job and worker. <p>4) Data Collection – Tracking and reporting data on the workforce is needed, and understanding how the CHC-MCOs will use that information to improve the workforce and quality of care.</p> <ul style="list-style-type: none"> a. Some key data includes: <ul style="list-style-type: none"> i. Turnover over at least a one-year period - How long was the person employed? What was their reason for leaving? How many hours of training did that worker receive (by job class and type of care)? ii. What is the cost per provider on turnover by job class? In other words, what does it actually cost to train someone? What does it cost to replace them? iii. Also, it would be helpful to have an inventory on providers regarding training, including hours and type, to determine what is happening as it is currently all over the map. We need to understand what people are doing or are not doing in order to understand what is working and not working. <p>The committee discussed the idea of pilots or grants that would allow providers to partner with the CHC-MCOs to test theories and ideas around paying a living wage and enhancing respect for the job in order to demonstrate that better outcomes can be achieved by lifting up this workforce.</p>
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9	Open Session & Announcements	There were no public comments during the open session portion of the meeting. Secretary Osborne encouraged members to provide Chuck Quinnan with any additional thoughts they have regarding the preparation for the Council's August 23 rd meeting with the CHC-MCOs.
10	Adjournment	The meeting was adjourned at 2:33 p.m.

New Action Items

#	Action Item	Actionee(s)	Deadline	Status
1	Forward Council and committee members <i>Save the Date</i> information for LGBTQ Summit	Chuck Quinnan	ASAP	Completed

Old Action Items

#	Action Item	Actionee(s)	Deadline	Status
1	Breakdown between secondary and post-secondary nurse aide training programs	Julie Kane/Chuck Quinnan	ASAP	Completed
2	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	Pending
3	Historical data on nurse aide training programs, including a breakdown of active, inactive, and terminated programs in the commonwealth	Julie Kane/Chuck Quinnan	ASAP	Completed