LDs 400, 1059, 1078, and 1364  
Direct Care Workers’ Task Force  
Monday, October 26, 2009  1:00 to 3:00  
221 State Street – main conference room  
Agenda & Minutes  
Attendees: Diana Scully, Joanne Rawlings-Sekunda, Rick Erb, Nicole Brown, Helen Hanson, Jay Hardy, Don Harden, Romaine Turyn, Elise Scala, Mollie Baldwin, Dee-Dee Strout, Cathy Bouchard, Matt Peterson, Ted Rippey,  

Agenda:  
1. Welcome- Introductions  
2. Context for group – relationship to the HCBS-LEAN process  
3. Outline of the 3 bills to be included  
4. Discussion of a strategy to address the tasks  
1. Questions to be Explored – RE: Dirigo grant from the U.S. Department of Health and Human Services / Health Resources and Services Administration (HRSA)  
   a. …focus of the HRSA grant?  
   b. …coordinating these two efforts?  
   c. Would our Direct Care Workers’ Task Force be willing to serve as a focus group for the HRSA grant?  
2. Thoughts  
3. Schedule of meetings  

Minutes:  
I. Suggestion for how to proceed  
1. Training  
   A. Rates?  
   B. What do Direct Care Workers need that they’re not getting?  
   C. Cost of training?  
   D. Identify a core curriculum  
   E. Identify overlaps  
   F. Identify efficiencies  
   G. Reduce barriers in the training programs that exist now  
   H. Focus on Quality of Care - what do workers need to be successful?
I. Want to hear directly from Direct Care Workers on what the primary focus should be
   a. Comprehensive training across the board for all Direct Care Workers is necessary
   b. Want to professionalize Direct Care Workers in order to better serve the consumer AND warrant higher pay

J. Focus on how to make things simpler, and then create economies-of-scale to apply to other areas such as wages, benefits
   a. Perhaps look at the plethora of job descriptions and job titles?
   b. Identify commonalities? Which builds directly to training and skill sets – are there levels? Can we raise skill levels?
   c. See Direct Care Workers as key players in managing chronic conditions? Could produce measurable outcomes in terms of health outcomes

K. **Next Meeting:** Elise – has a matrix on who workers are, job functions, common elements – covers about 30,000 workers employed by many employers
   a. Talk about what it’s actually like to be a worker, day-in-and-day-out. What a typical day is like
   b. Have Pamphlets telling workers’ stories, but also hear from people on this Task Force about their experience.
   c. Focus on a couple of job titles
   d. Diana – briefly overview outcomes of HCBS-Lean process

2. Health Care / Health Insurance
   A. HRSA Grant
      a. Have had one meeting on HRSA grant
      b. $8.5 million from feds, for each of next 4 years, for uninsured, part-time, seasonal, Direct Care Workers in firms for 50+ people. Will get vouchers as a subsidy for each to buy into his or her employer’s health coverage. Won’t happen by January 2010. Questions:
         - People who need to be wholly, or partly, subsidized?
         - Employers have to be willing to participate and pay a substantial amount, funding source unknown – depending upon applicants’ income and assets
   B. Review Montana model and experience
   C. Workers may work many hours, spread across several agencies, must be taken into account, particularly in regard to employer-contribution.
   D. National work on health care also has implications for this state debate
   E. SEIU also offers bare-bones insurance

3. Rates and Wages –
   A. Invite staff from Russ Begin’s office
II. Other discussion
   A. Get Elise’s information updated
   B. where/what is the role of Direct Care Workers in the HCBS-Lean effort?
   C. Issues;
      a. How fast can a worker be found to come into the home? How quickly can a consumer acquire needed services?
      b. Business/employer issues, aside from the Care Plan: background checks; liability
   D. Look at trends: pay? Demographics?
   E. Pay: Don’t want pay rates to be dictated
      a. But state sets rates for many contracts that it pays for. Setting rates also provides predictability. Gives more control over the allocation of State resources.
      b. A wage may be different than a reimbursement rate
      c. Department’s work on rates: rate-setting now centralized under Deputy Commissioner of finance. More rational than prior to merger. May want to invite him/his staff to a meeting. To learn more about department’s process for setting rates.
   F. Quality of service – directly proportional to skill, training of the Worker; quality of the workforce, which involves wages, training, valuing the worker and workforce
      a. Also correlation between Staffing Levels and Quality of Care
   G. rate increases have ripple effects on many other aspects of the system
   H. the vast number of disciplines are confusing

Next Meeting:
   Monday, November 16, 2009
   1:00 to 4:00 pm
   Lean lab @ DHHS, 221 State Street, Augusta
   Subject: Direct Care Worker Training