Personal Care Attendant Quality

Home Care Workforce Council

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# Personal Care Attendant Quality Home Care Workforce Council

Council Meeting

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|  | October 10, 2023 | 2:00-3:30 PM | Zoom Meeting |

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| coUNCIL  members in attendance | Justin Graceffa, Chris Hoeh, Joe Tringali, Kiame Mahaniah, Kristen McCosh, Tamara Huntley, Diana Hu, Karen Shack |
| Council members not in attendance | Cindy Purcell |
| Council staff attending | Jocelyn Gordon |
| chair | Kiame Mahaniah |
| Note taker | Leanne Burke |

Kiame noted quorum and called the meeting to order at 2:00 PM.

1. **Council Organizational Matters**

* Kiame asked for a motion for approval of the minutes from August 15th.Chris moved to approve minutes, Tamera seconded. All members who did not abstain voted in favor. Minutes approved.
* Kiame asked for a motion for approval of the minutes from September 26h.. Chris moved to approve minutes, Tamara seconded. All members who did not abstain voted in favor. Minutes approved

1. **Executive Directors Report**

* MassHealth offered to provide an overview of the different types of reasons that pay complaints are submitted and the time involved in resolving them and the payment versus nonpayment results of those issues. We are in the process of scheduling a meeting and we would like up to four council members to join in that conversation. So if you are interested in joining in in that conversation, please email Jocelyn Gordon.
* Chris stated I thought we also discussed having the larger concerns with about Tempest performance that we're experiencing, as consumer employers and PCAs beyond just pay complaint
* Sherri stated that she thinks those are two separate discussions. And we can set up separate times. But I think that I don't want to conflate the two issues..
* Becca raised the issue of Union participation. Sherri responded not at this time,
* Now that bargaining is over, joint Subcommittees are going to start meeting again: Labor Management Committee is on the 12th, Training committee and the Racial Justice and Equity subcommittee. Council members sit on all of them.
* There is an opening on the Recruiting and Retention Task Force if anyone would like to join please let her know.
* Jocelyn Shared that Karen Shack will be retiring and her last council meeting will be in December

1. **PCA Program Update**

* Sherri Hannigan, MassHealth, provided MassHealth update
* EVV pilot: the EVV pilot went live for users on October 1. Tempus is doing active outreach: outgoing calls to PCAs who have not registered and have not taken any training, text messages, emails, and letters have all gone out to PCA’s and consumers who have been selected for the pilot. There are exemptions that are filtering in at this point as well; primarily live in exemptions, but we have had a few safety exemptions. There are some people who are refusing to use it. And we have not yet finalized our compliance plan on refusals, so more to come there. People are required to use EVV it is a program requirement, so if folks are refusing to use it outright, it can jeopardize program status. Wave one will begin in January, we will hold some listening sessions in December, leading up into the January wave one, and then we will also hold them in January as well.
* Chris stated I thought the pilot was going to be voluntary.
* Sherri responded No, the pilot is not voluntary. We did ask for people to volunteer if they were interested, particularly the EVV workgroup. If folks wanted to participate, they could we got some people who said that they wanted to. But participation is not voluntary for most individuals, and if you if you agreed to participate in the pilot, whether voluntary or involuntary selection, you are required to use EVV.
* Joe asked with new PCAs Are they required to use EVV right away? Or are they going to be part of the rollout? Sherri answered from January there'll be there'll be on EVV as they join the program.
* Joe asked if I hire someone today, they're not required to use EVV. Sherri responded No.
* Joe added by that time EVV is rolled out in January, I'm assuming all the PCMs will have been trained up and ready for teaching consumers how to use.
* Sherri stated that they've been trained. Tempus is offering training as well. There is training for both consumers PCAs and surrogates.
* Joe asked will they be given a device. Sherri answered both consumers and PCAs will have access to a device provided by MassHealth. When a consumer or PCA receives the letter or notification that they are going to be participating in EVV, that is the time for a consumer or PCA to reach out to Tempest and say I need a device. The devices are getting out within a couple of days.
* Joe raises concern regarding Tempus’s track record
* Kristen asked will the phone be issued one time is it issued to a PCA or to the consumer? Sherri answered both
* Becca wanted to clarify if PCAs, who are part of the pilot who don't start using the EVV by some date certain won't be paid for the hours that they worked. Sherri stated they needed to submit time through the EVV system and that we will not be accepting paper timesheets.
* Becca stated this means Sunday PCAs and consumers who don't submit their time through EVV but submit paper timesheets will not be paid for the time that they worked. Sherri responded they're going to be getting calls outgoing calls from Tempus letting them know that they need to submit through EVV
* Becca asked if Sherri could share the percentage of the PCA's who are part of the pilot who have completed training. Sherri stated that she didn't have that data today
* Becca highlighted the importance of the information
* Dianna asked if it would make sense to consider scoping either the pilot or part of the wave to folks who have who have submitted electronic timesheets and also asked why participants are refusing to use EVV and added that might be helpful to see from feedback. Sherri responded-- on the refusals, it's people who just don't want to use EVV, despite explanations that this is a federal requirement. Suggestions appreciated regarding electronic. It is important for us to have a cross section of individuals, not just folks who are tech savvy, but also those who are not --to ensure that this is an easy-to-use application.
* Weekly Hours update: **MassHealth has** conducted listening sessions on weekly hours, Attendance has been great. Unlike other sessions, MassHealth has taken questions on this topic because it was a change in policy. A new deck will be posted on mass.gov and that outlines the crossover shifts And then we've also developed an FAQ, which is just kind of a shorter version of the slides with examples that the PCMs will receive. I can share that with Council members as well.
* Jocelyn stated that ForHealth is here to talk about the Directory coding error. Jessica from ForHealth stated that Lisa will provide an overview of the recent initiatives, and then Mike will provide an overview of the coding error, and I will give an overview of the service recovery plan and, obviously, have hopefully time for discussion and feedback.
* Lisa Marshke, ForHealth Consulting (UMass) provided recruitment and retention update
* Piloting initiatives: Goal is to inform job seekers about the PCA opportunity, and then to help them register on the Mass PCA Directory. We're tracking several metrics and those are: (1) how many staff people at each of the partner organizations we've worked with get oriented on the PCA program and our recruitment efforts, (2) number of sessions that are offered by each of our pilot partners (3) the number of participants attending each session. And (4) the number of new registered job seekers on the directory as a result of the pilots recruiting sessions.
* See Slides.
* Joe asked how many what are the numbers of people that actually get into the directory? And what are the outcomes of the people consumers? Lisa responded . So we have to have continued conversations about how we can get we don't currently have the information available to us that helps us understand how many of the PCAs that we registered on the directory actually secured employment. So that would take some additional information. Perhaps from Tempus, we're not sure we need to sort of talk about how we can collect that information. And I think that's probably on the agenda for our future taskforce meeting.

**Moving on Coding error**

* Mike: User Acceptance testing (UAT) approach to look at the entire solution from top to bottom to make sure there are no other errors that were undetected in the platform and thus make sure it's functioning exactly as everyone expects it to.
* UAT will be applied on ongoing basis as we add enhancements new capabilities to the directory.
* Lisa is the Council’s primary resource has been assigned a partner from my organization who will basically walk arm and arm shoulder to shoulder with her in understanding development and maintenance needs able to accurately translate those to my IT organization.
* We've tested the whole solution, top to bottom to make sure there are no other issues in the platform.
* As we add new functionality to the solution, we will fully document the intent and the what the outcomes of that functionality are supposed to have so we can incorporate those new capabilities or new functions into our regression and user acceptance testing moving forward.
* We are focused is really on writing high quality code, and in producing a solution that that meets all your needs, and making sure we're doing very, very comprehensive tests .
* Karen asked do you have stats on like code coverage numbers? Like, what percent of the code base is covered by the unit testing? There are 2 approaches to this: (1) look at it from the functional perspective, in which case we use something called a user story. So every feature or function of the system, we look at it from the perspective of what would the end user's system be expecting? What would the experience be? And we've tested every one of those scenarios. And (2) from a code perspective to make sure we're testing every single function. That's where the unit testing and regression testing come into play. That's the technical backend testing, where we've tested every line of code to make sure the system is fully functional.
* Chris stated that was overestimated the data you were providing us was exaggerated. Remind me what percentage? Mike responded I don't have that number in front of me. Jocelyn answered yes it was 80% higher
* Justin So a repeated issue that I've had in brought up in meetings before is I will go to type in you know, look for a PCA there's the two options to select either the basic search or the Advanced Search regardless of which one I pick, whether it's the advanced or basic all or I would say if I do the advanced one, after I get through putting in all the qualifications I'm looking for and hit the search I come up with no results. Mike stated he will take it up with his team

**Two motions brought forth at the end of the PCS council meeting.**

1. Tamara motioned to request a meeting with MassHealth and Chris seconded and all in favor.
2. Kiame motions to delay the rollout of the obligatory EVV pilot and Chris seconded all in favor.

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Respectfully Submitted,

Leanne Burke