Personal Care Attendant Quality

Home Care Workforce Council

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# Personal Care Attendant Quality Home Care Workforce Council

Council Meeting

General Session

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|  | October 4, 2022 | 2:00-3:30 p.m. | Zoom Conference Call |

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| coUNCIL members in attendance | Chris Hoeh, Joe Tringali, Cindy Purcell, Karen Shack, Kristen McCosh, Justin Graceffa, Tamara Huntley |
| Council members not in attendance | Tim Kunzier |
|  Staff attending | Beth Farnham |
|  chair | Lauren Peters |
| Note taker | Beth Farnham |
| agenda setting | No issues were added to previously issued agenda |

Lauren Peters called the meeting to order at 2:00 PM.

Statement from Lauren Peters

* Lauren introduced Jocelyn Gordon, new Executive Director of the PCA Workforce Council.
1. **Council Organizational Matters:**

Review and Approval of the Minutes of August 9, 2022

* Joe Tringali made a motion to approve the minutes. Cindy Purcell seconded the motion. All in favor. Justin Graceffa and Tamara, new members, both abstained.
1. **Executive Director’s Report:**

Introduction of New Council Members

* Jocelyn introduced two new PCA Workforce Council members, Justin Graceffa and Tamara Huntley, and asked them to take a minute to introduce themselves.
* Justin said he is a Hudson resident and consumer-employer for over 15 years. Justin said he is really close the issues and invested in trying to make the program better. He said he is happy to be here and looks forward to getting to know everyone.
* Tamara said she is a Ludlow resident, a mother two teenagers and is also a consumer-employer. She said she works for the MA Developmental Disability Council and teaches people with disabilities how to advocate for themselves, working on both an employment series and a series on self-esteem. She said she is happy to be here, and has had ups and downs, and is interested in systems and policy change.
* Jocelyn thanked both Council members and said that on behalf of everyone, they are very much looking forward to working with the two of them.

Review of Subcommittee Participation and Schedules

* Jocelyn reminded the Council that the five subcommittees now have three or more Council members participating and added that an outline of the subcommittees was attached to today’s meeting agenda document.
* Jocelyn confirmed that Justin and Tamara will let her know by the end of this week which subcommittees they will join.
* Kristen asked whether the Council could receive an update on the EVV program work prior to the subcommittee meeting so members can be prepped for discussion.
	+ Lauren confirmed that they can share materials that MassHealth has shared, and that there are ongoing MassHealth stakeholder discussions which are separate and apart from the Council and subcommittee focus on EVV. She said that any public-facing documents from MassHealth regarding EVV can be shared in advance.
	+ Kristen thanked Lauren and said that doesn’t specifically have to be about those stakeholder meetings; any updates would be helpful.
	+ Jarred Damico from MassHealth confirmed that EVV will be part of today’s MassHealth program update and that there is a document that can be shared.
	+ Chris Hoeh said that there was a listening session coming up which will hopefully be in advance of the EVV subcommittee meeting.

CORI/SORI Update

* Jeff Clausen, an attorney at EHS that supports the PCA program, was introduced to provide the update.
* Jeff said that prior to the pandemic there was a *Boston Globe* article around safety of PCAs and crimes that were committed against consumers by PCAs. The article raised flags around why aren’t there CORI checks on PCAs. The MA Office of the Inspector General (OIG), in reaction, reached out to EHS and asked why CORIs, as well as SORIs, are not mandated.
* Jeff said that the Council may have a different view than the OIG, and that EHS originally brought OIG to meet with an advocacy group of consumers. Jeff added that some consumers in attendance today were at the meeting. He said that as the consumer is the employer, they have the right to choose whether to run a CORI, and in trying to do something helpful, a mandate would take away the autonomy of the consumer and diminish control.
* Jeff said that the pandemic caused a little bit of a delay, and during that time MassHealth started to work on an alternative solution of using the fiscal intermediary, which should also be the agent to consumers to process CORI and SORI.
* Jeff said that MassHealth met with the Department of Criminal Justice Information Services (DCJIS), the entity that has control over CORI and SORI, and they approved a petition not to mandate the requirement, however, consumers who want to can work with the FI to request and process a CORI.
* Jeff said that they also met with the SORI board and discussed a similar process around how the FI could be utilized as an additional tool to help consumers.
* Jeff said that the program and Council can promote the goal of public safety by making sure the consumers can make informed hiring decision, and can try to reduce the administrative burden to conducting CORI and SORI. Jeff asked Council members what they think about training and communication to consumers around public policy and benefits. He added that the training could include public safety awareness and other larger topics around when you choose to hire a person you don’t know who is going to come into your home.
* Joe asked when the Workforce Council approved of this change, and said he is not crazy about it, because it is starting off as an option for consumers, but he has seen in other programs that “optional” becomes “mandatory.” He said that he’s had concerns all along about CORIs in terms of timeliness and the ability to handle and translate the report. He said he is now hearing that Medicaid is going to just snap their fingers and take it over.
	+ Lauren responded and said there may have been a misunderstanding, and that they are not making a change.
	+ Jeff said he hears one hundred percent what Joe is saying, and that it aligns with previous conversations prior to the pandemic when the OIG met with them. Jeff said that MassHealth is aligned with Joe’s position around maintaining consumer control, that they haven’t made a change, and that this process is just going to make CORI easier if a consumer chooses. He added there is no intent or design to make this mandatory.
* Jeff said that the consumers at the meeting with OIG expressed this as the preferred and correct approach, and that it really changed the tenor of the conversation and changed the plan that the OIG was trying to push.
* Lauren confirmed that the state is not mandating CORI, that Medicaid has not made any changes, and they are instead helping to educate and provide a process if consumers elect to do a CORI.
* Joe said that the plan leaves a lot of opportunity for liability if someone doesn’t know how to read a CORI and something goes wrong. He asked who is responsible.
	+ Jeff responded that the role of the FI as the administrator is to obtain the CORI and give it to the consumer, and the consumer is the one who reads it. He added that the training can be how to read a CORI.
* Chris said that he thinks it’s great that it’s being left as a choice for consumers, and that one of his best PCAs had a federal charge that he didn’t know about in advance. He said when he found out he was able to address and understand the circumstances, and that many PCAs are in the demographic that is over-policed. He said that he likes the idea of safety training and remembers when people were organizing in opposition to the CORI process because of the concern in childcare space that directors would use it as a metric for whether someone would be a quality worker. Chris additionally suggested that maybe CORI and safety training was another subcommittee topic, and that there are issues of privacy when consumers need to hold employment documents in the same way that an HR department would. He recalled a conversation prior to the pandemic with Justin about protecting PCAs from abusive consumers, or vice versa.
* Justin said he wanted to piggyback on Chris and agreed that the ease of making a CORI easier is definitely good. He said he was given some forms way back when and doesn’t know how to read a CORI, so any training would be beneficial. Justin added that regarding the conversation Chris alluded to, they talked more about training and ways to track abuse in the system, and that there are complications, but definitely is a conversation that needs to be had.
* Joe said that one of the problems that was previously discussed was that the office conducting the CORIs was not equipped to handle all the reports, and the timeliness if there were delays. He said that if he hires a PCA and they’re working for 2-4 weeks, then he gets the report back saying this person shows up on the CORI, it is up to him to decide whether to keep that person. Joe added that there were some conditions where you cannot hire a PCA according to some of the standards of the CORIs and asked who is going to pay for the CORIs.
	+ Sherri Hannigan from MassHealth confirmed that MassHealth is paying for the CORIs, and that there will be no change today or tomorrow. She said that the idea is to streamline so the results come back faster, and MassHealth has determined any limitations on anyone can still be hired; it is still the choice of the consumer. She added that this is about being education on who is providing your PCA services, that’s it.
* Karen Shack said that most of her questions got addressed already regarding cost and administration, and that she thinks increasing the education and training on the availability of CORI and how to read them is important and there may already be a lot done related to that.
* Cindy Purcell said that if there is training it would be perfect, and that people should be education about how to read the CORI.
* Jeff asked Council members how they can think broadly, and that he is not suggesting there is another subcommittee. He recommended thinking more broadly about education beyond CORI, as this is an opportunity to engage on broader subjects.
* Chris said he would like to hear Becca Gutman’s input regarding collective bargaining.
	+ Becca said that this is more about ensuring ease that consumers have access to CORI, and that the union previously filed legislation around creating a safe home care environment for both PCAs and employers. She said that the union looks forward to meeting with either the entire council or a subset.
	+ Joe asked Becca if the legislation was addressing barriers to hiring PCAs. Becca said that it is not the way the legislation is written, and that it ensures a workplace free of harassment and discrimination and a home. Joe asked Becca if it would be tucked into orientation. Becca responded that the legislation is broad and hasn’t been re-filed, but that she is happy to share with him.

ARPA Implementation Updates

* Amy Bianco from EHS welcomed the new Council members and provided a quick update.
* Amy reminded the group that in 2021, ARPA was passed and provided state funding for HCBS services, and that the state submitted a plan to the Feds about how they would leverage those funds to strengthen and expand HCBS. She said that there are around 40 different distinct initiatives, and the greatest relevance to PCAs is the Call to Care campaign, a recruitment campaign to bring individuals to the workforce.
* Amy noted that in mid-November, right before the holiday, they hope to convene an informal focus group that includes members of the Council. She clarified that this will not be a subcommittee, just a voluntary opportunity to provide feedback. She said that she will in late October ask for availability.
* Amy said that they are working with Louise and Lisa around how to enhance recruitment and retention efforts.
* Joe asked whether the money would go toward PCA payments.
	+ Chris responded that $100 million went to the 10 percent hazard pay, which was something he and other advocates were pushing for. He added that he thought the Council could be helpful and he is looking forward to it, perhaps beyond the Council similarly with the EVV Workgroup. He said that there should be an opportunity to invite consumers and union PCAs to think thoughtfully about safety and how to implement this.
1. **PCA Program Update**

Recruitment and Retention Updates:

* Lauren reminded the group that at the last meeting there was a request for more information on how the Commonwealth Medicine (CWM) dollars were spent, as well as metrics to evaluate the effectiveness and success rates of the investments.
* Leanne Winchester from CWM said she was happy to be able to address the group today and present the report and indicated that Lisa Marschke was not able to be there today.
* Leanne presented a slide deck through Zoom on the below topics:
	+ How dollars in the ISA are allocated:
		- Almost half of the budget is spent on recruitment and retention.
			* Managing curriculums, updates to handouts, marketing and promotion, language translations, e-newsletters, flyers, Facebook, MA Direct Care site, info sessions
			* Consumer feedback group: Leanne said that in the past, Lisa has shared that the consumer feedback group is based off of consumers who volunteered in different regions of the state, and that they’re continuing to diversify the group.
			* CWM is a partner on Call to Care by providing the group with updates and remaining active.
		- 31 percent of budget provides daily ops for the Directory, including storage and backup of 34k users, email and SMS functions, a system to prevent unauthorized users, privacy policies, security, and accessibility.
		- Directory enhancements include:
			* Call center, which is 13 percent of the budget and includes live customer service Monday through Friday, 9-5.
			* Language interpretation
			* Training and supervision, management
			* Data reports on call volume and response
		- Budget allocations:
			* Supplies, travel and conferences are 1 percent of the budget
			* Constant Contact, Jot and Survey Monkey accounts
			* Indirect contractual changes are 14 percent of the budget, including overhead and admin charges
	+ Leanne provided a list of state and community partners that support recruitment and retention, adding that the list is not comprehensive, merely a broad list of the major partners. She said that these partners promote PCA job opportunities and use the recruitment materials from CWM and promote PCA jobs on the Directory.
	+ Enhancements: Focus on recruitment and retention with a bigger piece on recruitment.
		- FY23 Directory enhancements:
			* Leanne said that CWM is looking into adding ASL translation, determining the vaccination status of workers, the years of experience.
			* CWM is working with MRC on permission to post jobs.
			* Giving consumers the ability to select PCM agency as they register new accounts. Current users would have their data deleted and re-register, so it is being phased in with new users.
	+ Recruitment and retention:
		- Leanne said there are about 15k consumers beginning FY22, and that a new number including August and September will be available depending on how quickly it’s retrieved. She added that Tempus reported about 58k PCAs, and the Directory has about 6k PCAs as users.
		- Leanne said that word of mouth is a key way to recruit PCAs, and they are looking at publications and social media.
		- Leanne said that they are working the union collaboratively to look at recruitment and they have a little more than 9k survey measures coming in from job seekers. They are beginning to get a sense of the best strategies to recruit workers.
* Discussion:
	+ Joe asked how successful it’s been. Leanne asked for clarification. Joe responded that they have these new initiatives on the website and all these new reports, but the rubber hits the road, he asked, how many consumers have benefitted from the website. He added that he has personally not had luck at all.
		- Leanne said that it is a difficult measure to get from almost any industry, to find out actually how many jobs are hired from a job board, as it is dependent on consumers and PCAs coming back to say they’ve been hired. She said that while the survey is going out and there are efforts to obtain the data, it’s a difficult measure, but that they have had PCAs come back to say that’s how they found their position. She said that there’s been the same issue with the COVID portal when they were trying to place people, and she appreciates how difficult it is.
	+ Joe asked if he puts an ad into the directory does it go to all of the sites.
		- Leanne confirmed that there is a link to grant permission, then it would go to MRC and MassHire.
	+ Chris said that he appreciates all of the enhancements because there are just not many people in Boston. He said that with no criteria there are only five or six people, and that it begs the question of whether it’s the directory or a shortage of workers.
	+ Louise said that Massachusetts is at 3.5 percent unemployment, which is considered “full employment.” She added that there are less people right now.
		- Joe said that it doesn’t help them, and that more people use word of mouth.
		- Leanne responded that it’s a difficult time as there is a shortage of workers in healthcare, and when you’re looking at state efforts to improve it’s broad across all industries. She said that as far as people putting themselves up for employment, it’s where the limit lies, and that they can bring people and work with the state and community partners to bring them, but a big part is on the worker as well.
	+ Jeff said that the state has done a survey in the past of how many PCAs are related to the consumer versus how many are not related, and that you may never get to PCAs who are family members. He said that he appreciates the presentation and that all of the work around the directory is raising awareness of the profession, which has value.
	+ Lauren said that there’s not one silver bullet solution, which is why they need to leverage various channels to match PCAs with consumers. She added that she wanted to be mindful of time.
	+ Tamara said that she needed help with the directory and was not sure where to go. Louise offered to contact her after the meeting.
	+ Karen thanked Leanne for the presentation and said it had a lot of great information. She said regarding the value of the directory, she thinks they need to be thoughtful of how the money is being utilized. She agreed that they should be trying everything and said she thinks they need to be open to the option of saying, at some point, that the directory if not the most effective use of funds. She said that they have to set priorities, and that if they put dollars toward different strategies, they may have a bigger impact.

NHO and Skills Training Update:

* Harneen Chernow from the Training and Upgrading Fund (TUF) presented on the appropriated budget for skills training and New Hire Orientation. Jocelyn said that they wanted to ensure this meeting has the opportunity to provide information on various trainings and feedback from the Council.
* Harneen said that TUF wanted to give you a picture of what they do, what they’re doing and how it operates. She said that TUF is part of the 1199SEIU Training and Employment Fund, a negotiated benefit that covers nursing homes, hospitals, and home care. She said that the funds go into different pods and spent on workforce training and education, and that the Labor Management Committee provides oversight.
* Harneen presented a slide deck through Zoom:
	+ NHO and Skills Workshops meet the needs of PCAs in-person and virtually. The classes are designed to meet the various work of PCAs and are available afternoons and mornings, and Saturdays.
		- 22 facilitators on staff who are current or previous PCAs/skills trainers
		- Bilingual English/Spanish
		- Contract with outside vendors for CPR training
	+ NHO is a mandated 4-hour session, offered via Zoom and in-person, one 4-hour session or two 2-hour sessions. Harneen said that Infection Control was included to make it 4 hours.
		- Joe asked when that change was made. Harneen responded that it was changed fall 2020.
		- Joe asked whether the facilitators were union. Harneen responded that some of them may be current PCAs but they are all previously skill trainers. Joe responded that they may be swayed towards the union. Harneen said that they can get Joe a breakdown of the facilitators, and that the trainings are regimented in terms of content and there’s no room for people to go off-script, down to almost the minute.
		- Harneen said that since the pilot began, there have been 41,550 slots taken, which would be either a PCA taking one session or two.
	+ Skills workshops began in FY13/fall 2012. Harneen said that consumers and PCAs have previously needs assessments to identify topics, and that they initially started with CPR, then worked with a focus group to expand the topics. Harneen said that they make sure the independent living philosophy is included in their approach, and that any new topics that come up are vetted and approved by LMC.
	+ Skills workshop current topics:
		- Alzheimer’s and dementia care
		- Body mechanics and transfer – postponed during COVID
		- Communication and boundary-setting
		- Adult first aid/CPR/AED
		- Emergency preparedness
		- Infection control
	+ Harneen provided a slide of quotes from PCAs who found the training helpful and were happy to attend.
	+ TUF is offering technology assistance and a lending library to support eligible students
	+ Adult Ed programs:
		- Harneen said that since 2012, 1,838 PCAs have attended and Adult Ed program.
		- ESOL
		- Digital literacy for Boston-area PCAs, includes a Chromebook. Harneen added that they are expanding to Quincy area.
		- Computer Basics: Microsoft Office programs in English and Spanish.
	+ College tuition vouchers are designed to support eligible PCAs to complete secondary degrees in IT, healthcare, and educations. PCAs must be employed for one year.
	+ CNA tuition voucher:
		- TUF will pre-pay the cost of the course, uniform, book and the state exam. Harneen said that 684 PCAs have obtained licensure since 2014.
	+ Harneen said that citizenship services for PCAs are part of a bigger fund and group of granting to provide legal aid, civic prep, ESOL and reimbursement of application fees.
	+ Harneen said that they have tried to expand their work with innovative grant partnerships, and provided a slide outlining the current awards.
* Discussion:
	+ Lauren asked if TUF delineates and has a breakdown of which of the contracted funds to efforts versus what funds go to support the traditional skills training.
		- Harneen responded that if there’s a grant-funded initiative, they are not using the resources from the Commonwealth. She added that they have always used grant money for CNA training for lower-skilled, lower-wage workers.
		- Lauren said that she was just trying to understand, of the state-funded portion of the work, whether it could be itemized to show what is the traditional skills training versus grant-funded work. Harneen said that they receive other funds that fund new opportunities, and that no funding from the Commonwealth funds these initiatives.
	+ Joe asked how much the budget was. Harneen confirmed $1.7 million, which was negotiated by the state.
		- Becca said that those funds are collectively bargained and added that she thinks the trainings are important not only because of the skills, but also recognition for the workforce that is traditionally undervalued.
	+ Harneen said that the previous conversation about recruitment and retention is also very connected, and that investing in the skills and opportunities for employees leads to increased retention in their position.
	+ Chris said that he appreciates sharing the breadth of the trainings, and that to Lauren’s point, it might be helpful for the things that are not part of the state contract to be highlighted. He added that it might be helpful to have a table to show how you creatively leverage the outside funds. He said that he appreciates everything and it can get confusing about what the state is paying for.

MassHealth Program Updates:

* Jarred Damico and Sherri Hannigan from MassHealth introduced themselves and provided an update on the PCA program. Jarred said that there were not many updates to the program to report at this time.
* Regarding EVV, Jarred seconded Chris’ comment that there will be a public listening session coming up at the end of the month. He strongly encouraged everyone to attend and said that the presentation will be slightly different than what has been previously shared, with more details and clarity. Jarred said to Tamara and Justin that if they aren’t familiar with EVV he will make sure the link is shared with them directly. Jarred noted Kristen’s previous question about sharing information ahead of the subcommittee meeting, and said that the slide deck for the listening session is probably the best document to share, as it gives all the basic points and timelines, what the program will look like, and how it will work in Massachusetts. Jarred said that once the deck is finalized, it will be sent to Council members.
	+ Jarred said that in terms of the timing of EVV, a small pilot group in the ballpark of 400 consumers will start in spring of next year, and that late summer is when they are going to begin implementation. He said that if you’re required to use EVV, you’ll start between the middle of next year and the end of 2024, giving MassHealth 18 months to roll it out. Jarred noted that the timelines are pushed back from the last update reflective of MassHealth trying to start when they’re ready in a way that will create the least amount of disruption possible.
	+ Justin asked for more information offline. Jarred said he is happy to fill him in on the major points.
	+ Chris said that the key thing for everyone involved is to lower anxiety and concern about how this is going to land. He said that a lot of consumers are very concerned that it’s going to be done slowly, and he doesn’t want people fleeing as PCAs and consumers on January 1 because they hear it’s going to start. Jarred thanked him and said that was fair.
* Jarred said that call times at Tempus have stabilized, and there haven’t been any wild swings that happened at the beginning of the FI transition. He said that average wait times are a few minutes, with Mondays being busier, Fridays less busy, and Tuesday, Wednesday and Thursday being the lowest. Jarred said that the program is looking at how to move past the transition with Tempus, and there were constant conversations and contract management is ongoing.
	+ Chris asked whether Tempus would retain the callback function. Jarred said that is a standard feature of the call system and he believes it’s been beneficial; however, he would like to get to a point where they don’t need it.
* Jarred said that they have to get back to a normal state with the program and are having discussions about how payroll is processed. Jarred provided the example of PCAs still using Northeast Arc timesheets. He said that in those instances they are instructing Tempus to pay, however, a number of things with payroll processing need to align with program rules. He said that while during the transition they were more flexible, they are looking for opportunities for people to use eTimesheet.

With no other agenda items for discussion. Joe Tringali made a motion to adjourn, Cindy Purcell seconded the motion, and the meeting adjourned at 3:53 p.m.

Respectfully Submitted,

Beth Farnham