

Senator Musto, Representative Tercyak, and members of the Committee: I am Deborah Chernoff, the Communications Director for the New England Health Care Employees Union, District 1199, SEIU.

I speak today in favor of House Bill 6486, *An Act Concerning Home Health Care Services and the Establishment of a Personal Care Attendant Workforce Council*. This legislation is a critical step towards giving people the kinds of services they need, in the setting they prefer, at a cost the state can sustain.

Connecticut's rapidly aging population means that more and more of the state's residents will need long term care. Unfortunately, experts project that the demographic group that makes up the caregiver workforce will shrink. Low wages and benefits drive current caregivers from the workforce at a turnover rate that the Connecticut Long Term Needs Assessment found is nearly 100% annually. As demand for services at home increases, we must take action to improve PCA recruitment and retention. That means creating more PCA jobs and offering wages, benefits, and training that keep will workers in this critical field.

The Connecticut Department of Labor projects that by 2018 there will be a 44% increase in the demand for Personal Care Attendants, and a 34% increase in the demand for Home Health workers – the two fastest-growing occupations in the state. Governor Malloy's budget proposes a huge expansion of the Money Follows the Person program, aimed at moving 5,200 people out of nursing homes and into home- and community-based care over the next four years.

We also know that building the workforce and resources necessary to meet the need and support these programs will be difficult and the our efforts to provide more care for more people in their homes will fail absent a plan to address the workforce issues.

Fortunately, there are a growing number of other states that have successfully met the challenge and provide good models for how we can move forward, through legislation similar to the bill before you today.

Attached to my testimony is testimony from leaders and consumers involved in these efforts in California, Oregon and Massachusetts, that spells out in detail their experiences in creating Workforce Councils in those states. Let me cite just a few examples:

In California, beginning in 1999, counties established In-Home Supportive Services (IHSS) Public Authorities that have developed computer-based systems to find the best worker matches for IHSS consumers, developed and expanded training protocols and opportunities, and expanded the workforce. Prior to the

public authorities, California consumers had difficulty finding attendants who were dependable as the low salaries often did not attract reliable, much less skilled workers. Over the last ten years, the collaboration among the stakeholders has become essential to the program. The increase in wages has afforded the clients a more dependable, reliable workforce, lowered turnover – and workers report greater job satisfaction and a longer-term commitment to continuing to work in the field.

Oregon's Home Care Commission has developed a broad registry and very successful training programs, training more than 5,000 home care workers. The Commission's Executive Director reports a reduction in turnover of workers because consumers are better equipped, workers are better trained, and consumers and their representatives can find homecare workers on the Oregon Home Care Commission (OHCC) Registry and Referral System (RRS) that is available statewide 24/7. Commission staff receives calls from hospital discharge planners or hospice case managers that use the RRS to assist families in finding a direct service worker/homecare worker when a consumer returns to their home in the community.

In our neighbor Massachusetts, the Workforce Council has successfully negotiated a contract and simultaneously brought workers together with consumers and other key stakeholders to tackle tough issues such as aggregating hour when PCAs work for more than one consumer, skills training around better communication, and handling paperwork and timesheets effectively. Liz Casey, a long-time disability activist with the Boston Center for Independent Living, has served on the Massachusetts PCA Workforce Council since November 2006. She says that through the council, the stakeholders "listened to each other and looked for solutions together ... And things began getting addressed and resolved."

Connecticut stands at a decisive moment for our home- and community-based care program. We will be unable to care for the growing population of seniors and people with disabilities unless the state takes action to address the growing workforce shortage. **But we can resolve this crisis by following the example of other states, developing a Workforce Council to support consumer-directed home care.** It will endow the consumer-directed care system with the organization and authority to address the workforce crisis while raising standards, improving care for all stakeholders. By taking action now, our home state can meet the promise of accessible, reliable, quality in-home care so that consumers can enjoy greater independence and both consumers and caregivers achieve a higher quality of life going forward.

Thank you.

Before the Human Services Committee of the Connecticut General Assembly  
March 8, 2011  
Supporting HB 6486, *An Act Concerning Home Health Care Services and the  
Establishment of a Personal Care Attendant Workforce Council*

Testimony of Bernadette Lynch, Division Manager, Senior & Adult Services,  
Sacramento County, California; and  
Rick Simonson, Acting Executive Director, Sacramento County IHSS Public  
Authority

In California, AB 1682 (1999) required that each county create an employer of record for  
IHSS providers. Nearly all counties established an In-Home Supportive Services (IHSS)  
Public Authority to provide the following mandated services:

- The provision of assistance to recipients in finding in-home supportive  
services personnel through the establishment of a registry.
- The investigation of the qualifications and background of potential  
personnel.
- Establishment of a referral system under which in-home supportive  
services personnel shall be referred to recipients.
- Providing for training for providers and recipients.
- Performing any other functions related to the delivery of in-home  
supportive services.
- Ensuring that the requirements of the personal care option pursuant to  
Subchapter 19 (commencing with Section 1396) of Chapter 7 of Title 42 of  
the United States Code are met.

**The Authority created and uses a system that matches consumers with workers;**

Most California IHSS Public Authorities have computer-based systems to find  
the best worker matches for IHSS consumers. These computer based programs  
look to availability, specific consumer needs/provider skills, demographic data,  
etc. to find the best potential matches. The names are provided to the IHSS  
consumer, who is responsible for making the hiring decision.

Two vendors in California have developed computer-based programs that  
maintain consumer/worker data and develop best matches (Refined  
Technologies, Inc. and RTZ, Inc.). To our knowledge, there are no web-based  
computer systems tied to an IHSS Public Authority registry that provides for an

IHSS provider to list their availability and IHSS consumers to select from those providers.

**The Authority developed training services across the state working with stakeholders, including advocates, agency providers, and State Agencies and Departments:**

With the enabling legislation for the Public Authorities and given their mandate to provide training to recipients and providers alike, many of the counties' public authorities began developing curriculum and finding innovative ways to provide it. The Sacramento County PA is a good example of how that development progressed. Within the PA's first year, the IHSS Advisory Committee (comprised of consumers, providers and advocates) developed an Education subcommittee that designed a curriculum for IHSS providers. Through a state grant, the classes were developed, taught and were a great success. The grant allowed for incentives and the incentives became a great drawing card. When the monies were depleted, attendance waned but the classes continued to be taught often by volunteer subject matter experts as well as the Public Authority staff. Over time, attendance built.

In time the State of California recognized both the value of the classes and the need to assist. Federal monies became available and through the IHSS Enhancement Initiative manuals were produced for both recipients and providers. This was accomplished through collaboration with the Institute of Social Research(ISR) at California State University at Sacramento. The ISR tapped into the Public Authorities' expertise gathering curriculum and ideas from throughout the state. Holding focus groups with recipients and providers, the ISR researched the needs of both groups which were then evident in the manuals that were produced. This was a collaborative effort of the State, the public authorities and the stakeholders.

**The Authority preserved consumer direction and advocacy as its core mission:**

IHSS Public Authorities, with a County Board of Supervisors sitting as a governing board, by statute must have an IHSS Advisory Committee. These IHSS Advisory Committees must have half of their membership (a maximum of 11 members) who are current or former users of personal care services. Most of these members are current consumers of IHSS services. It is this consumer voice that resonates not only to the IHSS Public Authority, but also to other components of the IHSS program, the County Board of Supervisors, and other community-based organizations.

Advisory Committees throughout the state have formed an alliance: California IHSS Consumer Alliance (CICA). CICA is a resource for information sharing

among IHSS Advisory Committee members, a forum to discuss best practices, and sponsors an annual retreat.

**The Authority created a registry of qualified providers:**

Each IHSS Public Authority has established standards for screening of potential providers. As our experience is limited to Sacramento County, this response reflects what is locally known.

Registry services began under the Sacramento County IHSS Public Authority in 2002. Applicants to the registry had to provide a photo-ID, evidence of the right to work in the United States and attended an orientation about the IHSS program (how to complete time-sheets, mandated reporting, etc.). A Department of Justice (DOJ) background screening for registry applicants was added in 2005.

State-mandated background screening requirements were added in 2009 for all IHSS Caregivers. They include standardized video orientation, a statement under penalty of perjury of previous criminal convictions, a signature that the applicant understands and will adhere to IHSS program rules and an applicant-paid DOJ background check.

In addition to the State-mandated requirements, Sacramento County registry applicants must comply with additional requirements before being accepted onto the registry. All registry applicants must undergo an additional hour-long small group training that emphasizes caregiver professionalism, registry standards and rules and consumer safety. Each applicant is personally interviewed by a Public Authority registry specialist and a check of personal and professional references are completed.

Experience over the years is there are far more providers interested in work that there is work available (most IHSS consumers hire a family member or friend to provide services). Maintaining the right balance between available providers and allowing as many applicants to work is a delicate balancing act.

**Active and inactive registries:**

The Sacramento County registry has active and inactive providers. Active providers are those who have updated their profiles within the past 30 days. Providers who have not so updated their work availability are placed in an inactive status and after one year of inactivity are removed from the registry. Providers can also be in a fully employed status, meaning they have all the hours they are seeking. Providers in fully employed status must update every six months.

**In California, consumers, advocates, legislators and State agencies have worked together to effectively craft policy, direction and success:**

The enabling legislation for public authorities was the result of consumer advocacy in collaboration with the unions and the legislators who recognized the need to stabilize IHSS, a state wide program serving the elderly and disabled. Prior to the public authorities there was difficulty in finding care providers who were dependable as the low salaries often did not attract reliable, much less skilled workers. Over the last ten years, the collaboration among the stakeholders has become essential in the on-going changes to IHSS. The increase in wages has afforded the clients a more dependable, reliable workforce. Folks who previously had to scrounge for care providers can now call the registries which have screened, fingerprinted, and assessed the registry members.

IHSS Advisory Committees have ensured the consumer voice is heard not just in the regular meetings, but with the local boards of supervisors and the legislature. They have weighed in on the policy through the stakeholder process, and through testimony at the legislature. Many have also provided monies to the public authorities to underwrite consumer newsletters which provide local information as well as policy information and education.

Testimony of Cheryl Miller  
Executive Director  
Oregon Home Care Commission

Human Services Committee of the Connecticut General Assembly  
March 8, 2011  
*In Re: HB 6486*

In 2000, the citizens of Oregon voted to amend the Oregon State Constitution to create the Home Care Commission. The Commission is responsible for ensuring the quality of in-home services that are funded by the Department of Human Services for seniors and people with disabilities. During the 2010 Oregon Legislative Special Session, House Bill 3618 was passed and became law, which requires the Commission to address the needs of persons with developmental disabilities, mental illnesses, their family members, and personal support workers while fulfilling its mission.

The Oregon State Constitution charges the Commission with four major responsibilities:

- 1) To define the qualifications of homecare workers;
- 2) To create a statewide registry of homecare workers;
- 3) To provide training opportunities for homecare workers and consumers; and
- 4) To serve as the "employer of record" for purposes of collective bargaining for home care workers whose pay comes from public funds.

The Commission is comprised of nine Commissioners appointed by the Governor for three-year terms. Five of these are consumers of in-home services. The other four represent the Department of Human Services, the Governor's Commission on Senior Services, the Oregon Disabilities Commission, and the Oregon Association of Area Agencies on Aging and Disabilities. The five consumer commissioners provide a vital and unique opportunity for the consumer perspective to be in the forefront of the activities and decisions carried out by the Commission.

The Commission has worked with many stakeholders and partners over the years to fulfill its mission. The Commission collaborated with the State Independent Living Council to develop a training program (STEPS) that promotes successful working relationships between consumer-employers and homecare workers. OHCC currently offers STEPS statewide through contracts with Centers for Independent Living (CILs). Since 2007, more than 2,448 consumer-employers have participated in STEPS training that empowers the consumer to understand their choices, rights, and how to assume their responsibilities as employers. Consumers have gained insight, information and ideas to help them make the most of in-home services.

The Commission receives reports from consumers; one of which said, "I've used homecare workers for years and didn't think I needed STEPS, but I'm glad I went. I now can set rules in my house."

Our Commissioner's feel strongly that this program should be offered to all new in-home service consumers.

Anecdotally, we know that there has been a reduction in turnover of workers because consumers are better equipped, workers are better trained, and consumers and their representatives can find homecare workers on the OHCC Registry and Referral System (RRS) that is available statewide 24/7. Commission staff receives calls from hospital discharge planners or hospice case managers that use the RRS to assist families in finding a direct service worker/homecare worker when a consumer returns to their home in the community.

Since the winter of December 2005 and January 2006, the OHCC has provided 2,390 training classes to more than 29,332 participants. Ninety percent of these participants are homecare workers, but adult foster home providers, family caregivers, consumers, and other guests have also participated in the training classes offered by the OHCC. The OHCC's RRS has a yearly average of 17,000 (career) homecare workers in Oregon with about 11,000 active at any one time. The Commission's training program is accessible to homecare and personal support workers statewide from the Portland metro area to Ontario, Klamath Falls, Astoria, Brookings, and throughout the State of Oregon. It is important to the Commission that quality services are available to seniors and people with disabilities in every area of Oregon. We know that a trained workforce increases the quality of the services that a senior or a person with a disability will receive. There is a national movement to develop nationwide core competencies for the direct service workforce, and we are laying the foundations in Oregon by offering homecare workers the opportunity to obtain a Professional Development Recognition award by completing 20 hours of Core, Safety and Skills training classes and by having a current CPR/First Aid certification.

One homecare worker that has received the Professional Development Recognition award said, "The trainings always teach me new ideas and new ways to help." "No matter how much experience you have, you always learn something new and are better prepared to handle all situations."

A monthly average of 1,083 consumers/representatives receive match lists from the RRS and about 3,489 individual homecare workers appear on these match lists. The RRS generates match lists to private pay consumers, their representatives or family members

that are looking for a worker that has a criminal background check and training to provide in-home services for their loved one. Homecare workers must agree to have their names referred out on lists to consumers that pay privately for their services. The wage rate is negotiated between the homecare worker and the consumer or person hiring the private pay provider.

The RRS was designed with all users in mind. As a result, there is a reporting section, which includes statistical, and specialty reports, and a correspondence section, which are very useful to local offices statewide. Local office case managers and other employees can use these reports to generate match lists for consumers or criminal background recheck lists and also use these same lists to generate a criminal background check letter and labels. This has proven to be a timesaver for local office staff.

One of the questions on the RRS asks homecare workers if they are willing to assist with homecare services during a natural disaster or emergency. Local office employees are able to run reports from the RRS that include the homecare workers name, phone number, and physical address, which can be useful during a disaster. The Commission provides a monthly emergency preparedness report that is sent electronically to the Seniors and People with Disabilities (SPD) Medical Director who is the departments point person for Emergency Preparedness. The Commission maintains a paper copy.

Below are some of the accomplishments of the Oregon Home Care Commission

DATE	OREGON HOME CARE COMMISSION ~ MILESTONES
March 2007 – December 2010	<b>STEPS</b> - First time Participants – <b>2,448</b> ; Repeat Participants – <b>1,378</b> ; Total Participants – <b>3826</b> ; Total One-on-One and Guide-on-the-Side hours – <b>5,175.05</b> .
Winter December 2005/January 2006 – December 2010	Total training participants – <b>29,332</b> ; Unduplicated HCWs – <b>4,899</b> ; Total number of training classes held – <b>2,390</b> .
July 1, 2009 – December 2010	Total Training participants – <b>13,406</b> ; Total number of training classes held – <b>1,070</b> .
December 2007 – December 2010	<b>Professional Development Recognition Awards: 203</b> homecare workers have received the Professional Development Recognition award.
December 2010	<b>Registry and Referral System (RRS) Statistics:</b> HCWs approved to Work and Career/2010 Monthly Average - <b>17,259</b> ; HCWs Available and Looking for Work in the RRS/Local Office/2010 Monthly Average - <b>2,776</b> ; Consumer Matches (unduplicated count)/2010 Monthly Average - <b>1,083</b> ; HCWs referred on a Match List (unduplicated count) – <b>3,489</b> .
June 2006 –	<b>CPR/First Aid:</b> Commission has paid for 839 CPR/First Aid training

December 2010	classes. (This number includes HCWs that may have received initial and renewal certifications paid by the Commission.)
January 2011	Began providing training opportunities for personal support workers.
January 2011	<b>5,005</b> individual homecare workers have attended one or more training classes.
January 6, 2011	Oregon Home Care Commission approved the first Homecare Worker Tobacco Cessation Policy. Effective Date: February 1, 2011.

We hope that you are able to realize the advantages of a Commission in ensuring quality in-homes services, consumer choice and empowerment by providing supports and services so that all seniors and persons with disabilities can continue to live independently within the community in their own homes.

Please do not hesitate to contact me if you have any questions.



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March 8, 2011

**To:** Human Services Committee of the Connecticut General Assembly:  
**Re:** House Bill 6486

Some of us in the disability movement started organizing in 2005 with the union and the independent living consumers to create this Workforce Council. The legislation passed the fall of 2006, establishing the council as a nine-member board, six of whom are people with disabilities or a surrogate for a person with a disability. A discretionary appointment by the Attorney General is also a person with a disability. Four Council members are consumer-employers of PCAs. The statute provides that a majority of the Council must be consumers. There is currently one vacancy.

One purpose of the council is to represent consumers as the employer of PCAs when we do collective bargaining with the state and the union. We negotiated a three year contract in 2008 and are now returning to the table. Any contract we negotiate must be approved by the administration. Since then we have worked with SEIU 1199 to forge a real improvement of communication and cooperation regarding issues highlighted below:

The Labor Management Committee on which I and two others from the council have sat has provided a place for consumers and PCAs and the union to come together and talk about concerns of all parties. For example, we met and aired the issue of aggregating (combining) hours when a PCA works for more than one consumer. It took a while to come to consensus, but we eventually did. We also worked together to get independent living centers and fiscal intermediaries and consumers and the head of the Medicaid PCA program to meet and begin to discuss issues of miscommunication and quality of care. Never before had we all been in the same room at the same time. We listened to one another and looked for solutions together, losing a lot of the defensiveness that had been there before. And things began getting addressed and resolved.

Other areas we have tackled:

- consolidating resource numbers (worker's comp, fiscal intermediary, etc.) for PCAs (magnet)
- increasing clarity about the importance of submitting timesheets on time --
- This resulted in taking a look at skills training policies and procedures -- (usually done by the independent living centers)
- discussion of training that is available now, reviewing what priorities are for both consumers and PCAs

I look forward to talking with you. Feel free to call me if you have any questions.

Thanks for your time.

Liz Casey  
PCA Workforce Council member since November 2006.  
Disability activist with Boston Center for Independent Living and the Multiple Sclerosis Society

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