SEIU Healthcare
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United for Quality Care

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Appropriations and Human Services Public Hearing, March 31, 2015

Supporting: 1915(c) Home and Community-Based Services Waiver: *Home Care Program for Elders Medicaid Waiver Renewal Application*

Good morning, Senator Bye, Senator Moore, Representative Abercrombie, Representative Walker and members of the Human Services and Appropriations Committee. Thank you for the opportunity to testify on behalf of the 6,000 Personal Care Attendants in our union.

We strongly support the renewal of the Home Care Program for Elders waiver you are considering today, including the expanded list of services that would become a part of this waiver, if CMS approves.

Medicaid Waiver services are a valuable component of long-term care in Connecticut, offering a menu of options for consumers while providing services tailored to people's changing needs. Everyone in this room certainly wants all of the waiver services Connecticut provides, both now and in the future, to be high in quality. Connecticut needs our continuum of long-term care services in every setting to remain sustainable for the long term.

Those important goals, however, do face significant challenges because of the volatility in the home care workforce due to high levels of turnover—turnover which in turn results from the current low-wage, no benefit, no career-ladder nature of the work today.

Connecticut needs a well-trained, fairly compensated, stable workforce that can grow as the need and demand for home-based services continues to expand. To achieve that goal, caregivers need opportunities to expand their skills and access to career ladders.

We are encouraged that the waiver renewal before you adds new types of services that could offer these badly-needed career paths. For example, the proposed waiver adds "Recovery Assistant" to the list of services offered in the Home Care Program for Elders. As you can see from the Waiver description, Recovery Assistants provide services and supports that enable people with a mental health or substance abuse diagnosis to continue living in their own homes and participating in their communities. The position requires certification by DMHAS.

PCAs already provide similar types of services to people who need assistance with Activities of Daily Living; the Recovery Assistant position would offer an opportunity for PCAs to acquire a more skills, certification and a pathway to advance their career while filling an important need.

Through collective bargaining, we have begun to make some progress on hourly wages for Personal Care Attendants, but thousands of our members still are paid far too little to support themselves doing this important work, let alone to support a family.

That problem is compounded by a *de facto* but effective cap on the number of hours a Personal Care Attendant can work in Connecticut due to our Workers Compensation law, which forces caregivers to cobble together multiple part-time assignments with no stability in scheduling or guarantee of a minimum number of weekly hours.

In Connecticut, the Workers Compensation statute from the 1970s *excludes* all individuals who provide home services for fewer than 26 hours per week in *one* home from workers compensation coverage requirements. This outdated language counteracts the goals of today's model of self-directed homecare services for seniors like those served under the Home Care Program for Elders.

Individual homecare workers (aka personal care attendants or PCAs) who provide DSS consumers with in-home supports are not covered for injuries on the job. They have no insurance to pay medical bills and, if they cannot work while recovering, no source of income. This *discourages* recruitment and retention of the workforce the state is trying to build.

Ironically, homecare *agencies* are required by law to provide workers comp, and the cost is already built into their Medicaid reimbursement rates. Only homecare workers for *self-directed consumers* are left largely unprotected.

Consumers who want to hire their own homecare workers are forced to choose between two bad options: pay for workers comp insurance from their waiver budget (DDS-funded) or out of their own personal monies, OR split hours between multiple workers to avoid hitting the 26 hour per week trigger. That leaves consumers at risk of being sued by injured people, and pursued by aggressive bill collectors trying to collect on unpaid medical bills.

However well-designed and comprehensive, the services Connecticut offers under Medicaid waivers like this one can't function in a vacuum. They require ongoing investment in workforce development. We urging your support for this Medicaid Waiver Renewal and look forward to working with you to overcome the challenges to expanding home and community based supports for our elders.