

Caring for the Future: Strengthening the Direct Care Workforce in HCBS through Data and Innovation

Stephen Campbell, Data and Policy Analyst, PHI

Meghan Lindblom, Fiscal Policy Lead, Minnesota Department of Human Services

Bea Rector, Director, Home And Community Services Division, Aging And Long-Term Support Administration, Washington State Department Of Social And Health Services

Cheryl Miller, Executive Director, Oregon Home Care Commission

Sarah Hauck, Training and Workforce Development Administrator, Mercy Care



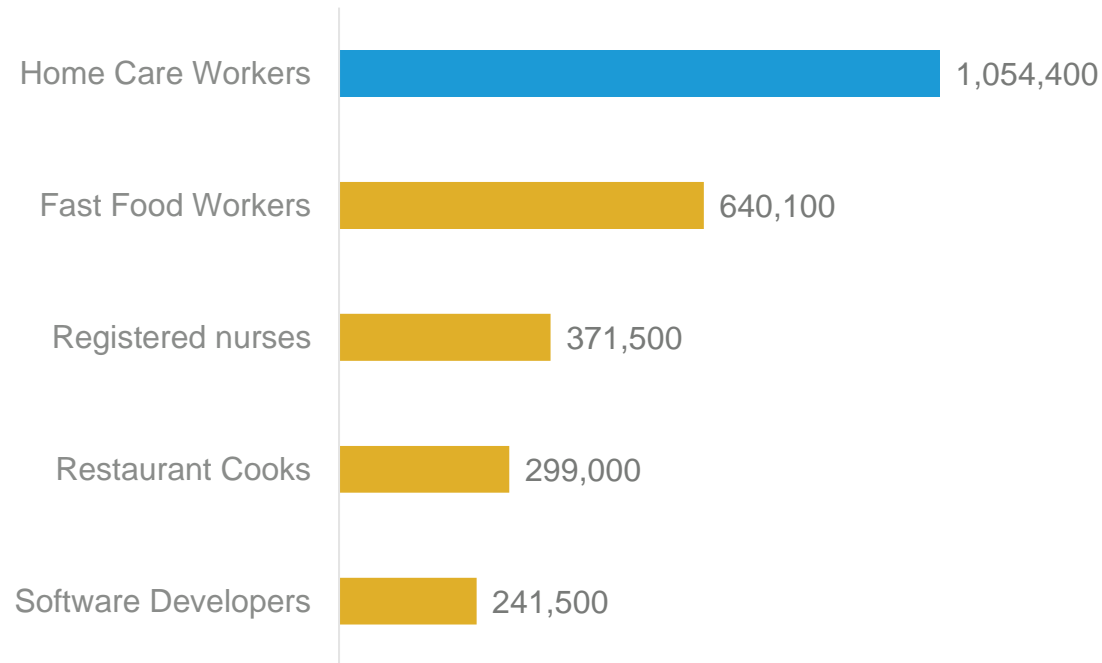
© PHI 2020



December 9, 2020

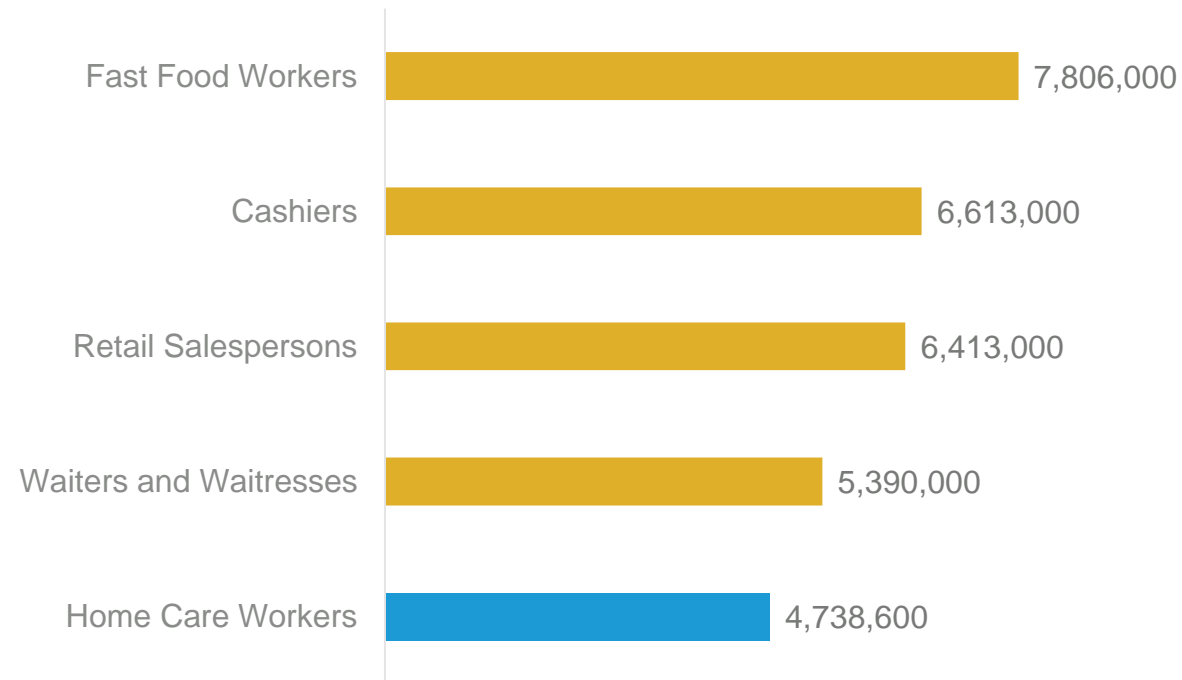


From 2018 to 2028, the home care workforce will add more new jobs than any single occupation.

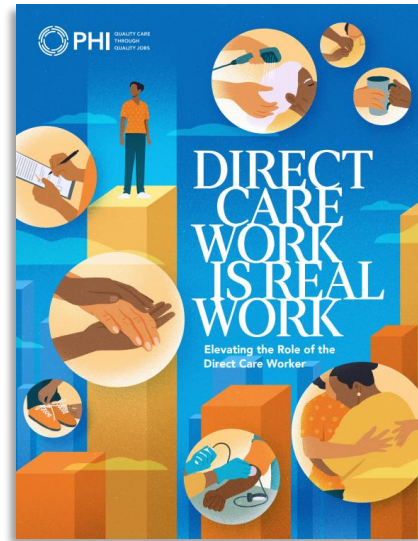


PHI. 2020. *Direct Care Workers in the United States: Key Facts*. Bronx, NY: PHI. <https://phinational.org/resource/direct-care-workers-in-the-united-states-key-facts/>.

The home care workforce will have 4.7 million total job openings from 2018 to 2028.



PHI. 2020. *Direct Care Workers in the United States: Key Facts*. Bronx, NY: PHI. <https://phinational.org/resource/direct-care-workers-in-the-united-states-key-facts/>.



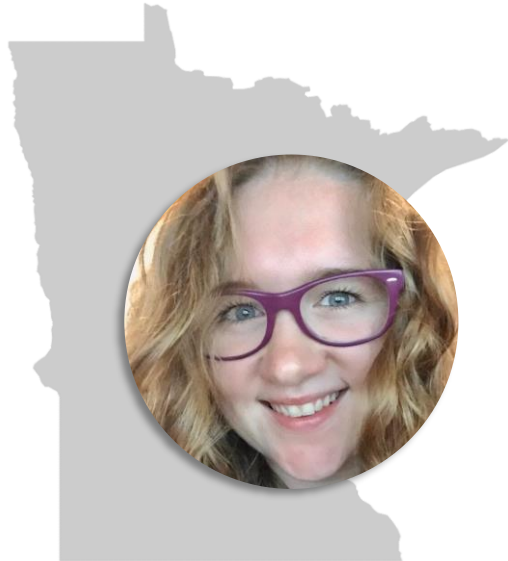


PHI QUALITY CARE THROUGH QUALITY JOBS

IT'S TIME TO CARE

A Detailed Profile of America's Direct Care Workforce

PHI



Data-Driven Approaches to Address the Workforce Crisis

MEGHAN LINDBLOM

FISCAL POLICY LEAD

MINNESOTA DEPARTMENT OF HUMAN SERVICES

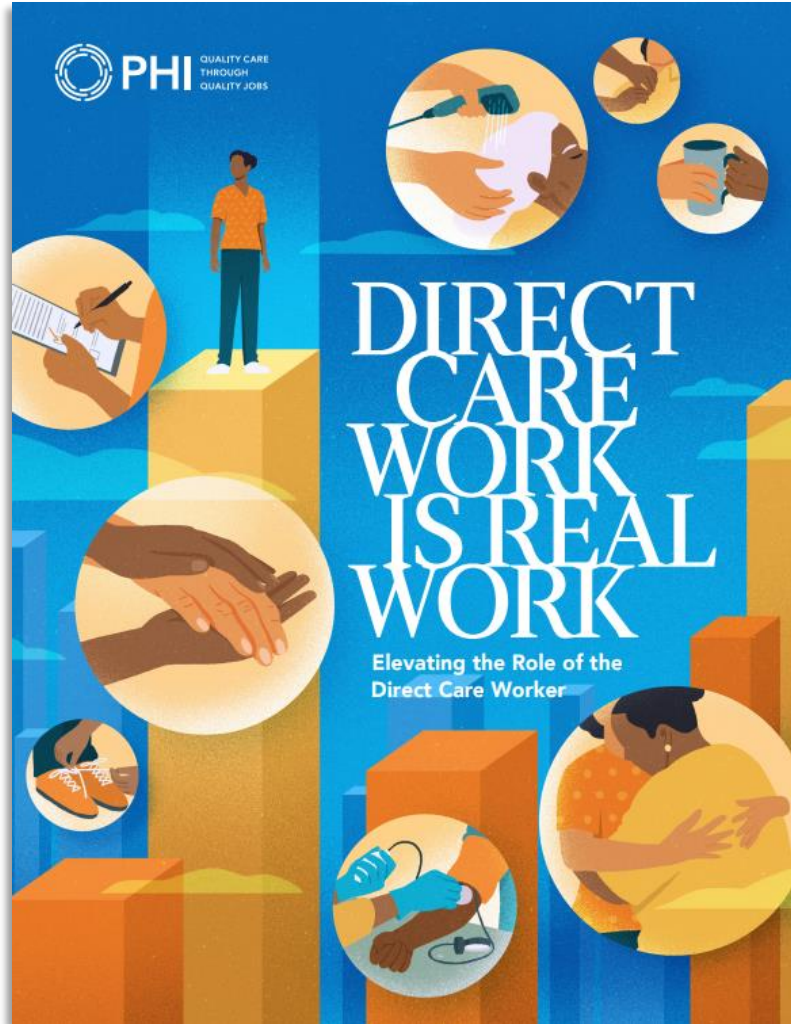




Workforce Development in Washington State

BEA RECTOR

DIRECTOR, HOME AND COMMUNITY SERVICES DIVISION
AGING AND LONG-TERM SUPPORT ADMINISTRATION, WASHINGTON
STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES



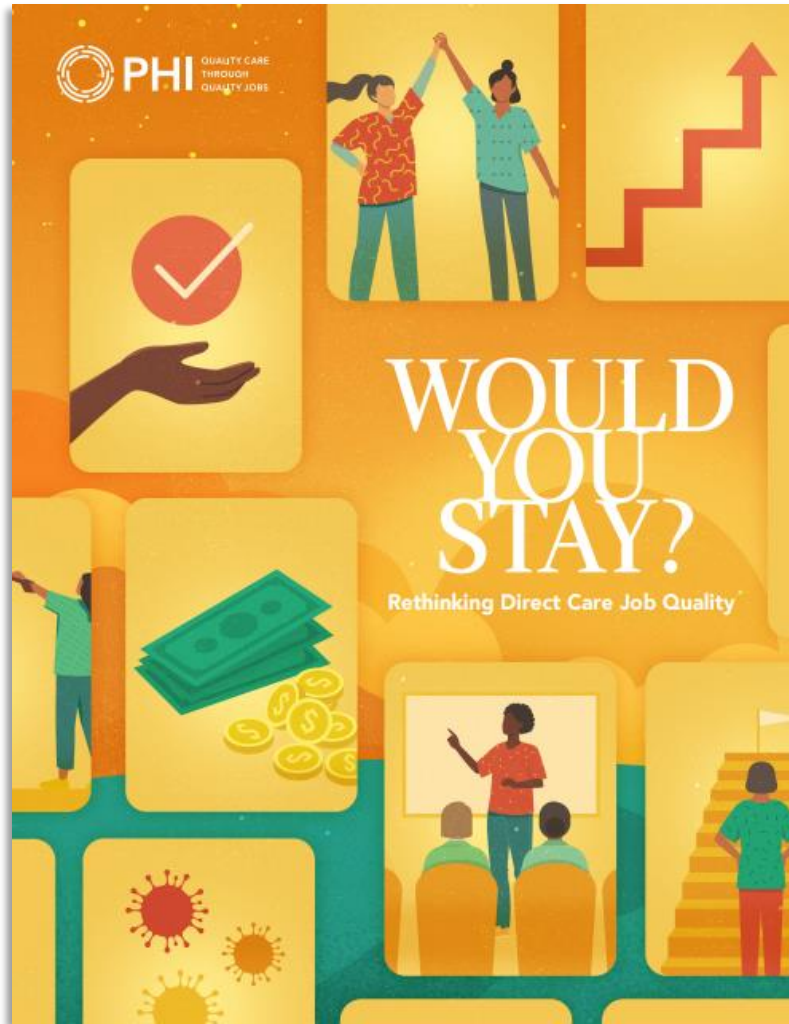


Getting it Right: Right Worker. Right Place. Right Time.

CHERYL MILLER

EXECUTIVE DIRECTOR

OREGON HOME CARE COMMISSION





Workforce Development Long-Term Care Initiatives

SARAH HAUCK

TRAINING AND WORKFORCE DEVELOPMENT ADMINISTRATOR
MERCY CARE



Data-Driven Approaches to Address the Workforce Crisis

Meghan Lindblom; Minnesota Department of Human Services

- Rate-based investment:
 - Competitive Workforce Factor
- Data Collection Programs
 - Cost Reporting
 - Labor Market Report
- What comes next?

Rate-Based Investment

Competitive Workforce Factor

- Passed in 2019 and implemented in 2020, this rate component factor ties direct support wages to the larger workforce wages.
- The component is an added percentage of the base wage, based on the median percent difference between comparable occupations and direct support wages in the state.
 - The base wage is determined by BLS-SOC values in statute

Determine Wage for Direct Care Worker 2020

Base hourly wage	\$ 12.27
Competitive Workforce Factor (CWF)	4.70%
Total wage per hour of service	\$ 12.85

Calculating the Competitive Workforce Factor

1. Identify comparable occupations by educational and training requirements that are the same predominate direct support BLS-SOC classifications.
2. Calculate the weighted median wage of the comparable occupations, excluding direct support classifications.
 - Of the top ten comparable occupations in Minnesota, direct support professions account for about a third.
3. Find the percent difference between the predominate direct support BLS-SOC wage, or base wage, and the weighted median wage of comparable occupations. This is the Competitive Workforce Factor.

Why include a Competitive Workforce Factor?

- Increasing the wage assumptions in rates, and ultimately increasing payment rates can produce higher wages for the workforce.
 - This factor is a function of rate setting, not wage setting.
- This factor introduces large economic market influences into the rate structure by tying direct support wages to other occupations that are likely to be part of the same entry-level job market for potential workers.
- The benefits of this market connection can serve as a correction on the potential market manipulation that can occur when the state, or other large payer, influences the wage/payment rates.

Workforce and Provider Data Collection

Provider Cost Reporting

- Passed in 2017 and anticipated to be implemented in 2021, this is a universal reporting requirement for all providers paid by the Disability Waiver Rates System, the rates system for disability waiver programs in Minnesota. Population is roughly 2,300 providers
 - This is an ongoing requirement in statute that mandates reporting on a five-year cycle.
- Data collection happens at the provider level and collects the actual costs of providing services by categories that correspond with rate assumptions, including:
 - Administrative and Direct Care wages, benefits, and payroll taxes
 - Service Facilities Costs, including all building and maintenance costs
 - Transportation Costs, program and non-program related
 - Program Administrative Costs
 - General Administrative Costs

Provider Cost Reporting and Workforce Data

- While the main function of this collection is the support and longevity of the rate setting system, it also provides unprecedented access to spending on compensation for both direct support and administrative staff.
- Wage data being collected includes multiple pay types and associated hours, as well as non-hourly wages such as bonuses or per-diem.
- Benefit costs broken down to benefit type, like health insurance, tuition reimbursement, or vision insurance is also tracked worker or worker group level.

Labor Market Reporting

- Piloted in 2018, passed in 2019 and implemented between 2019 and 2021, this reporting requirement collects high-level workforce data around the larger workforce economic benchmarks such as wages, benefit access, retention and turnover. Surveys nearly all HCBS providers in Minnesota on a sample basis. Population of about 10,000 providers.
 - This is an ongoing requirement in statute that mandates annual data collection.
- This broad look at the workforce provides the opportunity to both compare provider types as a whole, but also look at providers across payment types.
 - This cross-payer comparison allows a larger market-level analysis of wages and benefits for an entire workforce regardless of which program they may be paid out of, and rises beyond the system-level limitations often put on one broad workforce.

Labor Market Reporting and Workforce Data

- This effort collects the follow major types of data as well as other auxiliary workforce data as determined by policy staff and stakeholder engagement:
 - Full-time and Part-time employment of Direct Support Workers
 - Direct Support Worker Wages
 - Regular and Overtime
 - Benefit access, cost, and enrollment
 - Health Insurance
 - Paid Time Off/Sick/Vacation
 - Other benefits
 - Direct Support Worker retention and job vacancy rates

What Comes Next?

Data Analysis and the Workforce

- The mandated data collection allows for longitudinal data about the Minnesota workforce at both a depth and expanse that has not been available to date. In early piloting this has led to more nuanced conversation with stakeholders and decision makers across the state.
 - To date, early data collection has been reviewed and utilized by many advocacy groups, the Olmstead sub-cabinet, and the Minnesota cross-agency workgroup on the Direct Support Workforce.
- In early piloting efforts, there was a provider that reported lower than average wages in their Labor Market Report, and after referencing their corresponding cost report we were able to understand the details of where their service costs differed from other like-organizations.
- In the future, this data collection will allow us to not only compare across providers but also how providers themselves change over time.

Early signs of positive changes

- Though none of the changes in this presentation are fully implemented, there are already noticeable changes happening to direct support wages in Minnesota.
 - In early 2021, the state will release a recalibrated Competitive Workforce Factor that is roughly 45% lower than the originally calculated value, indicating that wages are increasing in the BLS data.
 - Since the publishing of the original labor market work 2018, advocates in the state have continued to bring legislation to increase wage and benefit spending for homecare services.
 - During the COVID-19 period, the Minnesota Governor and Legislature have worked to prioritize workforce support for the direct support workforce on the front-lines of the pandemic.

Thank you!

Meghan Lindblom

Meghan.Lindblom@state.mn.us

Transforming
Lives

Caring for the Future: Workforce Development Washington

**Bea Rector, Director, Aging and Long-Term Support Administration
Washington State Department of Social and Health Services**



Washington's Workforce Goals



Have enough direct care workers to meet growing demand



Build skills to meet changing needs of individuals served



Continue to support unpaid family caregivers



Continue to support careers with good pay, health care and other benefits



Support a diverse workforce



Establish a career path/lattice for direct care workers

Who is the Self-Directed Workforce?



They are hired by Medicaid clients to assist with personal care needs.



They are contracted by the state as personal care workers.



There are **46,000** self-directed-individual providers in Washington state.

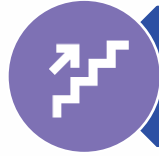


About **70%** of them are related to the person they serve.

Timeline

- **1980:** Washington began contracting with families to provide care
- **1995:** State required training for all in-home personal care assistants
- **2001:** Initiative 775 passes, creating “home care quality authority” for in-home providers
- **2001:** Self directed providers vote to unionize
- **2002:** First Collective Bargaining Agreement is signed
- **2006:** Home care agency parity statute enacted
- **2012:** Home care aide certification and training requirements established

Workforce Benefits



Career advancement & career lattices



Testing, training and certification



Base pay of \$15.50-17.90 per hour built in increases for certification, credentials, seniority



Health care, paid leave, retirement



Content and testing available in 13 languages

Workforce Benefits for Medicaid Funded Home Care

Health Care, Vision, Dental

Self-directed workers eligible for health care benefits (no dependent coverage) if they work 80 hours a month. Premium is \$25 per month.

Home care agencies receive funding in vendor rate which must be spent on direct care worker health care benefits.

Retirement

DSHS pays \$0.80 per department-paid hour to the Secure Retirement Trust, which then handles the benefits for self-directed workforce.

Home care agencies receive funding in vendor rate which must be spent on direct care worker wages and benefits.

Required Background Checks

- WA State name/date of birth check at time of hire
- FBI based fingerprint check within 120 days of employment
- Washington State background check renewals are due every two years
- Adult Protective or Child Protective finding is a disqualifier to work



Training and Certification / Continuing Education

Training: 70 hours + 12 hours annual continuing education

Testing: 1) Written Knowledge; 2) Skills

Department of Health: Application & Certification

Employment: 18 years of age; background check; 5-hour orientation

Workforce Recruitment Activities

- High School Home Care Aide 90-hour course
- One-stop website on direct care workforce
- On-the-job training for skills development and credentialing in long-term care facilities
- Partnerships with TANF, WorkSource, Workforce Development Councils



Consumer-Directed Employer

The Consumer-Directed Employer (CDE) will transfer the employer support responsibilities of the self-directed workers from the Department of Social and Health Services and Area Agencies on Aging case management staff to a contracted vendor.

- 2018 Legislative Session passed Engrossed Senate Substitute Bill 6199
- CDE is defined as a private entity that contracts with the Department to be the legal employer of IPs
- CDE will coordinate with the client who is the managing employer
- CDE includes use of an referral registry to match workers and clients
- Established a Rate Setting Board

Objectives of the CDE

Increase case management time to support clients

Continue self-directed care model

Decrease administrative burden on the Department and increase efficiencies

Streamline the employment support activities (payroll, tax reporting, credentialing and other items)

Support and invest in a high quality, skilled professional workforce of IPs

Confirms the CDE is the employer and the state has no employer obligations or functions

Roles of Case Management and the CDE

Case Management	Consumer Directed Employer
Client Eligibility and Level of Care	Hiring of client specific employee as well as general workforce
Care Planning/Plan Monitoring	Credentialing <ul style="list-style-type: none"> • Employment Documentation • Background Check Compliance • Monitor Training Compliance • Character Competency & Suitability
Authorization of Services	Managing Work Week Limits
Client Case Management	HR related functions, benefit coordination and labor relations
Supportive Functions	Payments/Adjustments
Termination Planning of Client Services when no longer eligible	Hire/fire from the agency; client maintains hire, fire and supervision rights

Rate Setting Board

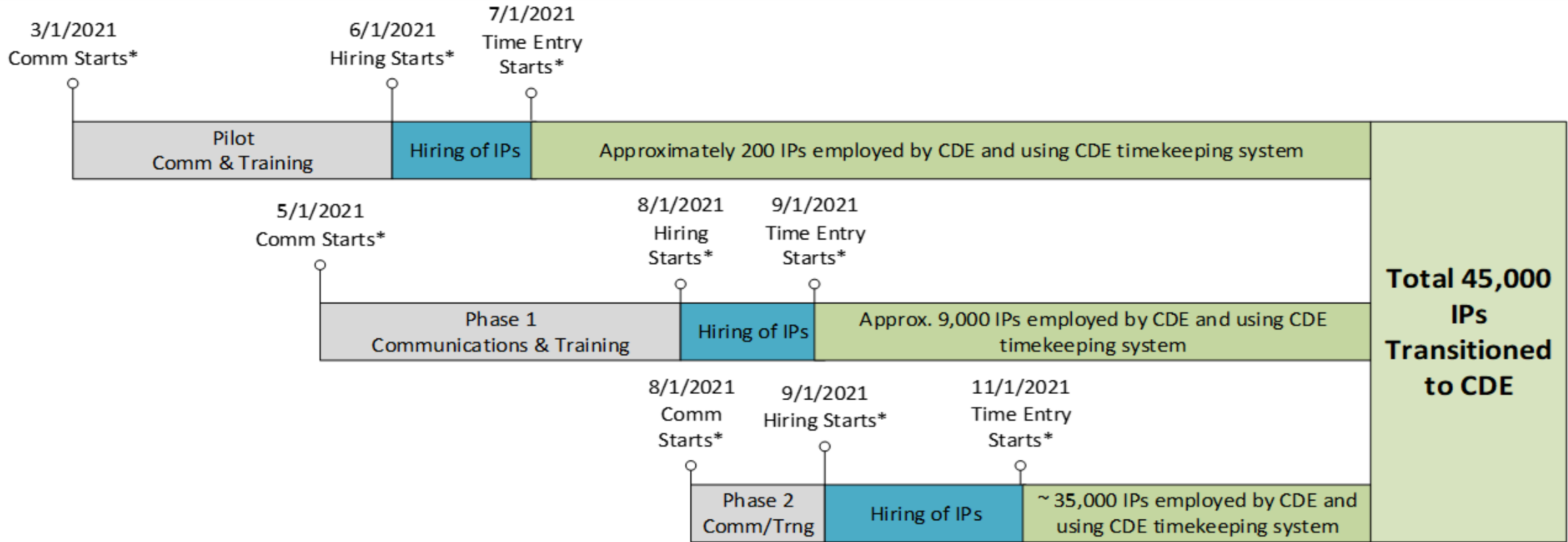
- Evaluate and propose changes in CDE rate
- 14 members including 4 voting members
- Determines rate considering factors used in bargaining related to IPs
- Once accepted goes to legislature for approval
- After approval bargaining between the CDE and the union representing the IPs begins
- Parity funding also tied to wage rate portion of CDE funding

Self-Directed Recruitment and Retention

- Recruitment performance standards are included in the CDE contract
- Identification of geographic areas that need targeted recruiting efforts and areas that don't
- Use of Registry (Carina) to connect workers with Clients
- Worker access to CDE Service Coordinators



Timeline



**Dates are targets pending readiness review*

More Information:

Visit the CDE website:
<https://www.dshs.wa.gov/altsa/cde>

Email the Project: CDE@dshs.wa.gov

Bea.rector@dshs.wa.gov



Caring for the Future

Getting it right:

Right worker. Right place. Right time.

Quality and choice

Workers and consumers

Quality workforce



Safety and independence



Strategic workforce development goals



Goal 1:

Position homecare and personal support workers as trained, credentialed professionals.



Goal 2:

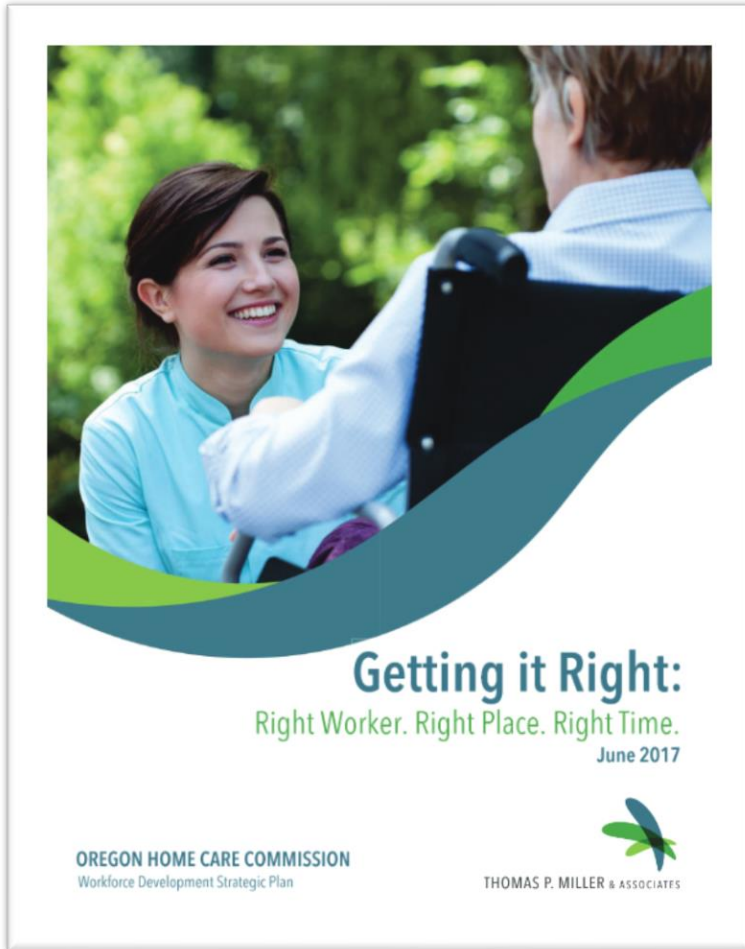
Attract and retain a diverse and appropriate pipeline of qualified workers to meet the demand for homecare and personal support workers.



Goal 3:

Facilitate user-friendly approaches to connecting homecare and personal support workers with prospective employers.

Strategic workforce development plan



- **Vision**
- **Goals**
- **Strategies**
- **Action Initiatives**

Report:

<https://www.oregon.gov/dhs/SENIORS-DISABILITIES/HCC/Documents/OHCC%20Workforce%20Development%20Strategic%20Plan.pdf>

Oregon Home Care Commission vision

Individuals will have access to supports and services delivered in a person-centered manner which honors choice, from a qualified, trained and diverse workforce.

The workforce will have a pathway to higher wages through the OHCC's training certifications which are accessible through multiple modalities and languages.



Senate Bill 1534

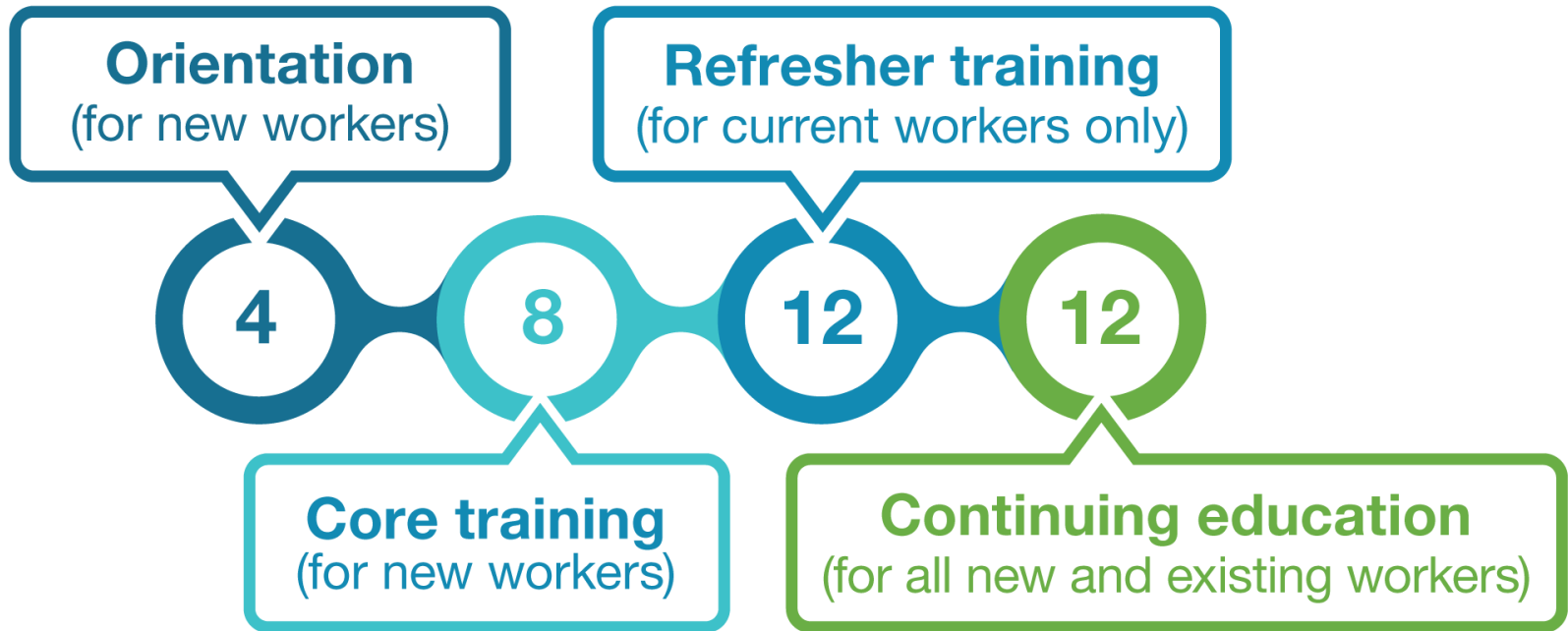
Passed by the Oregon Legislative Assembly in 2018

Pre-employment orientation and baseline training for the homecare workforce.

Senate Bill 1534 — Requirements

- Pre-employment orientation
- Core training for new workers
- Refresher training for existing workers
- Continuing education requirements every 24 months
- Successfully pass a knowledge assessment

Orientation and training hours



Orientation and training topics

 Safety and emergency measures

 Understanding requirements for providers paid with Medicaid funds

 Providing person-centered services

Orientation and training topics

Understanding how to support the physical and emotional needs of people who receive services and supports

Managing medications

Providing personal care and helping with activities of daily living

Knowledge assessment

Assessments measure what a worker has learned; and if they can apply it to the work they do.



How are trainings provided?

Training is a combination of online modules and virtual and in-person workshops.

In the future, in-person options will be available.

Carewell SEIU 503 Training provides the required orientation and training.

Who approves the curriculum?

The orientation, core, refresher and continuing education requirements are approved by the Oregon Home Care Commission.

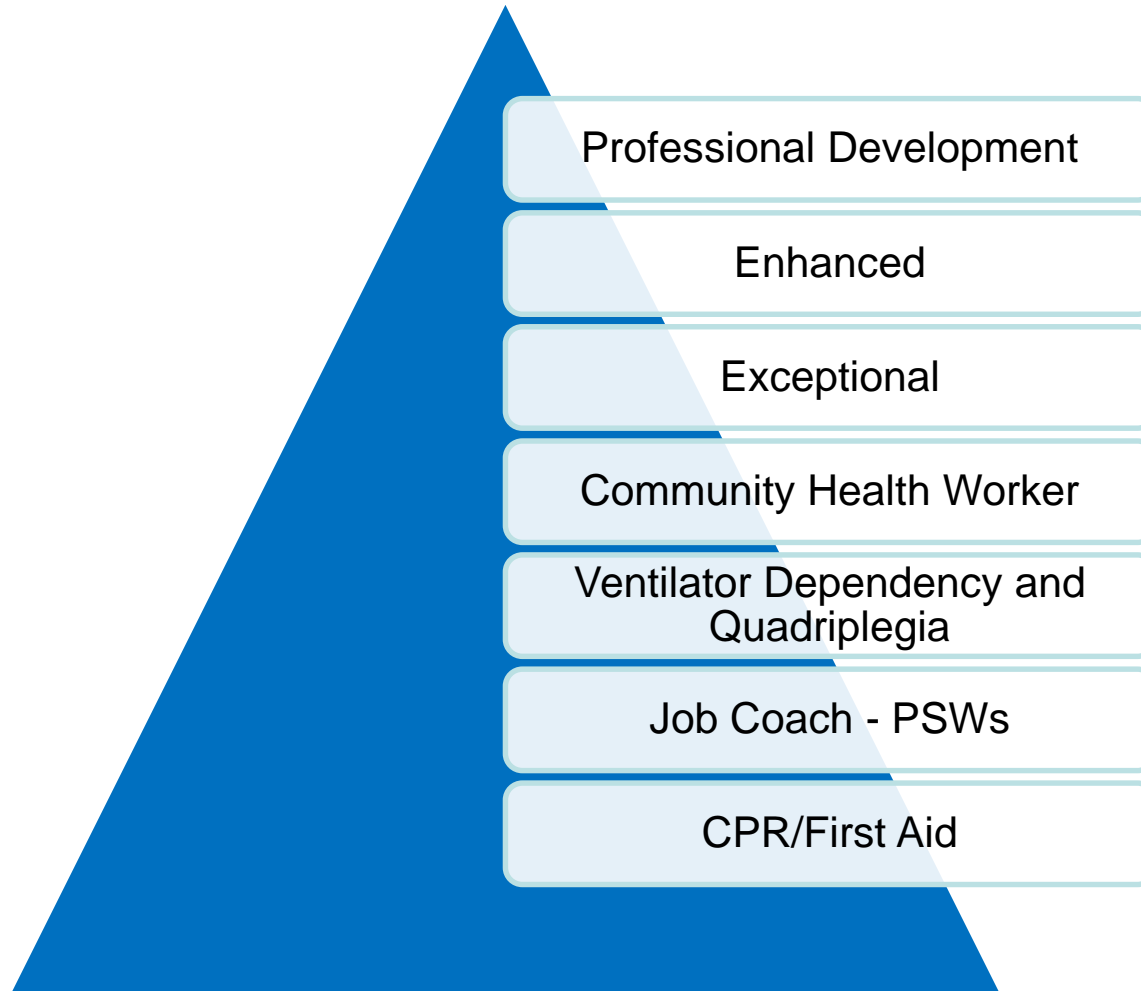




A Pathway to Higher Wages

Oregon Home Care Commission
certifications

Oregon Home Care Commission Certifications



OHCC certifications

Certification Type	Hours	CPR/First Aid Required	Base Wage	Differential Wage
Professional Development	25	Yes	\$15.77	\$16.27
Enhanced	25	Yes	\$15.77	\$16.77
Exceptional	25	Yes	\$15.77	\$18.77
Ventilator Dependency and Quadriplegia	49	Yes	\$15.77	\$18.77
Community Health Worker	90	Yes	N/A	\$16 - \$24

Job coach certification

Certification Type	Requirements	Hourly PSW	Enhanced PSW	Exceptional PSW
Job coach	Pass competencies - complete CEs	\$17.27	\$18.27	\$16.27

Steps to become a PSW Job Coach



#1

Complete online Core Competencies Supported Employment modules



#2

Submit verification of the Core Competencies to EmploymentTraining.Review@dhsosha.state.or.us



#3

Enroll as a PSW Job Coach by visiting Community Developmental Disability Program or Brokerage



#4

Complete 12 hours of Supported Employment training annually (*verified every 2 years*)

OregonSaves — Retirement benefit

<https://www.oregonsaves.com/>

oregonsaves®

EMPLOYERS ▾ SAVERS ▾ ABOUT ▾ CONTACT

Work hard. Save easy.

See how it works.

Find Out How OregonSaves Works

EMPLOYERS

Registration is open for all eligible employers. Start facilitating the program today so your employees can have easy access to retirement savings.

Log in →

Register your business →

SAVERS

Make your personal retirement goals a reality with a platform built for individuals like you.

Log in →

Set up your account →

Oregon Home Care Commission

Oregon Department of Human Services

Cheryl Miller,
Executive Director

cheryl.m.miller@dhsoha.state.or.us



Workforce Development Long-Term Care Initiatives

Sarah Hauck, MC
Workforce Development Administrator



Mercy Care's Commitment

Support the creation of 6,000-10,000 new Direct Care Worker positions in the field of Long-Term Care and enhance the recruitment, retention and training of contracted providers in our network

- Support statewide and national initiatives
- Educate workforce stakeholders
- Inspire provider initiatives
- Analyze outcomes

Projected Timeline: 2018 – 2022

Financial Commitment: \$2,000,000

[Click Here: Arizona Daily Star Article](#)

Contributing Mercy Care Teams

- Adult System of Care
- Children's System of Care
- Employment and Rehabilitation
- Finance
- Long-Term Care
- Marketing
- Provider Relations
- Tribal Services
- Workforce Development

What is a Direct Care Worker?

Arizona Health Care Cost Containment System (AHCCCS – State Medicaid agency that offers health care programs to serve Arizona Residents)

- AHCCCS has instituted training and testing requirements for Direct Care Workers (DCW) who provide direct care services (Attendant Care, Personal Care and Homemaker) to Arizona Long Term Care System (ALTCS) members residing in their own home.

Competencies for Direct Care Workers Levels I & II cover: Fundamentals; Aging and Physical Disabilities; Developmental Disabilities; Alzheimer’s disease and Other Dementias.

Graduates of the program receive a Certificate of Completion and are also expected to complete the Arizona Direct Care Worker State Certification exam.



Developing the Workforce



General Employment Efforts

- Sponsoring Career/Job Fairs

Tribal Initiatives

- Education and Outreach

Transition Aged Youth

- Education and Outreach
- Support for Department of Education certification program of high school students

Recruitment, Training & Retention and/or Job Placement Program

- 7 Pilot Projects
- Sponsorships for new Home Health Workers

Request For Proposals

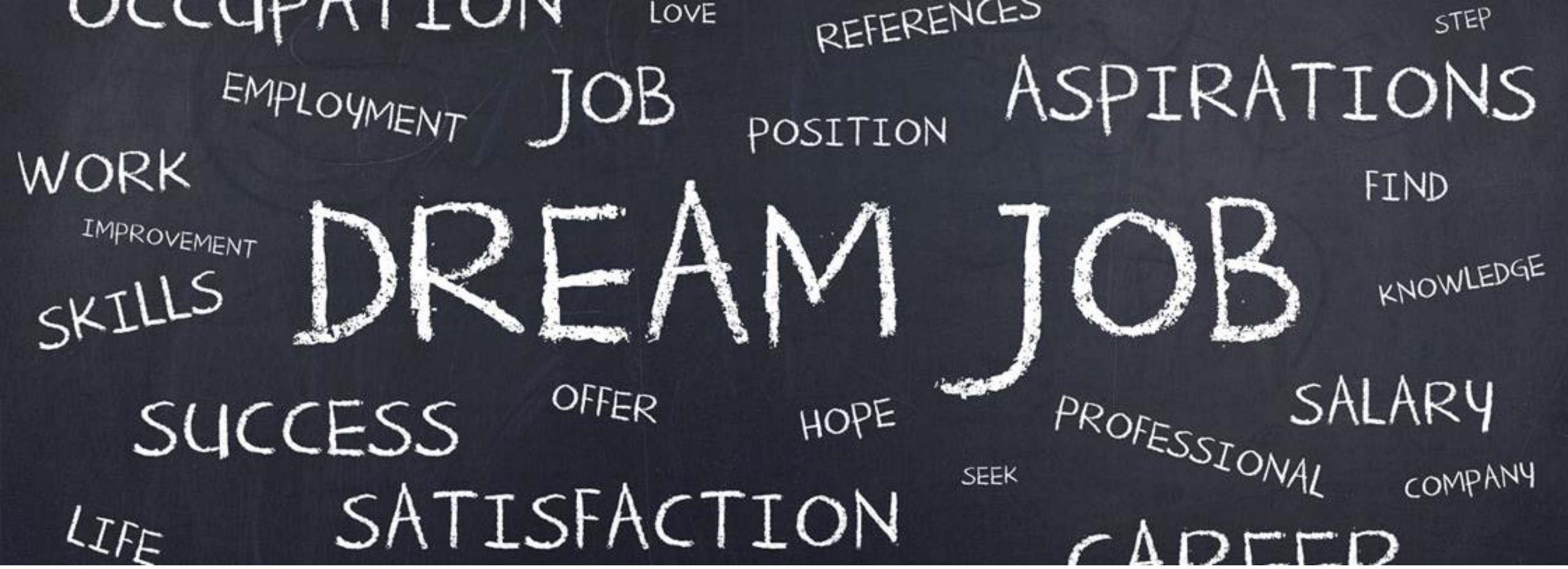
Pilot Projects

To align with national evidence-based initiatives, Mercy Care encouraged Home Health & Community agencies to utilize PHI's *10 Strategies for Success* to build their proposals



10 Strategies for Success

1. Recruit the Right Staff
2. Improve the Hiring Process
3. Strengthen Entry-Level Training
4. Provide Employment Supports
5. Promote Peer Support
6. Ensure Effective Supervision
7. Develop Advancement Opportunities
8. Invite Participants
9. Recognize and Reward Staff
10. Measure Progress



Recruitment, Training & Job Placement





Practical Training Solutions (Maricopa and Pima Counties)

- **Contract:** September 2019 – December 2022
- **Goal:** Recruit, Train and Place 1200 direct care workers over a four-year period, with Mercy Care contracted providers
- **Progress:** This agency missed meeting their recruitment goals and was asked to re-submit a new proposal. This was accepted and their project will re-start in January 2021.



United Way of Tucson and Southern Arizona (Pima County)

- **Contract:** January 2020 – December 2022
- **Goal:** Recruit, vet, secure training options, provide support and incentives for direct care worker candidates, and place 275-300 direct care workers over a three-year period. The goal is to prioritize the placement of trained and vetted workers with Mercy Care Plan ALTCS providers.
- **Progress:** Jan-Sept2020 – 19 attended DCW Training, 18 candidates have been hired
 - After a difficult and slow 1st & 2nd quarter related to pandemic impacts, Q3 saw a 120% increase in interested candidates

Impact of the Community Health Worker Position

Stacy, 26, was recruited via social media and expressed concern that her transgender identity would impact her success as a caregiver based on poor experiences working in the industry prior to her gender transition.

The **Community Health Worker** prepared Stacy with a list of questions to ask employers during interviews so she could make the most informed decision on which agency to work for and calm gender discrimination fears. Stacy later shared that she was placed with a client that is curious and supportive of her identity.





Recruitment, Training & Retention

GOAL: Increase the number of Direct Care Workers (hired/retained) and clients served by 5% a year, for a minimum of 15% growth over the three years

Recruitment Initiatives:

- Plans to increase recruitment in the areas of: Retired men, nursing/social services students looking for part-time jobs, those wanting to volunteer with the elderly, or people from faith-based settings that would like to make a difference
- New Positions: 1 FT Recruiting Development Coordinator & 2 PT DCW Mentors
- **Progress:** 112 New Hires & 93.75% retention rate (Jan – May 2020)

Retention Initiatives:

- Bonus - \$120 after completion of 120hrs worked
- Employee of the Quarter - \$100 bonus (8 employees received)
- Referral Bonus \$300 – (8 employees received)
- HR initiatives to inform employees of government assistance programs and local community discounts (including Costco membership)
- Included supplemental budget of \$389,591 that All Valley will contribute to the project

Training Initiatives:

- CEU program with monetary and career advancement opportunities built in (Heart Smart & Boundaries) - \$75 gift card for attending (40 employees received)
- DCW mentors
- Adding advanced Cultural Competency training to all employee new hire training

Devoted Guardians (Maricopa)



GOAL: Hire 218 new Direct Care Workers over three years and increase employee retention by 13%

Recruitment Initiatives:

- 2 new Programs: Lead Caregiver Program & Caregiver Recruitment and Mentor Program
- New FTE Caregiver Liasion. Will use phone, email and text messages to communicate with candidates. Will put an emphasis on building a bond/connection prior to their interview to ensure they show up. Will manage the "Incubator Program" (Retention tactic) - where they will have more frequent contact, check in with the new employee and offer guidance and support. Help caregiver solve issues, celebrate mini milestones, review progress and feedback from members, advocate for caregiver needs, make data available on Sharepoint to entire company so others can review and analyze data

Retention/Training Initiatives:

- Add 5-10 Lead Caregivers to provide added support and training
- Lead Caregivers will work side-by-side with DCWs in the field
- Projecting that this will increase employee retention and decrease turnover
- **Progress:** 76% retention rate

All Ways Caring HomeCare aka ResCare (Pima & Maricopa)



GOAL: Project to add 1,260 new DCWs in 3 years

Recruitment Initiatives:

- Increase overall marketing and recruitment strategies and strengthen community partnerships, specifically with tribal communities (Pascua Yaqui and Tohono O'odham) in Tucson
- **Progress:** 97 hires in Q1/Q2 2020

Retention Initiatives:

- PayOUT app. gives employees the opportunity to choose when, how much, and how often they get paid for the hours they have already worked
- Increased employee recognition initiatives
- Pay for Employees: \$12.25 starting 1/1/20, \$12.50 upon completion of 300 hours and in good standing, all Mercy Care Arizona Long Term Care Systems 12 documentation/claim forms are timely and of good quality, \$12.70 upon completion of 700 hours and in good standing, all documentation/claim forms are timely and of good quality
- Caregiver of the Month Award – Each location recognized a Caregiver who exemplifies the agency's STARS quality standard
- Gas cards and bus passes were provided as needed

Training Initiatives:

- 40 hr initial training. Employees can access educational courses on their own, free of charge, through the ResCare Talent System
- Coaching/Mentoring: Caregivers are coached by the Branch Manager or clinical supervisor, who can provide specific training based on individual client needs during the initial scheduled service. Tenured staff are used to mentor new caregivers. New staff shadow tenured staff before they begin serving clients

Southern Arizona Family Services (Pima, including rural)



GOAL: Hire 138 new Direct Care Workers over three years and increase the capacity for members served by 51

Recruitment Initiatives:

- New Part-Time Administrative employee @ \$17hr/30hrs per week. Responsible for developing, implementing and executing strategic marketing plans for the agency in order to attract high quality and reliable employees and retain existing ones
- TV Commercial (English/Spanish): 584,000 impressions – reaching more than half a million viewers 25-54yrs old.
- Social Media campaign
- **Progress:** 60 new employees

Retention Initiatives:

- Increase data analysis and reporting in the areas of: Longevity reports, - Client satisfaction surveys, number of Mercy Care clients served, and breakdown of services provided. Outcomes of these reports will drive company initiatives
- Employee appreciation Day (March 6th)

Training Initiatives:

- Offered the direct care workers the opportunity to get specialty training: Alzheimer's disease, dementia, fall prevention, COVID-19
- Culture initiatives: Employees are trained in Project Visibility if working with consumers of the LGBTQ community.
- Increased recognition and celebration of holidays that fall outside of those that are federally recognized

United Cerebral Palsy of Southern Arizona

(Pima – focus on rural: Marana, Oro Valley, Green Valley, and Sahuarita)



GOAL: Hire 90 new Direct Care Workers over three years, have less than a 50% turnover rate for those hired and increase the capacity for members served

Recruitment Initiatives:

- Employee referral bonus - \$75 after 90 days of successful employment
- New employee bonus - \$25 after 90 days of successful employment
- \$100 sign-on bonus for individuals that complete their DCW training within ten business days of hire
- **Progress:** 30 new employees hired

Retention Initiatives:

- Increase employee recognition program: Perfect attendance awards, membership to professional organizations, digital newsletter recognizing outstanding DCWs
- Member surveys to evaluate quality of care. Develop initiatives based on feedback and outcomes
- **Progress:** Turnover is at 27%

Training Initiatives:

- Allocation of funding to create more specialized training for Direct Care Workers and to attend external trainings and events to enhance their skills and knowledge

The Road Ahead

Mercy Care will continue to collect, monitor and analyze the outcomes of these initiatives

Our hope is for this to drive future statewide projects and value based purchasing incentives

THE FUTURE
IS NOW





Questions, Thoughts, Ideas...

Thank You





Stephen Campbell, PHI
scampbell@phinational.org

Megan Lindblom, Minnesota Department of Human Services
meghan.lindblom@state.mn.us

Bea Rector, Washington State Department Of Social And Health Services
bea-alise.rector@dshs.wa.gov

Cheryl Miller, Oregon Home Care Commission
Cheryl.M.MILLER@dhsosha.state.or.us

Sarah Hauck, Mercy Care
HauckS@mercycares.org

400 East Fordham Road, 11th Floor • Bronx, New York 10458 • www.PHIinternational.org

