



Oregon Home Care Commission (OHCC)
Meeting Minutes
June 2, 2022

Members Present: Ruth McEwen, Mark King, Marsha Wentzell, Paul Johnson, Mike Volpe, Randi Moore

Members Absent:

Others: Phil Warnock, Brian Holman, Joseph Lowe, Jackie Wentzell, Jaime Nino, George Adams, Awab Al-Rawe, Mat Rapoza, Ellen Pinney, Rachel Currans-Henry, Michael Yu

Staff: Cheryl Miller, Nancy Janes, David Vining, Abdirizak Ahmed, Andrea Kempel, Miguel Cordova, Roberta Lilly

Meeting Called to Order

The meeting was called to order at 10:06 AM by Chairperson McEwen.

Introductions

Self-introductions were made.

Adoption of Agenda

Commissioner Wentzell **moved** to approve the agenda. Commissioner Moore **seconded**. **Motion carried.**

Approval of Minutes

Commissioner Johnson **moved** to approve the May minutes as written. Commissioner King **seconded**. **Motion carried.**

Announcements

Director Lilia Teninty, Office of Developmental Disability Services (ODDS) will not be able to attend today's meeting.

Commissioner McEwen will testify at the meeting Friday, June 3, 2022, regarding the results of House Bill (HB) 2992 which increased commission members per diem compensation. She requested that any commissioner who was able to attend.

Commissioner Wentzell reminded everyone of the difficulty in obtaining the exceptions during the reassessment process. Workers are not paid beyond 40

hours. She would like an update to the policy. Cheryl has a concern regarding the exception process and delays which prevents workers from being paid and continues to raise this issue with the APD Executive team . Commissioner McEwen asked to have someone from the ONE Program attend a future Commission meeting since something in this program is causing delays, and consumers receive the same forms more than one time. Cheryl stated that even if the request is submitted timely, central office may not always respond timely. We need to learn where the breakdown happens for resolution.

Public Testimony

Cheryl Miller, Executive Director-OHCC, shared that there was no testimony.

Governor's Commission on Senior Services (GCSS)

No report.

Oregon Disabilities Commission (ODC)

Commissioner King reported that ODC provided APD Interim Director Mike McCormick a certificate of appreciation.

Commissioner King invited everyone to the virtual ADA Celebration. Contact the ODC if you have questions about the ADA Celebration, or if you want to register.

Jane-Ellen Weidanz reviewed the APD budget note and Proposition of Proposal (POP) discussion. She also discussed the Oregon Project Independence Medicaid draft rules.

Oregon Association of Area Agencies on Aging and Disabilities (O4AD)

Phil Warnock, Executive Director of O4AD, shared that there are a few items to mention:

- Non-Emergency Medical Transportation is an issue that is consistent across the state. O4AD is working on this.
- The Oregon Project Independence (OPI) 1115 waiver process Medicaid matching portion and family caregiver assistance program are still waiting for Centers for Medicare and Medicaid (CMS) approval. Engagement has been well received. There is still work to be done on the rules portion as well. The plan is to launch as soon as possible.
- Caregiver Workforce Issue -The concept of feeding the pipeline has been discussed locally and nationally. O4AD has been partnering with other states to explore ways to improve the workforce.

Commissioner McEwen questioned the unintended consequences of House Bill (HB) 2292. The belief is that there was no intention of the Legislature to have this be a negative impact on commissioners across the state. Cheryl stated that when she attends Department of Administrative Services (DAS) Board recruitment events, people are surprised to hear that we are looking for commissioners who are eligible for in-home services.

Oregon Self-Advocacy Coalition, Aging and People with Disabilities (APD), and Community Advisory Councils, Coordinated Care Organizations

No report.

OHCC Budget

Brian Holman, Fiscal Analyst 3, provided the April 2022 budget report.

Currently the budget is in great shape. The Federal expenditures to date are a little low; however, this is typical. The OHCC training is going live; therefore, there will be an increase in burn rate. There were no expenses that were out of the ordinary.

OHCC Admin Budget - \$9,916,680

- Total General funds (GF) and Other Funds (OF) expended to date - \$6,580,359
- Total GF and OF expended to date - \$2,065,019 (31.38%)
- Total FF expended to date - \$271,626 (8.14%)
- Total Expenditures to Date - \$2,336,645 (23.56%)
- Projected Expenditures (TF)- \$6,016,763
- Projected Deficit - \$413,706

OHCC Admin Budget (Total Funds) - \$6,237,711

- Total GF & OF expenditures to date - \$1,988,116 (31.87%)
- Total FF expenditures to date - \$228,129 (7.20%)
- Total expenditures to date - \$2,216,245 (23.57%)

OHCC Admin Units – Breakdown of the Admin budget referenced above, noting expenditures to date:

- The total admin budget - \$5,664,256
- Administration - \$1,496,181 (26.41%)
- Homecare Worker (HCW) Training - \$140,748 (6.82%)
- Employer Resource Connection (ERC) HCW - \$534,409 (49.01%)

- HCW Registry (Federal Funds [FF] Match) - \$12,621 (15.38%)
- HCC Commissioners - \$2,206 (19.68%)
- Workforce Development - \$30,128 (7.97%)
- Provider Parking & Reimbursement - \$298 (0.25%)

Personal Support Worker (PSW) – Developmental Disability/Mental Health Unit Budget

- Total Budget - \$262,349
- Total expenditures to date (GF & OF) - \$62,606
- Total expenditures to date (FF) - \$32,638
- Total expenditures to date (GF) - \$95,243

THE PSW – Developmental Disability/Mental Health (DD/MH) Unit

- ERC for PSW expenditures to date – \$95,243 (33.44%)
- DD/MH Committee expenditures to date - \$0.00 (0.00%)

Traditional Health Workers (THW) Budget

- The total budget - \$ 88,000
- THW Training - \$2,970 (3.43%)
- THW Committee - \$0.00 (0.00%)

Enhanced & Exceptional/Ventilator Dependent Quadriplegia (VDQ) Workers Budget

- Total Budget - \$162,299
- Expenditures to date -\$22,187 (13.67%)

Training Stipends

- Total budget -\$1,090,000
- Total expenditures to date - \$291,000
- PSW – DD expenditures to date - \$59,218 (32.90%)
- PCA-HSD - expenditures to date - \$1,939 (19.39%)
- HCW expenditures to date \$230,099 (25.57%)
- TRAINING REVENUE TO DATE - \$462.50

- The Employer Resource Connection is Federally matched; therefore, it is good if we are over budget. The HCC Commissioner portion is a little low now; however, commissioners are a little hesitant to submit their stipend requests due to HB 2292.

Office of Developmental Disabilities Services (ODDS) Report

Lilia Teninty was unable to attend.

Non-Emergency Medical Transportation (NEMT) Discussion

Jackie Wetzel, OHA Transformation Analyst, shared some of the challenges that they have experienced.

- Low reliability of timely services. This leads to problems such as doctors who will not see patients who are 15 minutes late; therefore, patients do not use these services. Since consumers (patients) have such low confidence in the service they do not use it; therefore, there is under-reporting for the need for this service.
- Some consumers have said that when they are asking for rides, they are asked very invasive questions that they do not feel are appropriate.
- There are long wait times for a return ride home. One consumer shared that the wait was more than two hours on a cold, windy day for the return ride home.
- Lack of awareness about the service and mileage reimbursement, peer-related services which causes an access barrier to care.
- NEMT cannot be used to support social determinants of health needs (i.e. if a ride stops prescriptions to be filled at a grocery store, the consumer cannot purchase a few groceries while waiting. There are geographic boundaries that do not align with consumer medical care needs such as requiring specialty care outside the service area. This also happens if a consumer lives on a county boundary and receives medical care in another county.
- Communication issues such as non-replies from company. Rides required three calls to provider to get a ride to the appointment, and then again for the return home.
- Positive News - There are reports that the drivers are helpful and caring individuals.

This program will also be the topic of discussion at the July 27, 2022 Advisory Committee. She also shared that people do not know the grievance process. They say that they submit a grievance, but nothing happens.

Ellen Pinney, OHA Ombuds

- The House Human Services Committee is holding an informational meeting on this topic June 2, 2022 at 12:40 PM today. This is happening because the Area Agencies on Aging has reported the lack of ability to rely on NEMT disproportionately is causing problems for consumers with disabilities in our state.

Awab Al-Rawe, OHA Ombudsman, has led the NEMT issues for the past three years. He has been receiving complaints from medical providers as well as consumers. He is familiar with issues that are reported. He listens to the issues from consumers to work toward resolving these issues and improving the system.

- There are issues surrounding hospital discharges.
- Mileage reimbursement is a concern, because the reimbursement rate is very low, and the process of submitting mileage reimbursement with some brokerages can be very challenging.
- Lack of communication between dispatch and consumers. Consumers are calling to check to see if the ride is coming or not and are not updated timely on the status of their rides. There are also issues obtaining a timely ride for non-ambulatory consumers. This is the largest statewide issue that he hears. This affects individuals in their ability to access the medical care and medications. There is a core group of individuals who are working to make or modify policy to improve these services. They are in the process of documenting each concern to improve the service.
- Ombuds Program contact: OHA.OmbudsOffice@dhs.oha.state.or.us; Toll Free: 877-642-0450

Commissioner Wentzell shared pictures regarding the difficulties she has had with transportation. The picture indicated that there was not enough headroom to clear the van ceiling.

Phil Warnock, Executive Director O4AD, shared his history with NEMT. In the past, this service was provided at the local level as a reimbursement process through branch offices. This became a brokering model through efforts started in the Portland metro area. Brokerages were established to serve all areas of the state, brokers met regularly with the NEMT Policy Analyst at OHA to problem solve and

improve consistency across the state. In the process of creating the Coordinated Care Organization (CCO) model NEMT was included in their contracts; however, they were not clear to the CCO's. This is a statewide issue, not a single area issue. To understand, there are millions of trips coordinated throughout the year. There are a lot of rides taking place without issues; however, there are systemic problems around communication issues. Some needs include the consumer requiring a secure prone position; however, provider secure certifications take over a year to complete. There is an analysis that is being done so to improve things through policy, etc.

Randi Moore, Director- Oregon Cascades West Council of Governments, stated that these programs are not sufficient to meet the needs of our communities, especially those of rural communities such as Linn, Benton, and Lincoln counties. She reminded everyone that if consumers are not getting their transportation needs met, then the medical, food, and other needs are likely not being met. Creative strategies are needed to accommodate this issue.

Public Testimony

Commissioner McEwen said that this discussion is not to provide solutions to immediate needs, but to provide testimony regarding what the needs are and where they are happening.

George Adams, Chair of Translink for Southern Oregon in Jackson, Josephine, Curry, and four other counties shared that he and the Translink board are doing their best to ensure that quality services are provided to consumers. The goal is to have Medicare consumers added to Translink services. Recently he attended a national meeting with CMS regarding this issue. He learned that many states experience NEMT problems. Some problems are consumer abuse by the drivers, price of gas, and finding drivers. He shared that San Diego has 200 providers, but they are barely keeping up with the needs.

Commissioner Wentzell believes that provider companies are paid per capita. This means that they get paid a set amount per each person they provide services. If they want to increase how much they get paid, they could provide better service. If they provide better service, then they will have more consumers utilizing their

services, thereby will get paid more. She also said that the system needs to realize that low usage does not mean low need; it means that the system does not work.

For clarity, Ben Sherman, Operations and Policy Analyst 3, provided the following comment: *“Medicaid enrolled In-Home Care Agencies are not paid per capita, in a manner similar to how an individual’s capitated rates are paid with a CCO.*

Agencies receive a referral from a local office with the assessed hours for the individual. They are reimbursed for the services they provide by billing through MMIS.

The agencies are currently experiencing a severe staffing shortage which has significantly reduced their ability to serve Medicaid eligible individuals. We had a local office report that roughly 1 in 20 referrals to local agencies are able to be successfully staffed at this point. This was in a metro area, but the situation is much more dire the more rural the communities.

As a result of this we have accelerated our work to review the rates that Medicaid will reimburse the In-Home Care Agencies (IHCA) compared to private pay rates as well other alternatives to expand Oregonians’ access to licensed agency services.”

Cheryl Miller shared that there have been situations when the Non-Emergency Medical Transportation provider did not come timely to pick the consumer for their medical appointment. In this situation, the consumer requested their worker to drive them to their appointment. OHCC has received complaints when the worker then tries to be reimbursed for mileage. She shared that Commissioner Wentzell could have been seriously injured upon entering the Medical Transportation van, after Commissioner Wentzell shared photos of the incident. It is frustrating that we this known problem and it has not been dealt with up to this point. Because medical appointments are generally scheduled months out, if the consumer misses their appointment due to lack of transportation, their next option is probably being treated in the emergency room. Who is going to hold the medical transportation provider accountable? Is there a way to get new providers to replace those that are not doing their job correctly? Cheryl has been hearing about this problem for a long time; therefore, this is not a new discussion. We need to resolve this, so that consumers are not needing to make these complaints and to avoid the need for workers to file a complaint for transportation reimbursement, because the transportation provider failed to show.

Jackie Wetzel stated that there needs to be decisions around who owns developing solutions and doing implementation of these solutions. The system seems to be very fragmented.

Phil Warnock shared that there can be legitimate issues such as automobile breakdowns. Communications needs to happen timely from driver to company and broker when something like this happens. Driver abuse needs to be addressed by the company timely. If a company is not providing services properly, then it needs to be addressed by the company. Consistent issues at whatever level they occur need to be addressed and corrected. There were contract changes between the CCO implementation and the CCO point two contract implementation which resolved some of the issues. However, the correction impeded services in areas that had not been affected by the original contract. Mileage reimbursement one-time payments are difficult. One solution is to have the consumer's rep-payee receive the one-time payment to a refillable card for the next needed use. This provided some flexibility to providing for the consumer's needs. There is a large lag time for mileage reimbursement. In the past there was a streamlined procedure that processed mileage reimbursements all the time; however, there were occasional complaints when the batch was not processed as usual.

There are CCO restrictions about how many groceries can be purchased while waiting for prescriptions; however, getting a few necessities should not be a problem. Cheryl asked if they ever worked with consumers who did not have rep-payees. Phil replied that mostly consumers were receiving the reimbursement; however, there were rep-payees. Cheryl stated that there needs to be clear location to share this information with consumers. It would be great to be able to utilize the Employer Resource Connection (ERC) consultants, so that if they encounter this issue, they can let consumers know. Commissioner Johnson concurred with the idea to have information readily available for the ERC consultants and case management would be beneficial. Additionally, it would be helpful to have better information for case managers, and to include training case managers to assist consumers with NEMT services.

George shared his plan for the Translink board members to present to the CCO. It includes having different providers cover for each other. If one provider cannot pick up a consumer whom they dropped off earlier within 15 to 30 minutes of the scheduled time, another provider will cover for them. Commissioner McEwen requested an update on this plan and how it works, if approved.

Commissioner Wentzell also stated that all these problems exist with the skilled nursing facilities, as she experienced in the past. She waited for a provider to show up while she sat in the lobby, but they never arrived.

Mat Rapoza noted this is a long-standing problem, and action items are needed to address these concerns. Jackie noted the need for a standard of service level agreement. She will contact the assigned NEMT analyst in this conversation. Mat has spoken with consumers who own their vehicle and would prefer to be reimbursed for the mileage; however, the process is a bit cumbersome. The current reimbursement rate of 28 cents per mile needs to be increased. Cheryl asked if we have ever considered Uber or Lyft as an option. Also, there are consumers who have specialized vans and would prefer to have their workers drive them in these vehicles. Commissioner McEwen has been receiving services for years; however, this is the first time she has heard of the mileage reimbursement for using your own vehicle to get to appointments. Phil stated that this should be the first option in getting to medical appointments. Whenever a consumer contacts a brokerage regarding NEMT, it should be part of the intake and assessment to determine if this is the best option. Consumers who use their own vehicles allows them to determine their own schedule. They are not relying on the availability of a scheduled service. It is also the most cost-effective method.

Jaime Nino, OHA Ombuds Program Analyst 2, shared that he was glad to hear the historical information from Phil Warnock, and how the service became uncoordinated for members when it transitioned to CCOs. The Member Engagement and Outreach Committee restarted in January 2022 and works on communications with CCOs. He can take this discussion back to the committee so that they can help CCOs improve communication on how to access the NEMT services and reimbursement services. There are 16 CCOs with 16 different procedures. It is unfortunate for members who should have one process statewide.

Donny Jardine is the Medicaid Policy Analyst for OHA's Health Systems Division. He is the lead for NEMT and is working to refill this position again. Cheryl asked if the communication pieces are available on a public website, or how can that information be shared with others.

George commented regarding Uber and Lyft. Florida, Arkansas, and California tried this idea. It did not work very well, because there was fighting over contracts. If these two services do become an option, Oregon Health Authority (OHA) may need to determine how to divide the contracts to avoid any problems. Commissioner Wentzell shared that there may also be issues with vehicle maintenance in the contracts as well as ensuring the member safety during travel.

Commissioner McEwen thanked everyone for their time and sharing information. She stated that we will continue to keep this issue at the forefront in hopes that something good can come from this discussion. Cheryl shared that this is her wish as well.

OHCC Executive Director's Report

Cheryl Miller provided her executive director's report.

OHCC Workforce Website

During the pandemic, many providers left the workforce. Oregon Home Care Commission has a strategic workforce development plan that we continue to implement, including a new workforce development pilot project. Pre-pandemic, there were active, in-person recruitment events as well as an active Workforce Development workgroup which consisted of community partners, ODHS, OHA, Tribal Nations, workforce investment boards and union members, so will be meeting again soon.

There is an immediate need to recruit workers. Oregon has a good worker wage rate of \$16.67 per hour. If workers have the Professional Development Certification (PDC), they make 50 cents more per hour which makes it \$17.17 per hour.

Cheryl has requested the Office of Reporting, Research, Analytics, and Implementation (ORRAI) to provide a provider/consumer density report based upon

home addresses. This will allow us to see areas where workers will need to be recruited.

People can learn about the workforce from the OHCC Workforce Development website. We are working on a workforce development pilot project: Why a pilot project?

Potential providers are confused with the process of becoming a worker and/or where to find information. A central location via a virtual recruiter for this will streamline the process.

What will the pilot provide applicants?

- Virtual recruiter to learn about the homecare workforce.
- Workforce Readiness assessment to determine if the applicant has the soft skills for this work.
- Online application through DocuSign sent directly to local offices.
- Local office send ORCHARDS link to applicant for background check
- OHCC sends email to applicant on how to sign-up for the pre-employment orientation with Carewell SEIU 503/Rise Partnership Training

- There is current consideration to have the W-4, I-9, and identifying information sent to the local office through DocuSign. We are also currently looking at the E-Verify available through the Federal government.
- There will be paid social media ads to recruit the 18-35 age group,.
- We are also focusing on recruiting immigrants and refugees, veterans and men..

Commissioner Johnson's question:

What are the top three barriers currently affecting our workforce?

- Cheryl noted that access to information and a clear pathway is one barrier.
- Secondly, it is important to make a user-friendly process for potential workers to learn about this work and apply.
- Thirdly, recruitment is a barrier. We are interested in recruiting younger adults between 18-35, high school students (18 years of age), retired medical staff and veterans.

- There is also a plan to connect to social media such as Facebook and potentially Instagram and Twitter. Many rural communities have their own Facebook Page, and we will make connections with high schools and the chamber of commerce.
- Commissioner Volpe believes that the low pay (\$16.67 per hour) is the number one barrier for people to enter the workforce.
- Cheryl notes that workers can get their Professional Development Certification, the Enhanced Certification, and/or the Ventilator Dependent Quadriplegic (VDQ) Certification which is an additional \$3 per hour. There is also an upcoming Exceptional Certification which will be an additional \$3 per hour. All rates will increase next year. These certification rates are stackable, so workers are able to earn better wages. This needs to be made clear to workers at the beginning informational and recruitment process.
- OHCC has seen an increase in certifications. Oregon workers are some of the highest paid in the nation. Workers will receive a rate increase in January 2023. We are in the process of developing a step payment model.

OHCC Care Provider Guide

- New safety manual coming soon will cover topics such as Safe & Unhealthy Work Environments, Provider Accommodations, Workers' Compensation, Provider Overpayments, and others.
- The guide is with the Publications Department for editing and design.

Labor/Management Meetings

- Joint Issues Committee meets the third Wednesday of each month. This meeting covers issues related to communication and work processes.
- Provider Training Committee
- Developmental Disability/Mental Health (DD/MH) Committee
- Member Assistance Center (MAC)

REQUIRED REFRESHER TRAININGS (as of May 16, 2022)

All Active Providers Meeting Refresher Training Requirements					
Provider Type	Total Providers	Training Incomplete	% Incomplete	Training Completed	% Completed
All	37,467	10,974	29.3%	26,493	70.7%
HCW	19,760	5,503	27.9%	14,257	72.2%
PCA	407	144	35.4%	263	64.6%
PSW	18,412	5,470	29.7%	12,942	70.3%

Paid Providers (within the past 3 months) meeting Refresher Training Requirements:						
Provider Type	Total Providers	Total Paid Providers	Training Incomplete	% Incomplete	Training Completed	% Completed
All	37,467	25,943	2,631	10.1%	23,312	89.9%
HCW	19,760	14,385	1,847	12.8%	12,538	87.2%
PCA	407	259	30	11.6%	229	88.4%
PSW	18,412	12,238	823	6.7%	11,415	93.3%

Carina Update

- Pilot will happen in Clackamas, Lane, and Marion counties.
- One of the objectives is to create awareness of the Carina Registry.
- Carina Team and OHCC will communicate with end users and local offices.
- They will launch the platform in the pilot areas to test the system.
- Carina testing includes outreach to these counties. OHCC is working with SEIU regarding communications and rollout.
- Local offices are interested in who is training the providers (Carina and Carewell will do this). Some local offices would like a person to come to their office to provide trainings.
- There will be on-demand videos and regional rollouts through early 2023. The Carina team and Carewell will train workers on how to use the new system.

Cheryl is requesting recommendations from the commissioners to fill the commissioner vacancies.

Adjournment

The meeting was adjourned at 12:26 PM by Chair McEwen

2021 Attendance Record

Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Johnson	P	P	P	P	P	P						
King	E	P	P	P	P	P						
McEwen	P	P	P	P	P	P						
Moore	P	P	P	P	E	P						
Volpe	P	E	E	P	P	P						
Wentzell	P	P	P	P	P	P						

E=Excused, U=Unexcused, I=In-Person, P=Phone, effective 3/1/18

Attachments:

- Home Care Commission Minutes, May 5, 2022
- Home Care Commission Agenda, June 2, 2022
- Executive Director Report June 2022
- DD/MH Committee May 4, 2022 Report
- ERC March-April 2022 Statistics
- ERC Q1 2022 APD Timeliness
- ERC Q1 2022 Narrative Report
- HCW Workers' Compensation Report
- Home Care Commission Budget Report-April 2022
- June 2022 OHCC Update (Carewell)
- HCW Workers' Compensation Report
- PSW Workers' Compensation Report
- Training Report May 2022