

Committee on Direct Care Workforce Issues
WI Council on Long Term Care Reform

Meeting of November 16, 2004 – Minutes

Members present: Lynn Breedlove, LaVerne Jaros, Jo Ellen Kilkenny, Jessica Schmidt, Chris Sarbacker, Karen Secor, and Chuck Wilhelm

Others present: Susan Duvall, Ellen Felix, Judy Zitske, Molly Michels, Kevin Coughlin, Dan Johnson, Diane Peters, Jean Grube and Lorraine Barniskis

Meeting call to order.

Chair Lynn Breedlove called the meeting to order at 9:40 a.m.

MetaStar middle management training project

Diane Peters described the role of Quality Improvement Organizations (QIO), which are funded by the federal Centers for Medicare and Medicaid to improve the quality of consumer outcomes for clients of nursing homes and home health agencies. MetaStar is the designated QIO for Wisconsin. Several outcomes for QI projects over the next three years are related to the direct care workforce, including targets reductions of turnover of all nursing home staff by 50% and of nursing assistants by 15%. MetaStar will look at the specific reasons for turnover in each participating nursing home and recommend strategies specific to each home.

Working with the Kenosha County LTC Workforce Alliance, MetaStar is piloting a project with nursing homes and home health agencies to reduce direct care worker turnover and improve these workers' job satisfaction. Diane noted that the number one reason people leave jobs is their relationship with their direct supervisor. This project, which uses a train-the-trainers approach, is therefore focused on leadership development training for middle management. Four sessions of about 2 ½ hours each are provided, with homework between sessions. The modules include: communication, problem solving and conflict management, developing skills as a leader, and developing coaching and mentoring skills. Jean Grube of UW-Madison is evaluating what actually changes in participating organizations as a result of the training and doing a cost-benefit analysis. The Marathon County LTC Workforce Alliance is interested in participating in the next set of trainings.

Diane provided the full curriculum for the Leadership Development training, in both hard copy and floppy disk formats. Lorraine has this material, if committee members wish to review it. The materials are free to anyone in Wisconsin who would like to have them. MetaStar will also provide free assistance with organizing this training for any group of nursing homes and/or home health agencies.

Rate setting methodology for developmental disability services

Lorraine briefly highlighted information provided on a rate setting methodology developed by John Villegas-Grubbs for paying providers of developmental disability services in Arizona. The methodology sets basic hourly rates for direct care staff based on the intensity of client need. Employee-related costs (benefits, taxes), indirect costs (e.g., supervision, transportation, supplies) and general administrative costs are then added as a percentage of the basic direct care staff rate.

Committee members noted that even if the state or counties used such a methodology, it is difficult to assure that the wages and benefits actually paid to staff would be the same as those used in the rate calculation. If there is interest in pursuing this, further work would have to be done to determine how this methodology would work in Wisconsin, where the state sets CIP I rates to counties, who in turn pay private provider agencies.

Iowa CareGivers Association project

Lynn highlighted the written information provided members on the Iowa CareGivers Association project. This project found that a mentor training program, in combination with other strategies, did significantly reduce turnover among direct care staff in participating nursing homes, as compared to a control group. Several members noted, however, the complexities of implementing mentoring programs and the consensus of the group was that mentor training should be noted only as one possibility for training initiatives that could be undertaken by the state.

Calculating the cost of turnover

Lorraine briefly highlighted information on an employee turnover cost calculator that is available on the UW Extension web site. (See handout.) The committee discussed a variety of information that is available in the literature on turnover cost. Chris Sarbacker offered to provide information from an unpublished provider survey. This information will be reflected in the draft background section of the committee report to be reviewed at a later meeting.

Return on investment calculator

Lorraine briefly described a Return on Investment Calculator available on the web site of the Clearinghouse on the Direct Care Workforce. The calculator provides a cost-benefit analysis for user-entered factors related to raising wages of personal care workers. See handout, which also includes three trial runs using various assumptions.

Recommendations for committee report

The committee discussed first drafts of sections for the committee report on two topic areas: values and principles, and data collection. The discussion will be reflected in future drafts of these sections. There was also discussion of follow-up needed to assure that the committee's report does not just sit on a shelf. One approach would be for some members of the committee to meet with relevant staff of DHFS to discuss next steps. It was also noted that better coordination is needed between DHFS and DWD on these issues, and between counties and local Workforce Investment Boards.

CBRF administrative rule revisions

Kevin Coughlin, DHFS Bureau of Quality Assurance, provided a handout and described the re-write of HFS 83, the administrative rule governing CBRFs focusing on the training section. Currently, 45 hours initial training is required for resident care staff. Training may be provided by a CBRF or by another party. Both the training program and instructors must be approved by DHFS, but there is no mechanism for oversight of the training requirements. A number of problems have arisen with the current system, including some cases of fraud and ineffectiveness. Another problem is the lack of portability for the worker; the training may or may not be accepted by another CBRF and does not count toward training toward certification as a CNA. There is no directory for these workers similar to the CNA directory.

As one approach to resolving these problems, DHFS proposed that workers undergo competency testing by a third party. The advisory committee for the rule revision had objections to this approach, but has not yet proposed an alternative. The advisory committee, which is the CBRF break-out group of the Assisted Living Forum, will discuss alternative strategies at its meeting in January. Kevin invited participation in that discussion by interested member of this committee, as well as submission of suggestions separately. He will provide information about the date and time for the Forum.

After discussion, the general sense of the committee was that adding competency testing to current training requirements would be desirable if a system can be developed to make it feasible for providers and workers. The group will return to this issue when it discusses training recommendations, possibly developing criteria for BQA to consider in the rule revision process.

Committee business

- Minutes of the October 26, 2004 meeting were approved by consensus.
- Grant funding is available that could be used to support an event through which the committee could get wider input on a draft committee report before making it final. Members suggested consideration of several alternatives:
 - Having several regional meetings
 - Focus on a few sections of the report, rather than the whole thing
 - Focus groups in various areas of the state and/or with various stakeholder groups
 - Facilitated break-out sessions at either one central event or regional meetingsLynn and Lorraine will follow up with DHFS staff to discuss options further.
- February 22, 2005 was tentatively scheduled as an additional meeting date if needed.

Recommendations from the WI Council on Physical Disabilities

Dan Johnson provided a handout of recommendations from the WI Council on Physical Disabilities, which focus on self-managed care. The committee agreed that, in addition to including some of these recommendations in other sections of its report, there should be a separate section on consumers who self-direct their care and hire independent workers.

Meeting adjourned at 3:00 p.m.