

Health Care Workforce

Governor's Commission on Health Care Workforce

About me

- 2000-2006, 2008-Present ([MEAD](#)) PCA program consumer through GSIL
- 2000-2006, Social Security
- Vocational Rehabilitation client for education and vehicle
- 2000-2004 Computer Science B.S. from Rensselaer Polytechnic Institute (Troy, New York)
 - Two years of grad school, 2004-2006 (unable to complete due to income requirements for the Working Healthy program, more on that later)
- 2006-2016, software engineer for IBM
- 2007-2008, Kansas, WORK program, [Working Healthy Program consumer](#)
- 2011-Present, GSIL board member, although I will **not** be speaking as a board member or be providing their company materials to you today

I am not asking for **any** money.

Available Personal Care Programs

- PCA, PCSP, Private Pay
- PCSP services are those services which provide personal care assistance in the home, but you can be easily excluded from this program by earning income.
- PCA services are the same as PCSP services with some regulatory differences due to separate negotiations and program age
- MEAD allows you to earn income and gives you access to the PCA program.
- Private pay introduces the concept of using community organizations who have been awarded contracts by the state to provide PCA or PCSP services through private donation

About my program, PCA through MEAD

- [MEAD, Medicaid for Employed Adults with Disabilities](#)
- Only one provider in the state has been awarded the PCA contract, Granite State Independent Living
 - <http://www.dhhs.nh.gov/dcbcs/bds/documents/provideragencies.pdf>
- MEAD is a door to Medicaid, and Medicaid is what pays for the PCA program through Medicaid Managed Care (MMC). MMC companies (MCO's) are awarded contracts by the state, and in my case, it's "New Hampshire Healthy Families." Each unit of work is billed to the MCO.

Care requirements and statistics

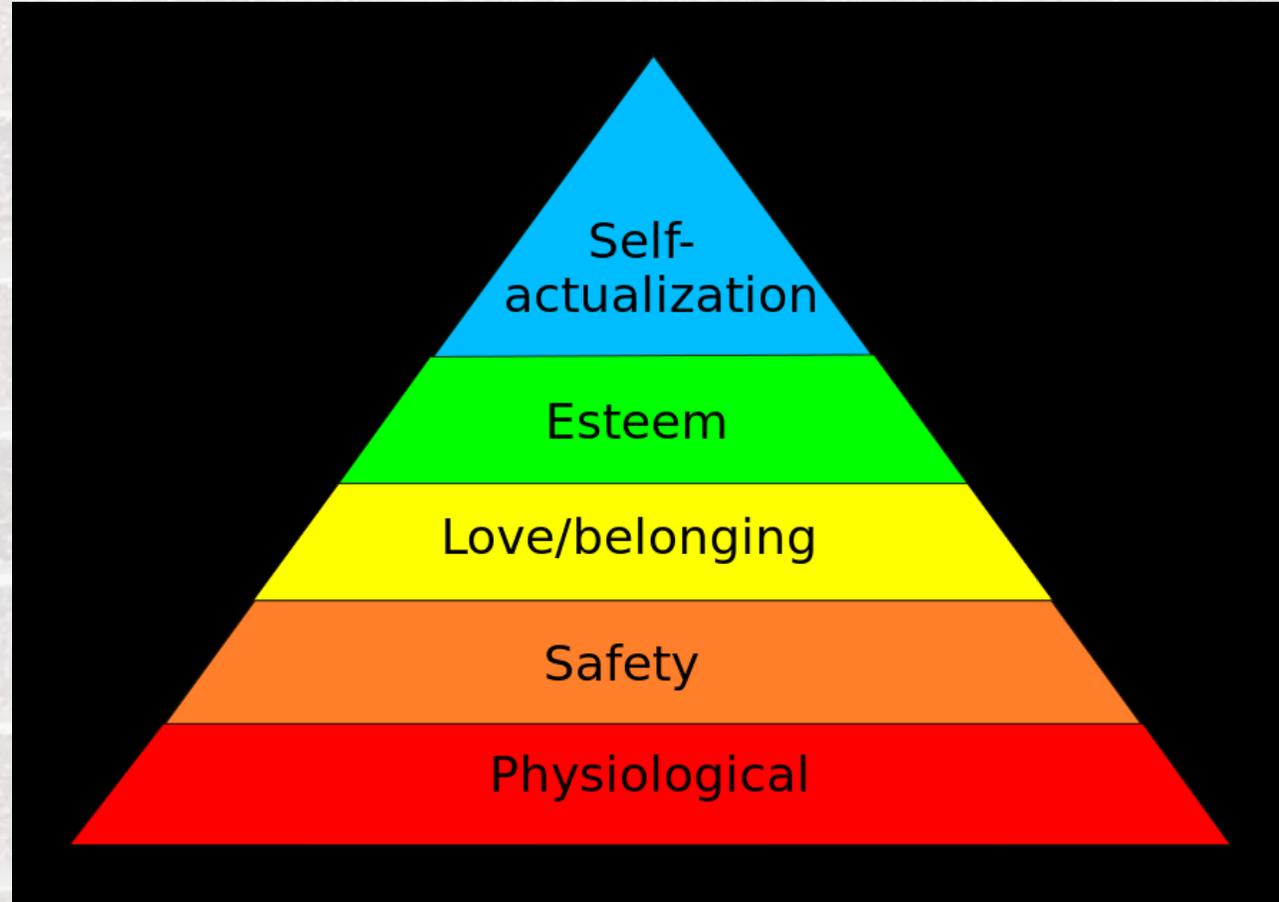
- Currently ~50 hours a week for care, delivered in two hour intervals for morning, afternoon, dinner, and bedtime shifts
- Showering, dressing, light housekeeping, body transfer, access to the bathroom, catheter care, food and hydration, range of motion, ADLs
- Workers are hired at \$2.56 per unit interval of work (15 minutes) by GSIL.

Care Challenges (briefly)

- It can take upwards of **two months** to hire someone. People do not want to drive to my house for two hours of work to get me out of bed. It is not uncommon for my workers to live at the poverty line and receive assistance from social programs themselves.
- This program requires a heavy degree of responsibility. If someone does not show up, I am stuck in bed.
- I may not leave my house for weeks at a time, as I can no longer drive and must schedule appointments. Public transportation is not available to me outside of my job hours.

Severity of Issues at the Individual Level

Altruism, established goals →



Lack of economic safety →

Food, water, clothing →

https://en.wikipedia.org/wiki/Maslow%27s_hierarchy_of_needs

Severity of Issues at the Provider Level

- Consumer Warehousing

- The process by which consumers of different services are maintained or increased unnecessarily, sometimes to “fill beds,” quotas, or program maintenance at the providers’ benefit

- Examples: [Lawsuit](#), [Hospital Quotas](#), [US Department of Justice letter to New Hampshire 2012](#)

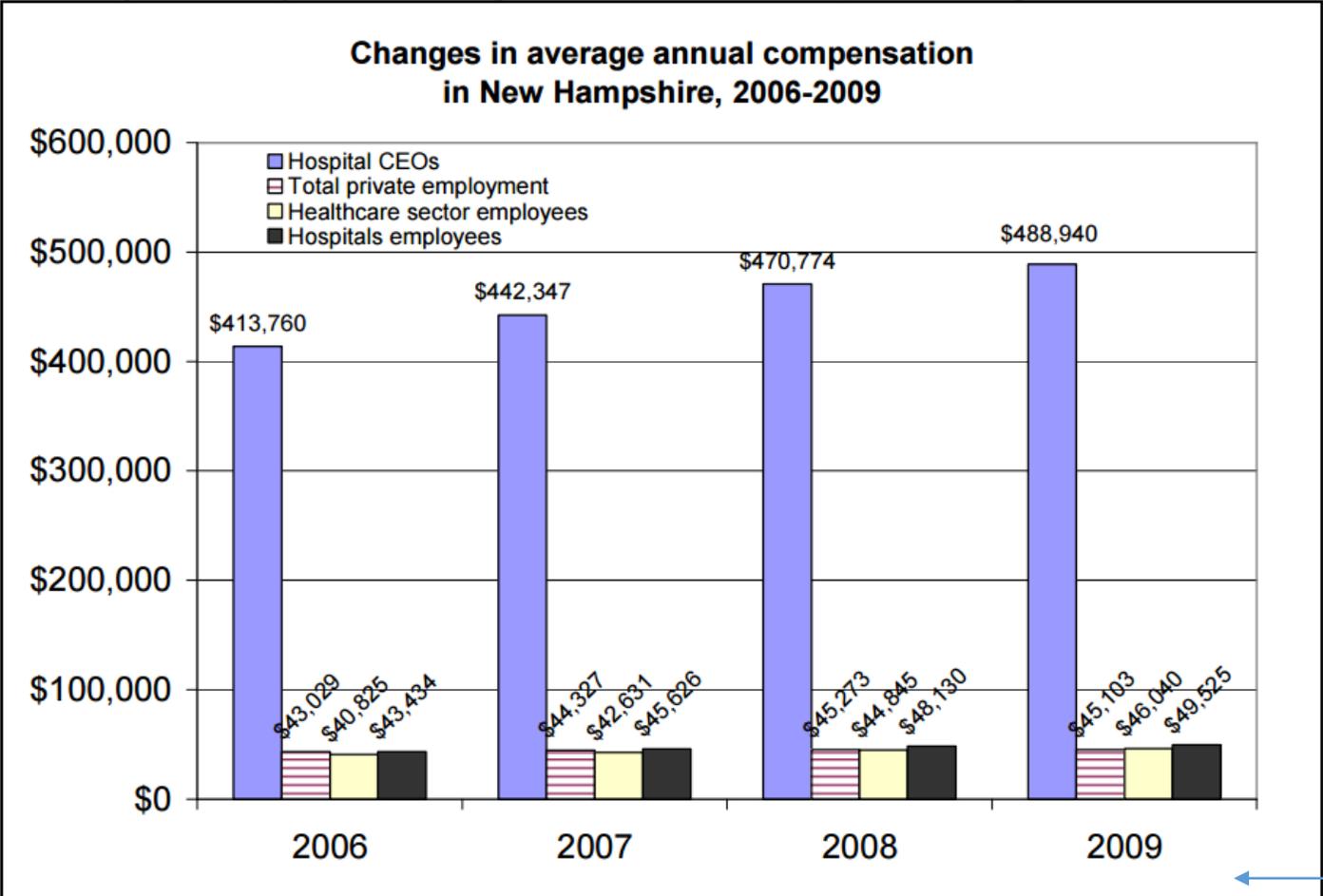
- Profiteering

- Nonprofit doesn’t mean no profit. It just changes where the profits go.

- And no New Hampshire or federal taxes.

Examples of nonprofit compensation

Figure 6: Changes in annual compensation by selected industry in New Hampshire, 2006-2009



Sources: IRS 990 filings (CEOs); NH Department of Employment Security Annual Census (all other)

Current Program Flow

- Programs can resemble archaeological digs, reflecting the time period they were created in.
 - While programs need to be authorized at regular intervals, programs can go many years without legislative review
 - Due to the nature in which laws are written, programs can be interpreted by the thought processes (including economic climate) and culture of the time
- From allocation, to RFP, to the providers, and finally to the consumers

Current Process

Budget award
(grants money, NH
budget)

RFP process

- One time, static process.
- Attracts the same people.
- Barrier of entry is raised later.

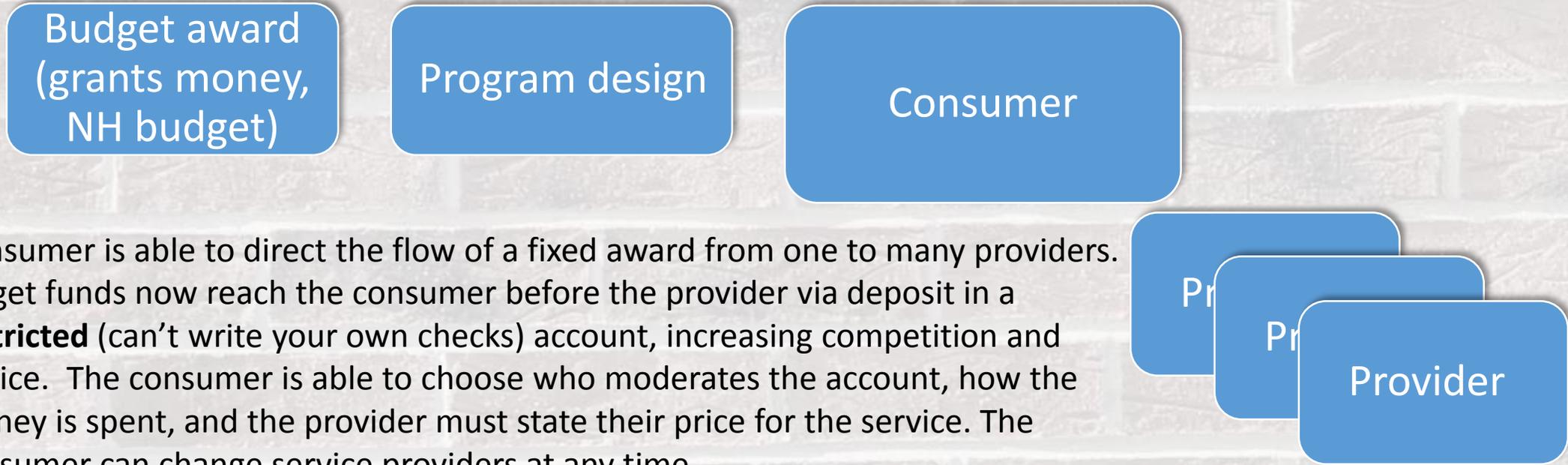
Provider awards

- Lack of oversight and regulation on efficiency.

Provider expenses

Consumer

Alternative Process



Consumer is able to direct the flow of a fixed award from one to many providers. Target funds now reach the consumer before the provider via deposit in a **restricted** (can't write your own checks) account, increasing competition and choice. The consumer is able to choose who moderates the account, how the money is spent, and the provider must state their price for the service. The consumer can change service providers at any time.

Key differences:

- Services are decoupled. Your HR can be different from your nurse, for example.
- The money is accounted for to the cent.
- Healthy competition and less restrictions on who can be a provider.
- The consumer is empowered.

This is a real model in practice. This model has already been done in the state of Kansas.

What the PCA Program Could Look Like

- Consumer chooses who does the HR/payroll
- Consumer chooses the nurse for the 60 day visits
- Consumer would set the pay rate for the care worker

The good news, we can do more without directing more money at the program.

It is a discount from what the state is currently paying, while increasing the living wage and size of the care workforce.

There's more...

We are running out of time for this presentation, but I wanted to list a few more suggestions that I could expand on by request.

- Make nonprofit filings publicly available (transparency) on the website instead of by official request.
- Require the MCO reimbursement rates to be made public.
- Reopen the provider award process at regular intervals for state programs
 - Alternatively, allow current and **new** businesses to participate as providers in an open system.
 - Closed systems remove choice and decrease competition.

Suggestions

- Require efficiency guidelines on money directed at programs.
 - We already have cost certainty at a more abstract level by signing onto managed care, there needs to be an equal concern for the care certainty provided to consumers.
- Work with New Hampshire nursing to define training requirements so that nurses in training can get their field requirements met by working in community-based care settings.
 - Currently, LNA's in training can only get their educational credits by participating in institutional settings under RN supervision.
- Consumers should be made aware of criminal complaints against care workers before and after hiring.
 - Employers should be able to access employee files by request.

Suggestions

- It is possible for certain individuals with disabilities to earn enough money to pay for their own care, but the amount needed to do that exceeds the income limits of the MEAD program.
 - Allow every dollar over the income limit (minus federal taxes) to be paid back into the program. The consumer would be incentivized to leave the program and be able to pay for their own care.
- Allow retirements to be exempt from asset counting even after leaving the MEAD program. Currently, the MEAD program allows you to have a retirement account, but as soon as you retire, moving on to the other long-term care programs would seize the assets.
 - Persons with disabilities experience a rigid educational and income ceiling, where the issue of losing their healthcare prevents them from seeking or achieving economic (and incidentally educational opportunity) independence. Right now, there is no retirement plan or lifetime career incentive for persons with disabilities, a complete oversight of the MEAD program.

Suggestions

- Allow persons with disabilities to marry.
 - Persons with disabilities are discouraged and prevented from marriage because of their spouse's assets and income. Personal care is the ability to live, and there's no alternative to it.
 - Going back to the image about Maslow's hierarchy of needs, there are not only civil rights issues to think of here, but the health, safety, and well-being achieved by pursuing an American family life. Need to start thinking of disability in the context of being a detail of active living rather than as an inferiority or a sickness by which there is a separate, lesser American dream.
 - Conflating disability and poverty has created poverty itself as a life sentence for consumers. Persons with disabilities must live under poverty guidelines not because they are poor but because they have a disability. And unlike poverty, there is no path to not having a disability. As a result, it becomes a permanent, systemic economic sentence of enforced poverty.
- Modify the MEAD program to allow short-term and long-term disability as work-related income.
 - If a person with a disability get in a car accident, will they be able to stay on the MEAD program if they go through a period of unemployment?
 - The MEAD program allows assets and income that other long-term care programs do not. Being shifted between programs is devastating. Need to improve the lifelong vision of persons with disabilities' long-term care.

Suggestions

- Unified the PCA and PCSP programs.
 - Lack of modernizing the PCA program disincentivizes people from seeking employment.
 - The penalty of losing personal care disincentivizes people seeking employment.
 - Restricting retirement, education, savings, marriage and family are disincentives.
 - Unemployment statistics for persons with disabilities
 - <https://www.dol.gov/odep/pdf/20141022-KeyPoints.pdf>
- There needs to be a path for persons with disabilities to achieve life's milestones for **the entire lifecycle**, as we are human beings that will achieve if given the chance

In conclusion

- Consumers who are doing community-based care are given the responsibility for doing their own hiring, firing, management, a variety of paperwork, and their own care. That's already happening now. Together, we need to take the next step.
- Please include consumers and their voices directly. We want to help you help us.
- I'm available to speak privately or in groups.
 - Dan Hebert
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