



Testimony before Joint Legislative Committee on Aging
April 26, 2012

Good afternoon. I am Anita Bradberry, Executive Director, Texas Association for Home Care & Hospice. TAHC&H represents over 1,300 licensed Home and Community Support Services Agencies that provide Personal Assistance Services, Home Health, and Hospice to persons of all ages across Texas. I also serve on the Promoting Independence Advisory Committee to the Texas Health and Human Services Commission as well as its subcommittee on Direct Service Workforce.

I have been invited to address Formal Workforce Barriers before you today and would like to focus on the most critical aspect which is Direct Support Workers (DSWs) who are unlicensed and primarily provide personal care (bathing, dressing, grooming, toileting, transfer and ambulation, meal preparation, assistance with self-administered medications), as well as other support services (protective supervision, shopping, escort to medical appointments, laundry, light housekeeping), and in some instances certain tasks delegated by a registered nurse.

According to the Home and Community-based Services Workforce Advisory Council's Final Workforce Recommendations presented to Commissioner Suehs November 2010, the state faces serious challenges in meeting current and future needs for a stable and adequate direct-support workforce. The demand for direct support workers (DSWs) in Texas is expected to increase substantially over the next decade due to numerous factors, including the aging of the baby boom generation, the aging of family caregivers, and the increasing prevalence of disabilities. Meanwhile, retaining direct-support staff has long been a challenge; job turnover rates are high throughout the state. Low pay is a significant issue, with Texas having the lowest rate of pay among these types of workers throughout the nation in 2008. Lack of job benefits, inadequate training, and other issues affecting the direct-support workforce were also identified.

Each year, I adopt a theme for our office, and this year it's "It is time!" Do you think that it is time that the state recognizes the amazing job that DSW's have done serving those in need at inadequate wages and no benefits? We can talk about strategies to increase and stabilize the workforce but nothing else will matter until Texas decides to invest in its direct support workforce and substantially increase the wages. "It is time!"

According to an April 2012 survey of State Home Care Associations, Texas is still the lowest of all states in "the minimum rate paid for Medicaid Personal Care Services"—Kentucky is highest at \$30 per hour and Texas is lowest at \$10.48. This is not an average—this is the lowest rate paid. The 37 states' responses fall into the following ranges:

1 (State)	\$30/hour (Kentucky)
5 (States)	\$19 - \$21/hour
12 (States)	\$16 - \$18.99
14 (States)	\$14 - \$15.99
4 (States)	\$12.91 - \$13.80
1 (States)	\$10.81 (Texas)

Texas is \$2.10/hour lower than the second lowest response. Now you may be in shock for one reason or another—either that Texas is so low or that the other states are so high. So, let's compare rates within Texas Medicaid. (So what is the purpose of the following information???)

Primary Home Care/Community Attendant/Family Care *non-priority* attendant rates:
\$8.34 direct + \$2.07 indirect = \$10.41 base rate
\$9.49 direct + \$2.07 indirect = \$11.56 highest rate (level 23 attendant enhancement)

Primary Home Care/Community Attendant/Family Care *priority* attendant rates:
\$9.22 direct + \$2.25 indirect = \$11.47 base rate
\$10.37 direct + \$2.25 indirect = \$12.62 highest rate (level 23 attendant enhancement)

Community Based Alternatives Waiver attendant rates:
\$8.90 direct + \$2.30 indirect = \$11.20 base rate
\$10.05 direct + \$2.30 indirect = \$12.35 highest rate (level 23 attendant enhancement)

CLASS habilitation rates:
\$10.64 direct + \$3.21 indirect = \$13.85 base
\$11.79 direct + \$3.21 indirect = \$15.00 highest (level 23 attendant enhancement)

Supported Home Living Waiver attendant rates:
\$16.29 attendant direct + \$1.12 other direct + \$5.00 indirect = \$22.41 base
\$17.44 attendant direct + \$1.12 other direct + \$5.00 indirect = \$23.56 (level 23 enhancement))

The direct portion of the PHC/CAS/FC *non-priority* rate is about half (51%) that of the Supported Home Living rate. The direct portion of the Community Based Alternatives Waiver rate, where the service recipients are nursing home eligible, is actually less than that of the PHC/CAS/FC *priority* rate.

The two programs serving the elderly have substantially lower rates than the other two. This variation in the rate causes an unequal shift in the availability of the workforce between Texas programs unfairly creating workforce challenges for certain segments of the population.

The Legislature should appropriate sufficient funds to raise the base direct rate for non-priority PHC/CAS/FC from \$8.34 to at least \$9.22; the base direct rate for priority PHC/CAS/FC and CBA programs from \$9.22 and \$8.90 respectively to at least \$10.64. Agencies should continue to have the opportunity to select up to Level 23 attendant enhancement levels with spending accountability requirements, to give them the flexibility to determine wages and benefits based upon regional market demand, performance, longevity, experience, skill levels, etc.

Managed Care – Given all of the challenges expressed specifically in regards to the low wages in Texas, it is imperative that Managed Care maintain rates no less than the established State rates. Lowering rates will only serve to exacerbate the workforce challenges we currently face and decrease quality of care.

Other possible barriers:

Wages—While we discussed state Medicaid rates nationally and among Texas Medicaid programs, there is also other competition in the home care arena—Medicare home health aide and private pay personal assistance services which pay \$2 - \$4 higher than the minimum wage (\$7.25/hr) paid in PHC/CAS/FC. Fast food chains also advertise \$3-\$4 higher wages, with benefits.

Benefits--Due to the low direct attendant rates, agencies are not able to offer benefits such as health insurance, holiday, vacation, or sick leave.

Part time—the majority of attendants work part-time so as not to qualify for benefits available to full time employees. While part time work could be considered a draw back by some, many people want to work only part time and like flexible hours to fit into their family demands. If a person needs to work full time they will need to work up to 39 hours for one employer or work for multiple employers if 40 or more hours are desired.

Travel—attendants need dependable transportation and incur travel costs. With gasoline prices continuing to increase, attendants frequently limit their service area, making it difficult for agencies to serve persons in remote areas. Most attendants provide services to only one client which limits travel. If they serve multiple recipients in one day, then agencies must pay for travel time between recipients. Since agencies are only paid for face to face time, the hourly wage paid to the attendant may be lower since part of the time paid to the attendant would not be recognized as billable hours. While agencies strive to schedule attendants with clients in their locale to minimize travel, many agencies are beginning to pay “trip fees” or mileage to attendants if they have to travel a significant distance.

Training—The model in Texas is to match the attendant to the recipient by first asking the recipient if there is someone they know they would like to have as their attendant. Many times there is a family member, neighbor, or friend who is already familiar with their needs. Otherwise, agencies recruit someone specific for that recipient. Person-centered orientation/training is provided by the supervisor, as well as the recipient and/or family member, in the environment where the recipient will receive services, and competency of the attendant in providing the assigned tasks is determined. There are excellent attendants with natural caregiving abilities who do not want or need formal training, and in fact may not be able to read or write well or perform well on tests. Formal training has proved difficult for attendants to obtain since they do not normally go into the office to receive training, or they may have child care or other scheduling conflicts to take courses off site. Also, the agency would have to pay them for time to take any required training. If the state would like a more trained workforce, then they could establish levels of training, and a tiered reimbursement schedule for attendants having these levels; however, it should not be a requirement as we would lose many qualified attendants.

Electronic Visit Verification—The jury is still out on whether this will have a positive, negative, or no effect on attendant retention. While the conventional thinking was that as long as everyone had to do EVV, then attendants would have to do it—they couldn’t go to another recipient or another agency and not have to do it; however, based upon initial feedback, it is possible they will stop being an attendant, or at least for Medicaid programs. The structure of the EVV system, the specificity of fixed schedules, use of the fixed verification device, and stress in the relationship between the client and the attendant are all common complaints in use of the device in the pilot areas. TAHC&H continues to work with its members, consumer and attendant organizations, and DADS to identify and determine if the system can be improved.

Here we are in 2012, having gone through a very difficult 2011 Legislative Session, now dealing with interim charges, and expecting that the 2013 legislative session will be as difficult if not more so than the last. At the same time, HHSC is developing a dual eligible project as well as a “transformation” waiver. The emphasis is on reducing costs in the high cost settings, and using long term home and community care as a key piece of this formula. It is time! Now is the time for Texas to invest in its direct support workforce and substantially increase the wages to ensure the viability of the low cost alternative to the high cost services.

We look forward to working with you and other stakeholders in this process.