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STATE OF CONNECTICUT
GOVERNOR DANIEL P. MALLOY

Personal Care Attendant Working Group

Special Meeting

Wednesday, December 21, 2011

Room 310, State Capitol Building – 1:00pm

Members Present: Dennis Murphy (Chair), Larry Fox, Kathy Bruni, Dr. Candace Howes

Members Absent: S. Fae Brown-Brewton

- 1) **Call to Order:** Dennis Murphy called the meeting to order at 1:07pm.
- 2) **Approval of Minutes:** Dennis Murphy moved to approve the minutes of the 12.9 Personal Care Attendant Working Group Meeting a 1:10pm. Larry Fox seconded.
- 3) **Invitation for Public Comment:** Dennis Murphy invited members of the public who were in attendance to submit public comment.

Debbie Barisano, a personal care attendant and founder of the Connecticut Association of Personal Care Assistants said that personal care assistants develop a close relationship with their clients. There is a finite amount of money available to pay PCAs and if unions lead to increased wages, the amount of hours for PCAs will decrease. The pay rate for PCAs is currently set by the employer and that may not be true once there is a union. Will there still be autonomy for the client? Why is there no one from the disability community or any providers on the working group?

Stanley Emmon lives with someone with a stroke at home and understands the importance of the work done by PCAs. He believes that the Governor does not have the right to make laws through executive order.

Senator Joe Markley, the ranking member of the Human Services Committee, did not know of this issue until Cathy Ludlum approached him about it. He heard that the disability community did not want a change. Legislation that would allow majority representation for PCAs came before the Human Services Committee and it never made it to a vote in front of the legislature. Senator Markley encourages the Governor to introduce this through the legislative process, not through executive order. He encouraged the workgroup to review the testimony presented to the Human Services Committee.

Representative Al Adinolfi asked if this executive order and the unionization of PCAs would require a family member caring for another family member to join a union.

Gary Waterhouse, from the Connecticut Association of Centers for Independent Living said that his association spoke on behalf of PCAs in the past because of the fiction that there is no employer for PCAs to bargain against. They have advocated for better wages and healthcare but not enough has been done to build it into a true career.

Cathy Gorski, Legislative Aide to Senator Len Suzio said that her father had Alzheimer's and she lived with him so she understands some of what the PCAs are going through. But, if they are unionized, their services will be more expensive and the clients should have the right to let their worker go if there is a difference in personality. Claude Holcomb, a member of the disability community came by her office and it made her ask, should we be legislating for the disability community or the workers?

Steven Mendelson, an autistic adult, said that there should be representatives of the disability community and PCAs on the working group but there are not as there are on the FCC working group. Cathy Ludlum would be a good representative. He is afraid that the executive order sends us down a path towards more harm than good and is worried that the group is using other states as role models where SEIU has used bullying tactics with their members. Other states have seen PCA wages drop because of dues paid to SEIU. He would like to see the Governor rescind the executive order and start over with members of the disability community represented on the working group and in the crafting of the executive order.

Claude Holcomb, a member of the disability community, pointed out that the tide is turning towards homecare around the country to save money. Attendants need to make a good wage and have good benefits but the union will get in the way and do more harm than good. It will result in higher wages and fewer hours available to clients to hire workers. It will also make it more difficult to fire workers.

Cathy Ludlum, a member of the disability community, has employed PCAs for 23 years. She is saddened that no PCA or member of the disability community is on the working group. Living in the community, for her, requires reliable back-up and she must have many PCAs to fall back on if one isn't available. She is afraid that a Massachusetts-type system would come along with unionization that would force part-time PCAs out and reduce the number of attendants she has to count on. She has received feedback from other states that says unionized workers are worse, less cooperative and their allegiance is to the union and not their client. SEIU is also anti-worker. People with disabilities and their assistants work as a team and the union will create an "us vs. them" mentality. There must be an emphasis put on eliminating fraud from the system and it is important to find ways to increase wages, provide healthcare but there is a finite amount of money and unionization will only hurt, not help.

Mary employs a PCA and that allows her to be more autonomous. She wants to see better benefits for her PCA but wants to know where the money will come from. The union will either lead to reduced hours for her PCA or add costs and she worries about her ability to continue to live in the community if there is a union. Formal training would also be harmful because she

knows the best way to instruct her assistant as to how to care for her. Please reconsider the executive order.

James Quick, the Vice President of the Independent Living Council, is concerned about the administration's failure to listen to people with disabilities.

Estelle Stevenson, from We the People, Inc. says that the executive order establishing the working group is unconstitutional and therefore all of the proceedings of the working group are moot.

Diane Scantlebury, a PCA for eight years, said that it is difficult to support herself and her family working 20 hours a week for each of two consumers that she has. She wants to care for just one client but that isn't currently possible and that needs to be changed. She has no healthcare and the cap on hours doesn't allow it. She believes that a union could help solve those problems. In Massachusetts, PCAs have access to health care and she will benefit from a union contract that will allow her to provide for her son.

Sandra Prince, a PCA, loves her client and her job. She would do anything for her client but when she got sick, she had no insurance and the PCAs need someone to help them too.

Another PCA said that when her client went to the hospital, she no longer gets paid even though her client receives Medicaid benefits still. She couldn't find additional work and collective bargaining would provide a voice for PCAs as well as stable hours and help finding consumers.

Imla Eubanks, a consumer, said that PCAs don't get the benefits they deserve such as holidays or paid sick time and they receive no health care. They are like family and should be treated with respect. She supports the union and believes it will lead to better care.

Dawn Luciano, a PCA for five years, believes that it's important to have a union to bargain for better benefits, wages, and to speak for all who are not present. She wants being a PCA to be a career, but it can't be without a union.

Melissa Pinnick, Healthcare Staff at SEIU, said that challenges to PCAs include low pay and no healthcare. Eight states already have collective bargaining for PCAs and it leads to stability. It brings in more workers and provides the stability to keep them in place. Massachusetts provides training which leads to the ability to grow in the profession and stability for providers and consumers and having a voice helps providers feel appreciated.

Pam Salamone said that the disabled community should be able to choose their own PCAs. The union will take away the autonomy of the clients and interfere with what is a very personal relationship.

Kathy Bruni, Department of Social Services, explained the Medicaid waiver program to the working group. A Medicaid waiver is given to individuals in lieu of nursing home services and is for specific services. DSS manages several Medicaid waiver programs including the PCA waiver and the Elder waiver. The waiver must ensure cost neutrality and must be under the nursing home cost cap. The cap is set each year as the average cost of nursing home care and is currently \$5,800 a month for the elderly. There are three different levels of waivers, 60% for

those with two ADL needs, 80% for those with 3-4 ADL needs and 100% with those with 5 or more ADL needs. The cost of waiver services plus Medicaid plan serves must be equal to or less than the cost of the nursing home.

Larry Fox asked how many people are on Connecticut PCA waivers.

Kathy Bruni said that there are 750 on the PCA waiver and 10,000 on the Elder waiver. There are 17,000 on Medicaid in nursing homes. The Department of Developmental Services also covers 7,000 on personal support.

Larry Fox asked if an individual needs to be Medicaid eligible to be eligible as a consumer.

Kathy Bruni said yes. She continued by defining self direction as the employer having the right to hire, fire and train their attendant. A case manager with DSS or DDS determines a plan of care and determines the number of hours needed by the client that will be covered.

Dennis Murphy said that it will be very important that any findings by the working group ensure that the client maintains control of their care either through legislation or as part of the agreement between the union and the employer.

Candace Howes pointed out that in the information the working group has on practices in other states, the consumer has maintained hiring and firing rights.

Dennis Murphy said that under any potential collective bargaining agreement, unions should not be able to file grievances over events that take place in the home between the worker and the client.

Kathy Bruni outlined policies concerning unemployment for PCA workers. They must work at least 28 hours per week to receive unemployment and the employer doesn't pay anything above the amount that they receive from Medicaid. That comes out to \$13.35 in wages to PCAs.

Dennis Murphy asked if workers could charge anything on top of the rate covered by Medicaid.

Kathy Bruni said the clients participating in the Medicaid waiver programs cannot afford to pay any additional wages and if the consumer needs more hours, they must apply for a re-evaluation with DSS or DDS.

Larry Fox asked if the consumer can negotiate giving more hours to the worker in exchange for lower pay.

Candace Howes asked if Allied, the fiscal intermediary that pays PCAs, benefits from an increase in the maximum allowable rate paid to PCAs.

Kathy Bruni said no to both questions. She raised the question of whether collective bargaining would raise the maximum allowable pay rate and thus cut hours worked by PCAs.

Larry Fox asked how many consumers are at their cap number.

Kathy Bruni said that she doesn't know how many are at the cap and that it will be hard to determine. Kathy said that any changes in the maximum allowed rate will risk exceeding the Medicaid cap, may lead to fewer hours available to clients and will affect the state's budget process. She also asked how mandatory training – that is a part of the collective bargaining process in many states – will affect the consumer directed nature of the care. How is training reconciled with the consumers desire to guide their care? She has talked to officials in state of Washington and is waiting to hear how their rate structure is broken down. They have lower rates in Washington and there is also controversy in that state over the training question. One of the most important questions is still concerning the affect on the cost neutrality of the waiver.

Candace Howes pointed out that Connecticut is going through a rebalancing along with the rest of the country in a shift towards home care. Will more people in home care save the state additional money that will allow the state to raise the average cost for people on waivers? Will more people out of nursing homes reduce costs?

Kathy Bruni said that if a nursing home is usually at 90% occupancy and then it drops to 85% occupancy, they will still do what they can to occupy those beds or they will ask for rate relief from the state so there are less predictable savings from that than you think.

Dennis Murphy passed out a list of important questions for the group to answer moving forward. The group agreed that there should be an official from Massachusetts knowledgeable on this process present at the next meeting to talk about their process and their findings.

4 Adjourn: Dennis Murphy moved to adjourn the meeting at 2:55pm.