



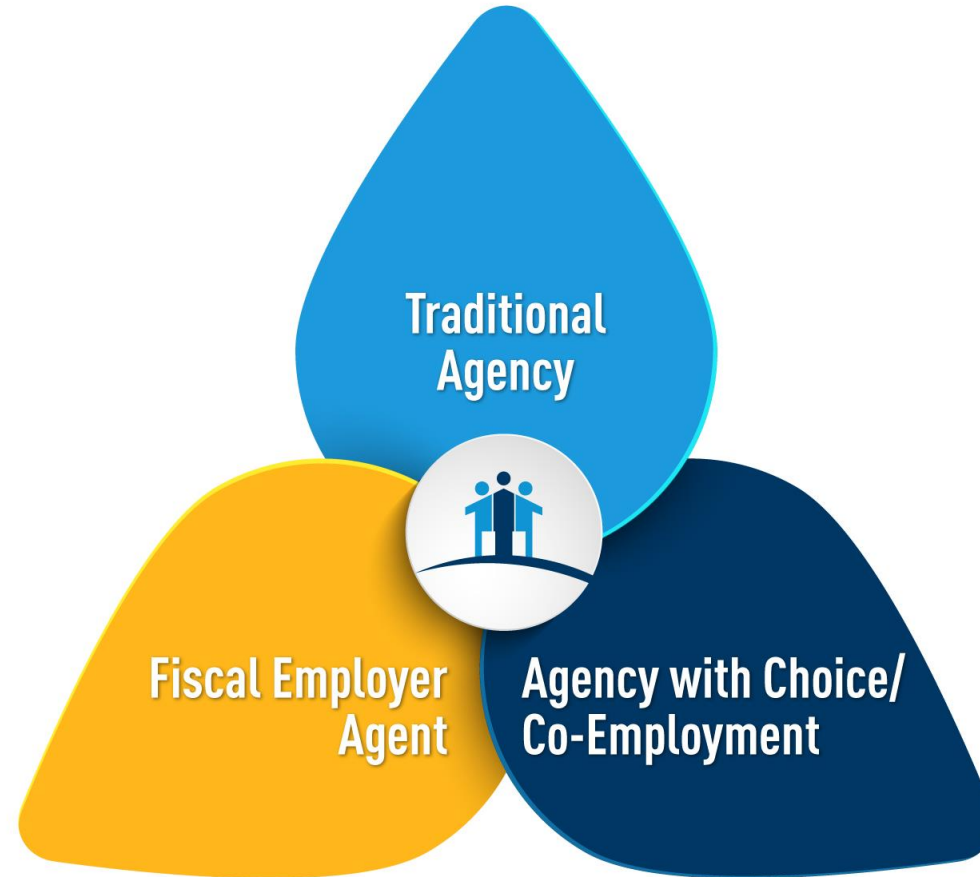
Agency with Choice – A Model For Oregon

November 6, 2023



Models of Personal Care

By offering multiple models of personal care, participants receive care in the model that meets their needs.



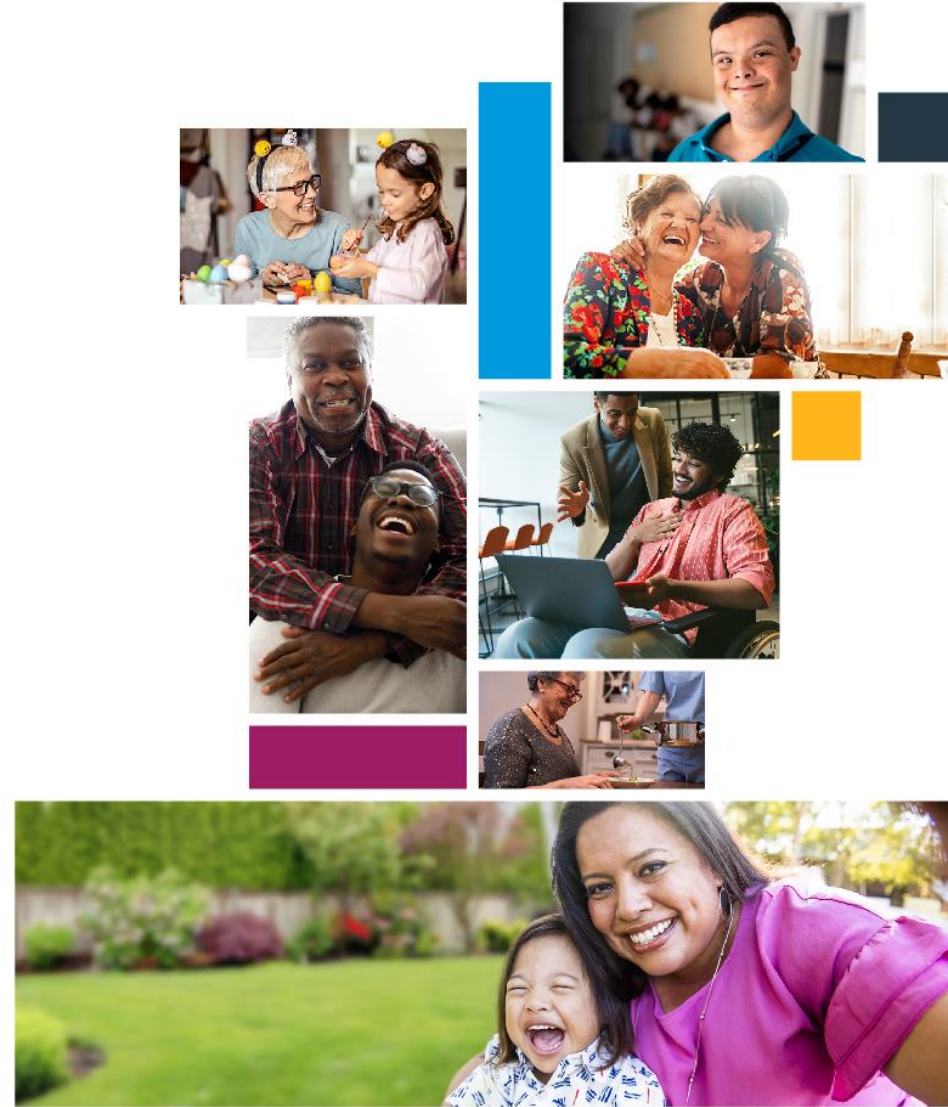
Models of Personal Care – Agency with Choice

Agency with Choice

- ❖ Balance of self-directed philosophy and security of larger, legal employer
- ❖ Co-employer relationship
 - ❖ Consumer serves as the managing employer – selects, schedules, and manages workers
 - ❖ Provider agency retains responsibilities of being a legal employer
- ❖ Provider agency accountable for worker and participant qualifications, program reporting, and DHS deliverable / compliance
- ❖ Typically, less expensive than traditional services, but more expensive than FEA service model

Benefits For the Consumer

- ❖ Self-directed philosophy
- ❖ Person centered approach
- ❖ Security and safety of agency involved
- ❖ Increased engagement in services
- ❖ Caregiver choice
- ❖ Addresses and improves workforce needs
- ❖ Possible wage decision
- ❖ Schedule control and flexibility
- ❖ Highest satisfaction among homecare models



Benefits For the Worker

- ❖ Managed directly by consumer / representative
- ❖ Legal employees of an agency
- ❖ Continued access to health insurance
- ❖ Continued access to workers' compensation
- ❖ Consistent training requirements
- ❖ Maintain union access
- ❖ Highest satisfaction among homecare models



Benefits For the State

- ❖ Eliminates risk of being joint employer
- ❖ Addresses needs to support self-direction
- ❖ Increased caregiver workforce
- ❖ Provider agency accountability and systems
- ❖ Maintains collective bargaining
- ❖ Community engagement by employers
- ❖ Highest satisfaction among homecare models



Consumer and Worker Satisfaction

CDCN Annual Survey – Satisfied Responses

- ❖ Traditional Agency Based: 89.9%
- ❖ Agency with Choice: 98.9%
- ❖ Fiscal / Employer Agent: 97.4%



Short History of the **WA CDE Program**



Washington – In-Home Personal Care Program Pre-CDE



More than 42,000 clients

- ❖ Receiving LTSS or Intellectual/Developmental Disability (I/DD) support needs

Served by 48,000 caregivers / individual providers (IPs)

- ❖ Many family Consumers
- ❖ Diverse backgrounds, cultures, and primary languages
- ❖ Covered by a collective bargaining unit
- ❖ Annual provider turnover = 40%

Supported by 3,000 case manager and contracting staff

Policy Goals of a Move to the CDE

Transferred the administrative functions and responsibilities of IP management from state and contracted case management staff to the Consumer Directed Employer.

Clients

Retain self-direction functions (assign tasks, identify schedule, dismiss caregivers).

Case Management Staff

Have more time for assessment, service planning, service plan monitoring and working with clients to support activities to maintain their health and wellbeing.

Individual Providers

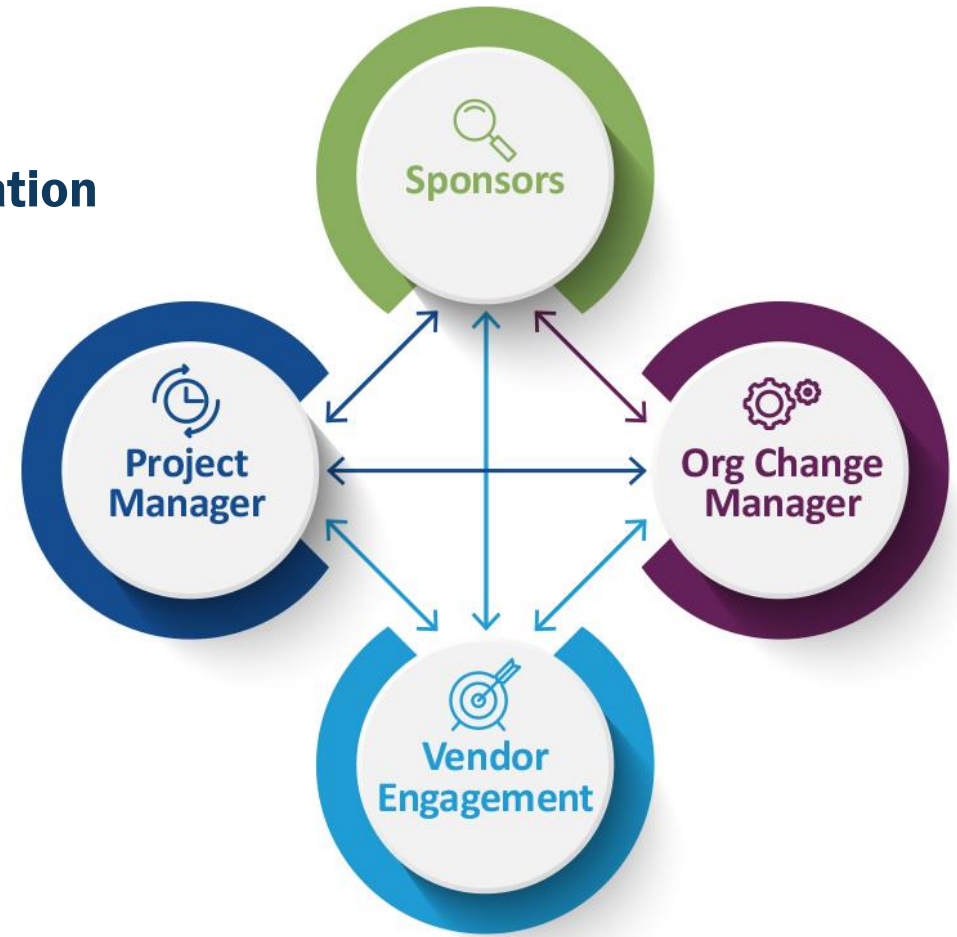
Work with a single, expert entity for payroll, tax reporting, credentialing, and other concerns.

*** graphic provided by Washington Department of Social and Human Services*

Process Parameters

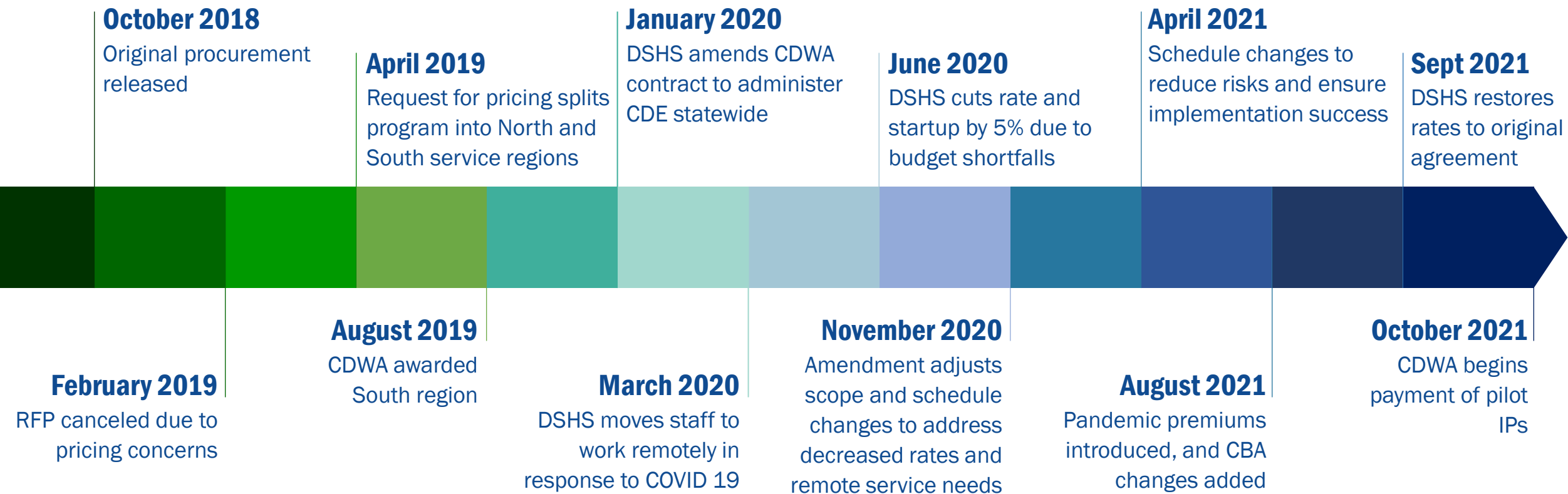
The State of Washington chose to contract with a project management consulting group to assist in the implementation of the program.

- ❖ Experts in project and change management
- ❖ Familiar with CDE legislation
- ❖ Used an integrated approach:
 - Project Management
 - Organizational Change Management
 - Sponsor Commitment (DSHS)
 - Vendor Engagement

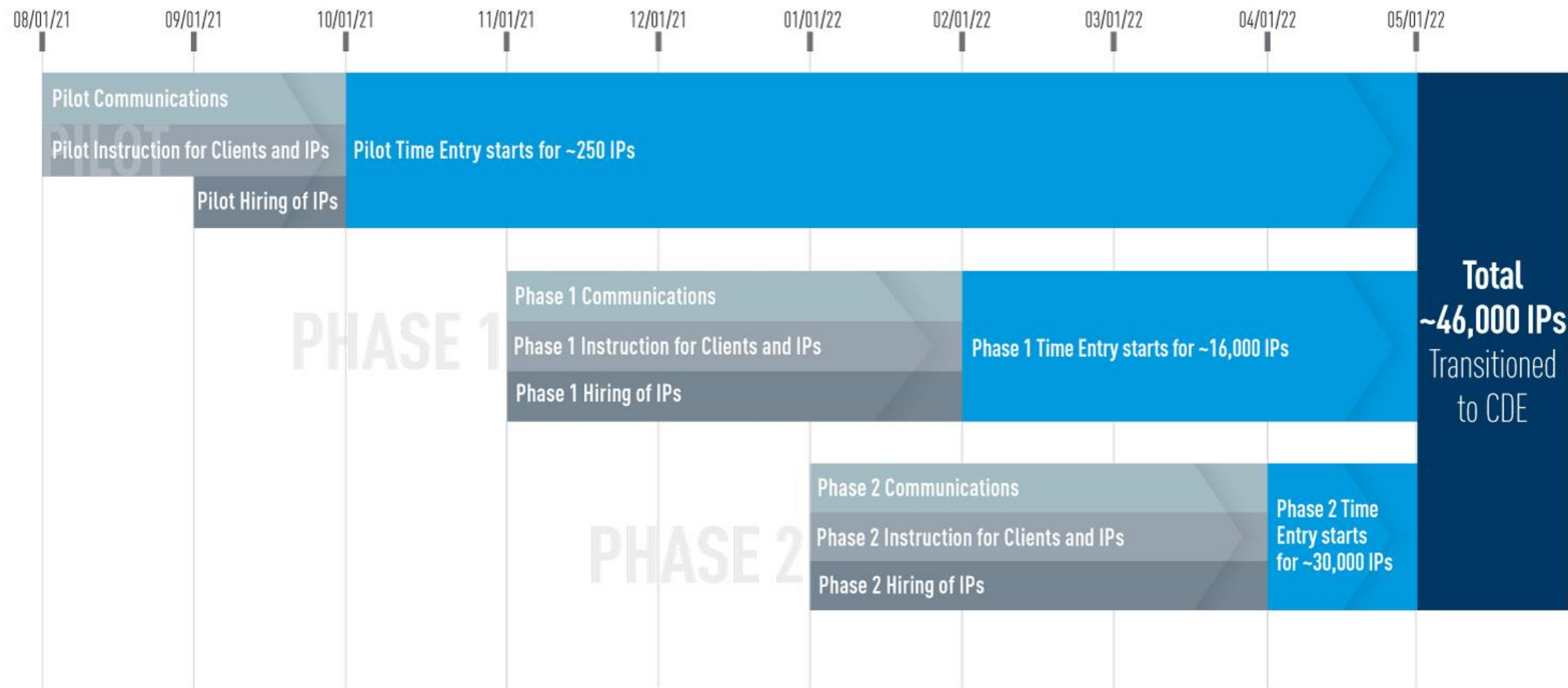


Consumer Direct Washington (CDWA)

Shift to Agency with Choice model through legislative action



CDE Transition Timeline

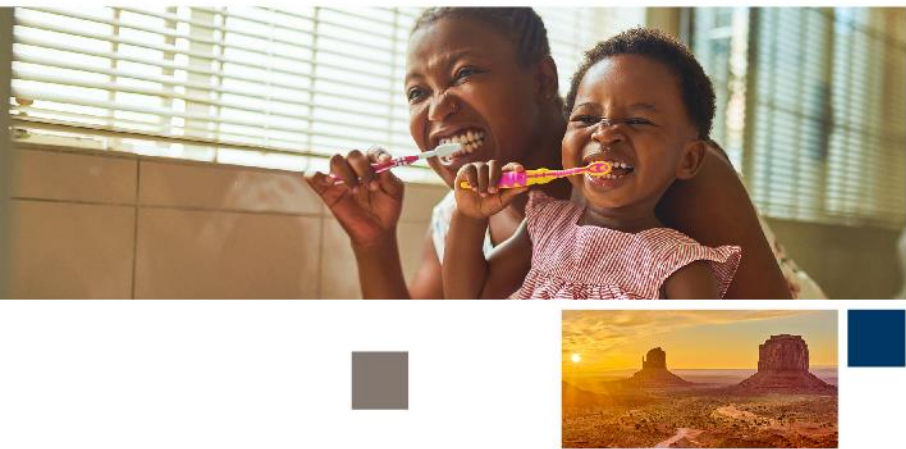


A photograph of an older man with white hair, wearing a blue denim shirt and khaki pants, sitting in a wheelchair. He is smiling and looking up towards a younger woman with brown hair, who is wearing a blue shirt and has her arms around his shoulders. They are outdoors, with a large bush of purple flowers in the foreground and a house with a blue door in the background.

Recommendations for Oregon

Implementation Recommendations

- ❖ Adequate time – Stakeholder outreach, planning, testing, data migration, client / worker communication, and transition
- ❖ Implementation phases – Pilot, transition, grace period
- ❖ Build implementation cost into first year of the administrative rate
- ❖ Be mindful of consumer and worker experience and impact



Ongoing Service and Support

- ❖ Consumer choice, education, and appropriateness for model
- ❖ Simplify enrollment and hiring requirements
- ❖ Set significant provider agency qualifications
- ❖ Set expectations and performance metrics for provider agency(s)
- ❖ Provider recurring communication channels between stakeholders



Adequate Rate and Balance

- ❖ Competitive wages and benefits for Caregivers
- ❖ Savings for State (over traditional services)
- ❖ Necessary costs and returns for provider agency
- ❖ Implementation costs and expectations
- ❖ Extended contract term





Thank you

