

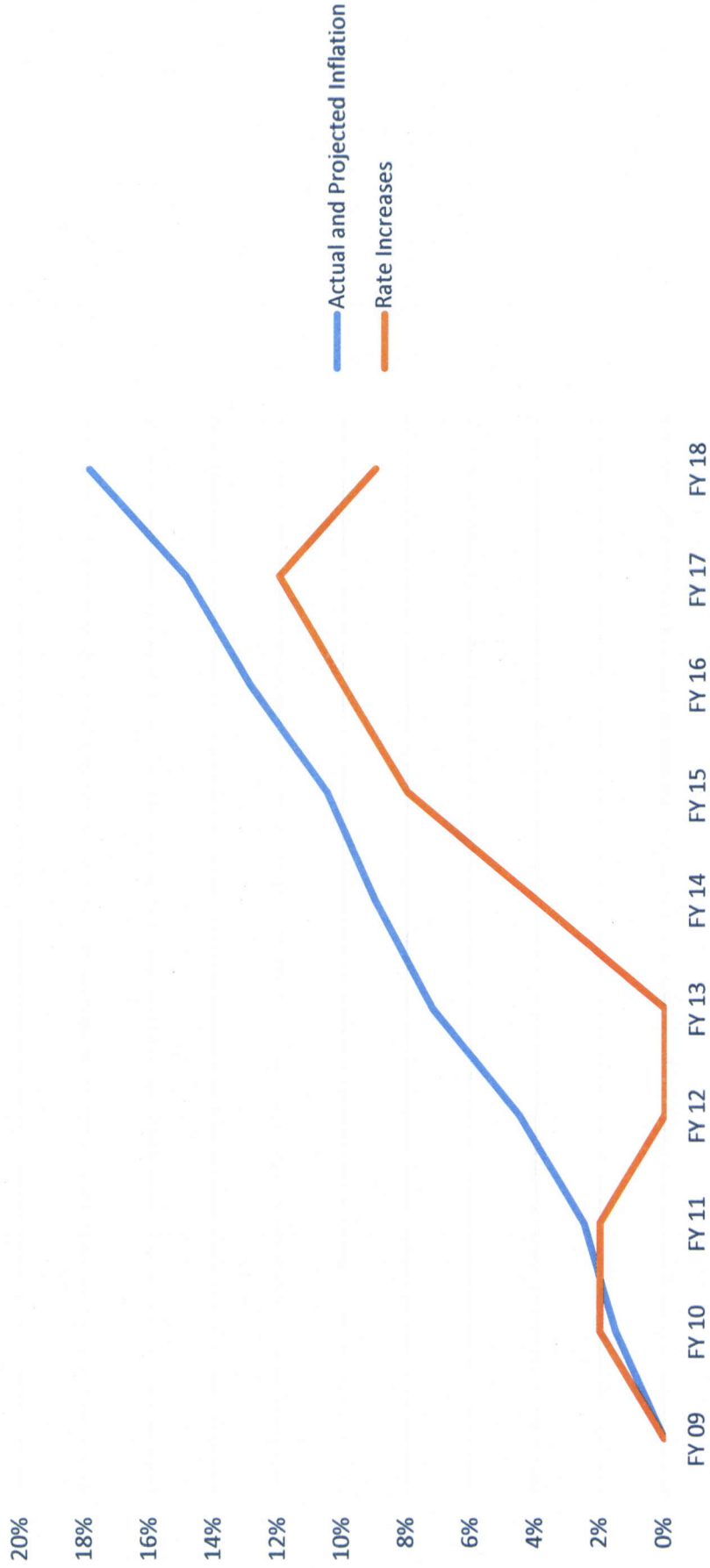
Work Force Issues

Rob Tallon, Reach, Inc.

For the
Children, Families, Health & Human
Services
Interim Committee

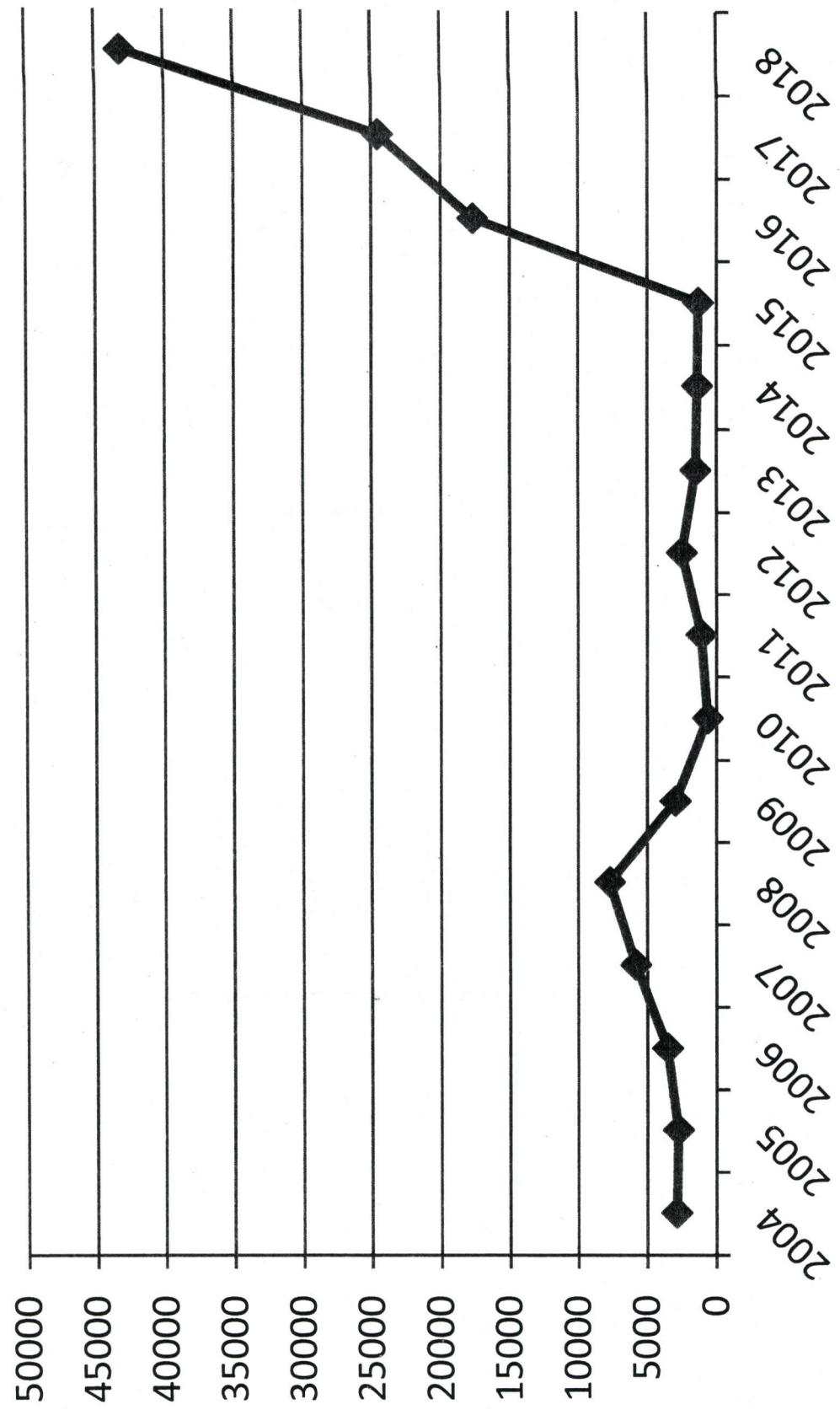
#1

DDP Rate Increases Compared to Inflation



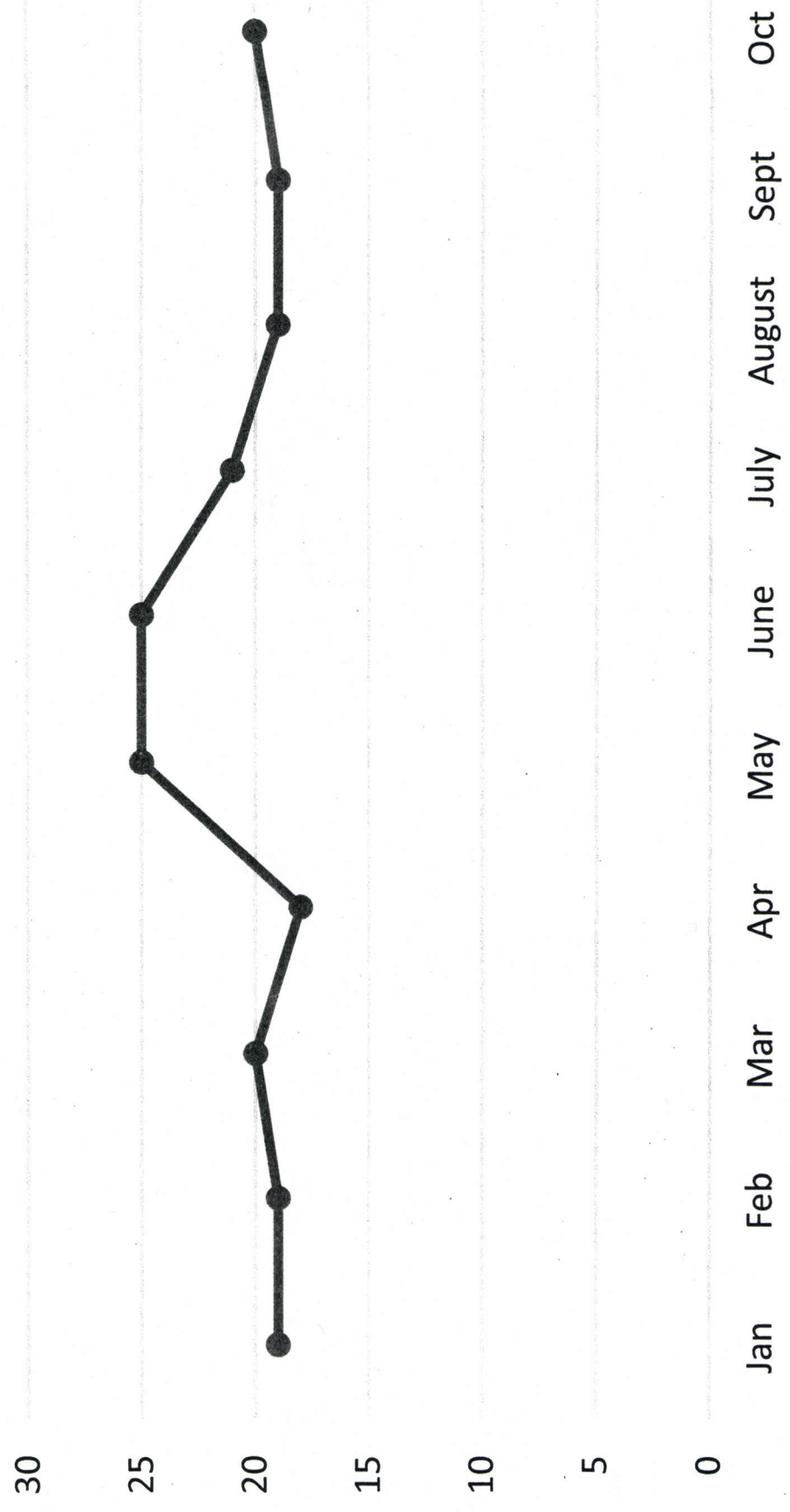
#2

Dollars of Overtime by Fiscal Year



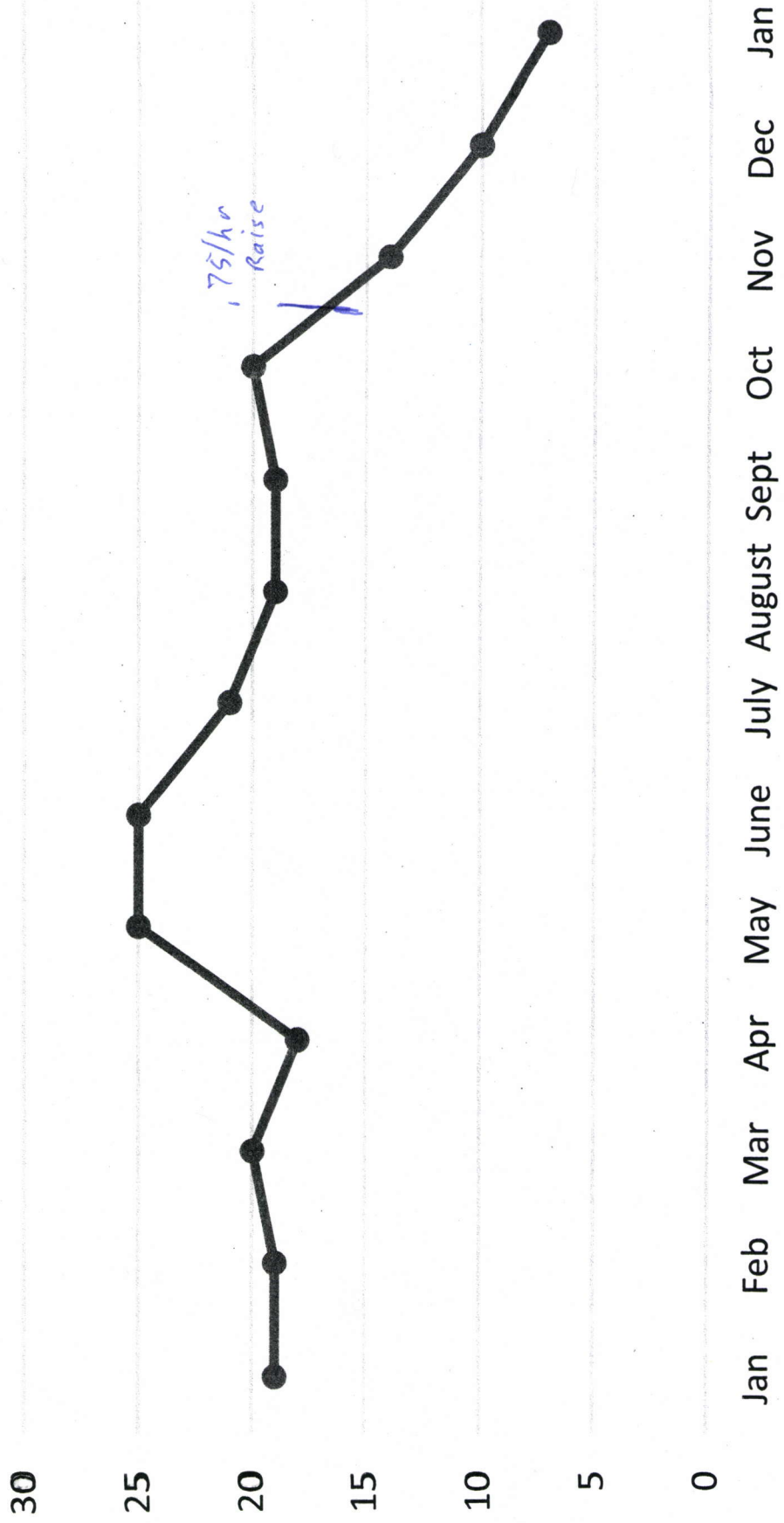
#3

Part time vacancies 2017



#4

Part time vacancies 2017



Wages 1/17/18

From BDC Job Ads and the Job Service

1/17/18

Medicaid Rate wage	\$9.10/hr.
McDonald's	\$12.00/hr.
Reach	\$12.75/hr.
Restaurant Dishwasher	\$13.00/hr.
Prep Cook	\$13.00 + /hr.
Taco Bell Shift Manager	\$13.50/hr.
Cleaner	\$15.00/hr.
Construction Laborer	\$15.00/hr.
Landfill scale attendant	\$15.69/hr.
School Bus Driver	\$17.00/hr.
Clerical Support	\$17.18/hr.

IDEAS FOR DPHHS TO STREAMLINE PROCESSES AND SAVE MONEY:

1. Change the billing unit to a daily or monthly unit for residential and work services to simplify administering the contract, and to a monthly unit for transportation (the way it used to be).
2. Decrease staffing requirements so we can give raises to direct care staff. Use less staff at a higher wage to attract and retain applicants.
3. Change the rate system to allow providers to access 100% of the cost plans their clients have.
4. Allow provider to hire staff that are 17 years old.
5. Allow required training hours such as CPR/1st aid or Mandt to be counted as staffing hours. Any training that has benefit is on behalf of a client.
6. Allow Regular adult Group Homes night aids to be able to sleep during their shift
7. Reduce funding for MDC
8. Use more electronic oversight for Supported Living.
9. Do not "un-freeze" state employee positions
10. Eliminate more positions from DPHHS
11. Eliminate the contract with MILP to inform clients about VR services each year. VR is not taking on new clients, and until they do, the money and peoples time is wasted. A simple letter to inform people of the services that may be available in the future would be more constructive.
12. When clients receiving DD funding for Supported Employment lose their job, rather than waiting a month or 2 to get a letter from VR saying that the client is on the waiting list, then forwarding that letter to DD for approval to use DD funds for Supported Employment, could VR sign off at the initial intake meeting that the person will be put on the waiting list? This sign off could then be sent to DD for approval to use DD funds. This would enable clients to find jobs quicker and would enable agencies to be paid for the work they are contracting for.
13. Decrease the number of yearly training hours required for relief staff. Perhaps the requirement for FT staff could remain the same, but a person who works one day per month could be required to only have 6 hours per year. Or----tier the yearly requirements so that staff who have been there over 5 or 10 years are required to have fewer hours of training. This would not preclude the ability to take more training, but the requirement would be lowered.
14. Could the time requirements to complete initial trainings be extended? For instance, obtain CPR/1st AIDE within 60 days? Many newly hired staff are completing the training, but are not coming back to work, or leave within a month and a half.
15. When clients are in the hospital or nursing home, make it more simple to take the client out of services (and enter them back into services immediately upon discharge from the hospital or nursing home) so that providers don't have to pay staffing hours for a client they are not serving.
16. When working on projects that affect providers, include provider representatives or ask for provider input on proposed changes, so that the changes work for all involved.
17. Allow clients who have unallocated funds in their cost plans to "share" with other clients in the agency for a set amount of time-a simple contract could be in place for 6 months or a year at a time so that the cost plans could be fully utilized, but available to the current recipient when it is needed.
18. To use IGS- could the physician sign off every 2 years instead of every year? Generally, needs stemming from a primary disability don't change quickly, if ever. This would cut down on staff and physician time, and would allow them to complete other job duties.

19. Could transportation categories be combined? This would decrease administrative time spent on billing, decrease the opportunity for mistakes, and streamline the process.
20. Change the Residential Integration Transportation unit from one ride per week to 4 rides per month. This would help increase utilization in an underfunded serve. We have been asking for this small change for over 6 years, to no avail.