

Chair Keny Guyer, Vice Chair Noble, Vice Chair Sanchez, members of the committee, for the record my name is Kyndall Mason; I am a political and policy strategist for SEIU Local 503, focusing on long term care. SEIU represents more than 30,000 long term care workers, in various service settings including people who are aging or have physical or intellectual and development disabilities. I am submitting this testimony on behalf of those workers in an effort to highlight cumbersome and redundant processes within the system for these workers.

In 2015, this committee voted on and passed SB 774. I have submitted the bill to OLIS so you can read that if/when you have a chance. That bill required the Home Care Commission to work towards creating a career ladder in home care, conduct trainings and orientations in person, streamline and increase participation in the registry, while attracting new workers to the field, and standardizing the onboarding process for workers and implementing a universal provider number. It required that the department and the commission report back to the legislature on the progress made towards these requests from the legislature.

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Before I get to that report back, I want to give a little background on what a provider number is, and therefore, what a universal provider number would mean. When a potential worker applies to become a home care or personal support worker through the Medicaid program, they must pass a background check. Once doing so, they are given a Medicaid provider number. That number is specific to that worker and the work they are approved to do. The redundancy pops up when a worker wishes to be both a personal care worker and a home care worker, which isn't uncommon. If a worker wishes to perform both duties, they must pass an additional background check, often creating a burden for the worker, and redundancy at the background check unit, a department we are well aware of as experiencing backlog. Offering a universal provider number would eliminate the need for a worker to take two background checks to provide care and supports to different people in home settings. It would also prevent the background check unit from having to perform two background checks on the same person.

In December of 2015 the department and the commission reported back that they were acquiring the services of Thomas P. Miller and associates, a contractor specializing in workforce development, in order to help them build a strategy and a blueprint for dealing with the workforce crisis the industry is facing. T.P. Miller did a great job of including stakeholders and advocates in building what would be a very detailed report on exactly how DHS and the Commission could work to professionalize and streamline onboarding while building career pathways in home care and personal support work. In June of 2017 they released their report and I have included this report in my submissions to OLIS, for you to read in your free time. This report included 3 main goals and 17 different action items the Commission and DHS could take to move forward on a workforce development strategy. The goals include: 1. Positioning home care and personal support workers as credentialed professionals; 2. Attract and retain an appropriate pipeline of diverse workers to meet the demand for home care and personal support workers; 3. Facilitate user-friendly approaches to connecting home care and personal support workers and personal support workers. Two of the 17 action items were to reduce background check wait times and to adopt a universal provider number.

HB 2569 seeks to address these two action items specifically. As written, the bill asks that the universal provider number be implemented and that we streamline the background check process by fingerprinting all care providers. Currently, we do not fingerprint all care providers as Oregon law allows people who have lived in Oregon the last five years to by-pass the fingerprinting process. By creating a system of parity in fingerprinting, the background check process will be streamlined and, therefore, leads to shorter and shorter wait times. After talks with DHS it is clear that until integrated eligibility is completed, any projects requiring technology tweaks and upgrades are nearly impossible. There are currently amendments to the bill that ask that DHS convene a formal workgroup to report back to the legislature during the 2020 short session on what barriers exist to implementing the universal provider number, how to overcome those barriers, a timeline for implementing the universal provider number, along with provisions around who exactly, can be assigned a universal provider number.

This bill is not exciting but it plays a crucial role in professionalizing and streamlining the industry itself. I would also like to share with you testimony from Joy'e Willman, a home care and personal support worker, who wished she could have been here today to explain what a universal provider number would mean to her. Before I read her testimony, I am happy to answer any questions you may have.

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