OPRA Policy Position on an Independent Contractor Model for Direct Care

Beginning in March 2014, the OPRA HR Committee and OPRA staff formed workgroup to began an analysis of the independent contractor (IC) model of delivering direct care. In June 2014 the IC workgroup was joined by several OPRA Board members. Several webinars and teleconferences were held to learn more about the IC model. The IC workgroup reached the following conclusions and recommendations.

Whereas, we have direct care crisis, with wages below poverty and high turnover, OPRA needs to be on the forefront of analyzing new models of delivering direct care; and

Whereas, direct care staff stability has an impact on the quality of services for individuals with DD; and

Whereas, direct care staff have the ability to operate their own business and increase their income with and the independent contractor model; and

Whereas, the proper independent contractor system provides a high level of support for direct care as independent contractors; and

Whereas, the independent contractor model is relatively new in the DD field; and

Whereas, the independent contractor model is highly scrutinized by the government;

Therefore, the Independent Contractor Workgroup recommends the following to the OPRA Policy Committee for consideration by the OPRA Board of Directors:

That OPRA pursue the development of an independent contractor initiative for direct care that would result in:

* Higher income for direct care workers
* Lower turnover of direct care workers
* Lower cost for OPRA members
* Maintenance or improvement of quality services for individuals with DD

That the independent contractor model should include:

* A smooth and efficient onboarding process for direct care independent contractors and OPRA members
* Adequate assistance for direct care independent contractors for tracking of business expenses, obtaining insurances, completing background checks and compliance with other provider compliance standards
* A scheduling system that is efficient and effective for direct care independent contractors and OPRA members

That OPRA work with a few OPRA members to pilot the independent contractor model for direct care for at least one year. This is a controversial strategy and we will continue to move thoughtfully and patiently. Results of this pilot should be discussed prior to OPRA-driven growth in the use of the independent contractor model.

Board Consent Agenda Updates

March 26, 2014

OPRA members participated in a webinar by an independent contractor management firm. Some of the webinar participants are also members of the OPRA HR Committee. Here are the HR Committee’s thoughts following that webinar. The onboarding process that was shown during the webinar may be difficult for employees to handle. Many DSPs in our organizations prefer a routine schedule that clearly identifies what they need to do and when they need to do it.  Tracking expenses, obtaining insurances, and completing background checks could be a few of the problems for both the independent contractor and the employer. If a DSP is interested in becoming their own employer they currently have the option of becoming an independent provider.  While the duties associated with the two positions are quite different, they both allow a person to be their own employer.  This thought also raised concerns about scheduling and retention. During the webinar, there was no focus on how switching to an independent contractor model would enable a higher quality of care. Being able to provide an increase in wages would be great, but the decrease in organizational control may offset the benefit. The HR Committee felt this was an interesting idea and concept but did not see the connection to the services we provide. We will have one additional conversation, with the IC workgroup and then make final recommendations. This is a controversial strategy and we will continue to move thoughtfully and patiently.

May 21, 2014

OPRA members continue to participate in our Independent Contractor Workgroup.

Wendy Swager, CEO of Soreo in Tucson, will talk about the independent contractor model they have in place at Soreo. Wendy will discuss the impact on services, Soreo and DSP’s. This conversation may be followed by another conversation with Wendy’s COO and CFO. The IC workgroup will then make final recommendations. This is a controversial strategy and we will continue to move thoughtfully and patiently.

June 18, 2014

OPRA members continue to participate in our Independent Contractor Workgroup. The workgroup has been expanded to include CEO/executive director representation in addition to HR leadership.

Wendy Swager, CEO of Soreo in Tucson, discussed the independent contractor model she has in place at Soreo. Wendy discussed the impact on services, Soreo and DSP’s. This conversation will be followed by another conversation with Wendy’s COO and CFO. The IC workgroup will then make final recommendations. This is a controversial strategy and we will continue to move thoughtfully and patiently.

July 23, 2014

Wendy Swager, CEO of Soreo in Tucson, discussed the independent contractor model she has in place at Soreo. Wendy discussed the impact on services, Soreo and DSP’s. This conversation will be followed by another conversation with Wendy’s COO and CFO, hopefully by the middle of August. The IC workgroup will then make final recommendations. This is a controversial strategy and we will continue to move thoughtfully and patiently.

September 24, 2014

The IC workgroup is scheduled to draft our final recommendations on September 23rd. We plan to present this draft at the September 24th OPRA Board meeting, although it may not be ready by then.