

EXHIBIT 10
DATE Fri Feb 4 2005
NO 2

February 3, 2005

Dear Chairman Hawk and Committee Members,

My name is Diana Mitchell and I am a Home Health Caregiver and a temporary employee of Express Personnel. My client base comes through Home and Community Based Services, (HCBS), for whom I provide Hab Training duties. Regretfully, I am unable to be in Helena today as I am recovering from a work related injury.

The Medicaid Waiver program which funds HCBS is a shining star in the Public Assistance arena. Everybody should have the option and opportunity to take part in this program. The ability to coordinate clients' services is invaluable. By engaging the client, the providers, and the caregivers in the management of a person's services, a more accurate overall picture of a person's needs can be achieved. This contributes to better continuity and improved quality for the client. I would like to encourage you to do all you can to not only continue your support of this program, but to expand it to include all who are on the waiting list.

Before I get started on some of the negative aspects of being a professional Caregiver, I would like to tell you why I do it, and what I love about it.

I came to Montana in 1973 and went to work at what was then Boulder River School and Hospital. Warehousing the residents was the standard at the time, and most distasteful it was. After the required 6 months in my assigned area, I transferred to the Deaf/Blind unit where the focus was more on training than on subsistence. Although an improvement to my first assignment, it still wasn't enough. Thankfully, this model is no longer utilized.

In my current capacity as a Hab Trainer, I help my disabled clients maximize their ability to integrate into their community. In addition to dealing with the routine paperwork such as applications and renewals, I help them access what they want to access, to recognize that they have choices and opinions. I seek to inspire curiosity and encourage independence. It is most rewarding to no longer be needed as the person experiences successes and gains confidence. In becoming more of a sounding board than an initiator, my clients can then use me to bounce off ideas instead of asking me what they should do. Independence and the recognition of choices are integral to our humanity, and I derive enormous satisfaction in helping people achieve these goals.

There are a number of issues that affect Caregivers that I wish your Committee would try to address. Currently, the Medicaid reimbursement rate is too limited to provide for the needs of the Caregivers.

I took a vacation two years ago, (unpaid), and because I didn't work the minimum hours required to maintain my medical insurance, it was cancelled. This will occur again while I'm out on Workman's Compensation, as the Cobra is beyond the means of the benefits.

As a rule, Caregivers receive no benefits. This means little to no insurance, and certainly no dental or eye coverage. We have no sick leave or paid vacation time to accrue, no retirement fund with employer contributions. We provide transportation for our clients at the paltry reimbursement rate of .13 cents per mile, and to add insult to injury, our personal vehicle insurance would be claimed against in the event of an accident.

The absence of realistic wages forces many Caregivers to avail themselves and their families to the same Public Assistance as their clients. (I currently have to use Partnership Health Center for my medical and dental needs as they use a sliding scale). There is something most shameful about this scenario. Raising the Medicaid Reimbursement rate to a level where Caregivers are paid a more livable wage would render them ineligible for Public Assistance, thereby reducing the pressure on those costs.

Caregivers provide an invaluable service and yet they are woefully underpaid. They need to be recognized for what they do and how they do it, and have that reflected in their wages and benefits. By assisting clients to live independently in their own homes, caregivers allow for the pressure on nursing home facilities to be reduced. There is not enough compensation for this value.

Thank you for your attention and the opportunity to address you,

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