



Ohio's Money Follows
the Person Project



Centers for **Medicare & Medicaid** Services

National Direct Service Workforce Resource Center

Quality of Services Depend on
Quality and Stability of Workforce

IACC Services Workshop
Rockville, Maryland
November 8, 2010

Overview

- LTSS Workforce Challenges
- Importance of Training
- Ohio's Experience
- Training Recommendations:
 - Reward HCBS programs with quality training programs
 - Strengthen partnerships between DHHS and Dept. of Labor/ Workforce Infrastructure
 - Take cross-population, cross-program, holistic approach in all training efforts

CMS DSW Resource Center

www.dswresourcecenter.org



Our mission is to support efforts to improve recruitment and retention of direct service workers who help people with disabilities and older adults to live independently and with dignity.

- Raising Awareness
- Disseminating Best Practices
- Building Consensus and Promoting Partnership
- Providing Technical Assistance

Blurring Lines of Long Term Services and Supports Workforce

Direct Support Professionals

- Agency-based Providers
- Individual Providers

Informal Support Providers

- Family
- Friends
- Neighbors

Paid Support Providers

- Transition coordinators
- Options counselors
- Support brokers
- Peer supports

The LTSS Workforce Crisis

- Increasing demand for LTSS, especially in home and community-based settings
- Supply of workers not growing fast enough to keep up with demand
- Low wages, few benefits
- Persistently high turnover and low retention
- Lack of training opportunities, training standards
- Workforce development initiatives tend to focus on one program or one population

Why is LTSS Training Important?

- Improves competence
- Increases confidence
- Increases job satisfaction
- Improves retention
- Reduces turnover

Higher Quality Services

Lower Cost

LTSS Training Challenges

- Federal training requirements for CNAs and Medicare Home Health Aids only
- State training requirements vary tremendously
 - Typically different across programs and populations
 - Typically minimal in HCBS programs
 - Requirements rarely include competencies related to independent living, behavioral support, social integration
- Hard for states to fund training programs
- Hard for employers and workers to pay for training
- Hard to engage national workforce training infrastructure - WIBs

DOL Registered Apprenticeship

- LTSS Direct Service: Direct Support Professional (New!), Home Health Aid, Health Support Specialist, Certified Nursing Assistant
- Provides a training curriculum and career path
- Includes experiential learning on the job, related classroom instruction, and peer mentoring
- Apprentices that complete the program are eligible for incremental wage increases that align with their enhanced job proficiency

September 2010: DOL Announced New Apprenticeship for Direct Support Professionals Based on NADSP Competencies

http://www.doleta.gov/oa/bul10/Bulletin_2010_31_NADSP_ANCOR.pdf



Ohio's Money Follows the Person (MFP)
Demonstration Project
Helping Ohioans **M**ove, **E**xpanding **C**hoice



**IACC Services Workshop Rockville,
Maryland
November 8, 2010**

Erika Robbins, MFP Project Director

Ohio

**Department of
Job and Family Services**

History

- Ohio Health Care Workforce Advisory Council, 2004
- Jobs Cabinet Healthcare Workforce Shortage Committee, 2006
- Unified Long-Term Care System Report, 2008
- Ohio Dept of DD Futures Report, 2008
- Ohio board of Regents Strategic Plan for Higher Education, 2008
- Ohio Dept. of Mental Health Strategic Plan
- Ohio Dept. of Alcohol of Drug Addiction Strategic Plan Update

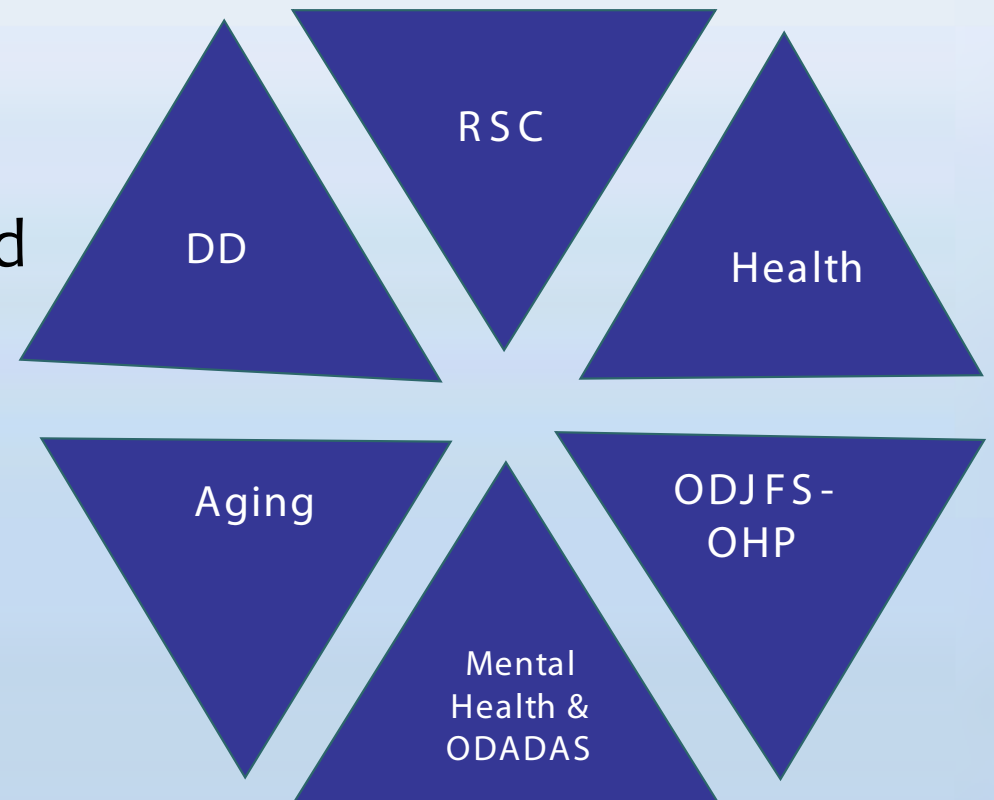
*****Money Follows the Person Demonstration Grant

Goal

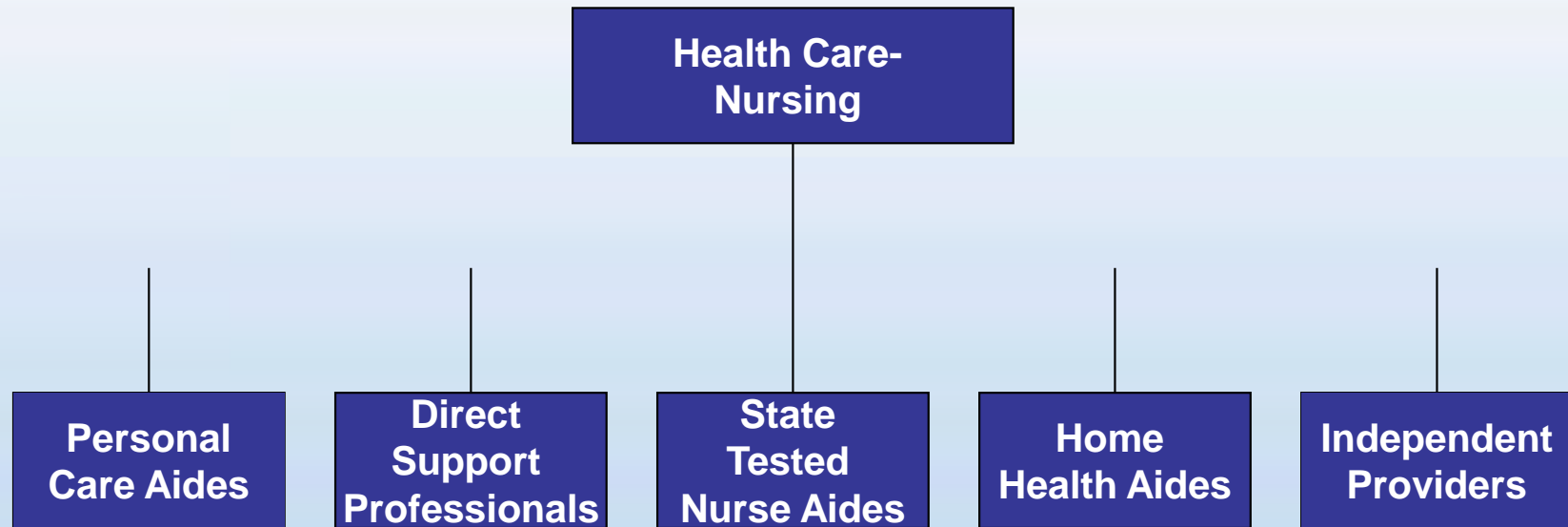
Ohio's Current System

Current State

- Each sector has its own funding, policy, service and advocacy systems
- Employers, occupational titles and training requirements vary both within and across sectors



Ohio's Current System

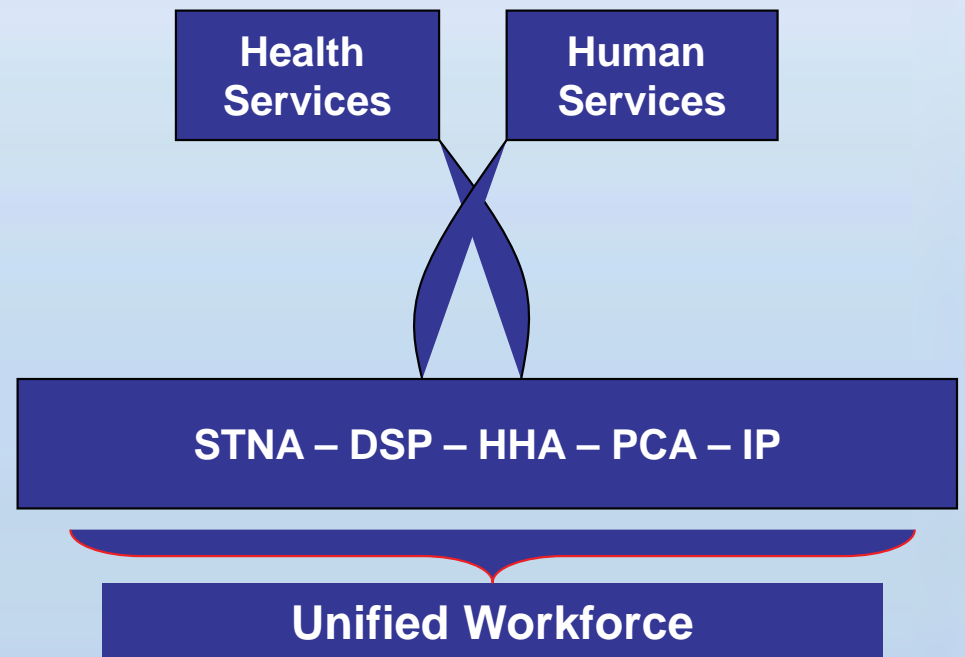


“One-Way Street” connected to the only state-wide certificated sector

- Home and community based workers “start from scratch” if they want the STNA credential to work in a nursing home
- STNA training does not include “home and

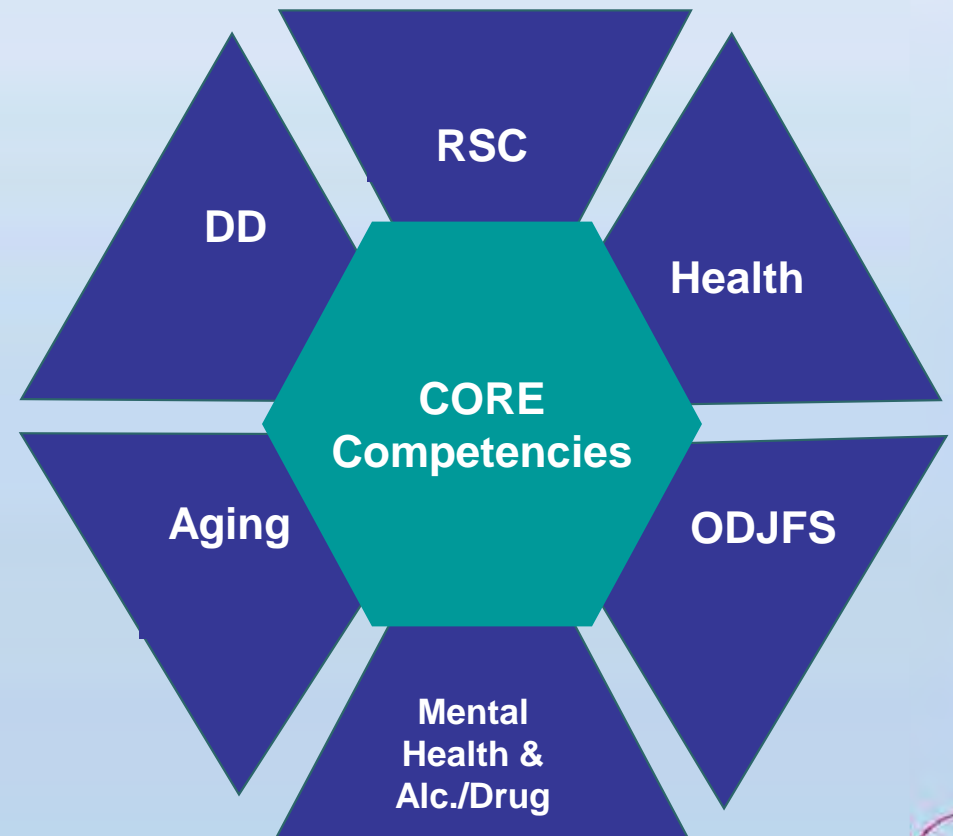
Health and Human Service Lattice

- Expanding and increasing flexibility in the workforce
- Connecting all direct service workers to career pathway opportunities



Unified Direct Service Workforce: Identifying the “Core”

- Core Competencies- required without regard to setting or sector
- Provides a unifying thread through system silos
- Differences are acknowledged through “specialization”



MFP Sub-Grant with The Ohio State University

- Executed in November 2010
- Multi-Phase Project
- Intersects with the recently awarded Health Care Workforce Planning Grant
 - Will assess Ohio's current health workforce including activities such as gathering and analyzing data, examining current resources, policies and practices, and identifying ways to remove barriers at state and local levels.
 - Expected to result in 10 to 25% increase in primary care workforce over a 10-year period.

MFP Sub-Grant Phases

Phase 1: Develop a University Consortium of Experts in labor market, workforce, secondary career technical education, long term services and supports, social work, special education, health administration, public health, mental health, nursing, gerontology, developmental disabilities. First meeting of the consortium is 11/10/10.

Phase 2a: Conduct research projects (e.g. a statewide and regional description of the size, diversity, and geographic variation of the workforce, inter-relationships and impact of pay benefits and training quality link to self

MFP Sub-Grant Phases

Phase 3: Develop a modular content (includes pilots of content across sectors)– 2011/2012.

Phase 4: Develop a modular assessment system (includes pilots of assessment system across sectors)– 2011/2012.

Phase 5: Develop a delivery system for assessment – 2013/2014.

Phase 6: Develop articulation and transfer agreements for modules with the Ohio Board of Regents and develop requirements for testing centers and proctors – 2013/2014.

MFP Sub-Grant Phases

Phase 7: Make modular assessments available statewide and connect to a web-based “front door” workforce center – 2015.....

Phase 8: Modify Medicaid provider requirements to reflect modular assessment. Validate potential for employers to qualify as apprenticeships by default.

Phase 9: Implement a competency based Medicaid reimbursement structure based on % staff at various competency levels and “pass through” portion of rate to employees of agencies.

What Can DHHS Do to Improve the LTSS Workforce?

1. Reward HCBS Programs with Quality Training Programs
 - Develop better mechanisms to pay for training through Medicaid program
 - Offer financial incentives (e.g. higher Federal match, higher reimbursement rates) to states and employers that provide competency-based training
2. Strengthen partnerships between DHHS and Dept. of Labor/ Workforce Infrastructure
 - Opportunities through Registered Apprenticeship Program and High Growth Jobs Initiatives
3. Take cross-population, cross-program, holistic approach in all training efforts
 - Only fund workforce or training program or initiative that benefit workers in all public programs and all consumer populations. Siloed initiatives do a disservice to workers and people with disabilities.

Report: Synthesis of DSW Demographics and Challenges

http://www.dswresourcecenter.org/tiki-download_file.php?fileId=394



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