How Managed Care Plans Can Support Home Care Workforce Development

2019 National Home and Community-Based Services Conference

PHI | QUALITY CARE THROUGH QUALITY JOBS

August 28, 2019

Today's Panel

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Patti Killingsworth
Assistant Commissioner and Chief of Long-Term Services and Supports, Division of TennCare

Bill Kennard
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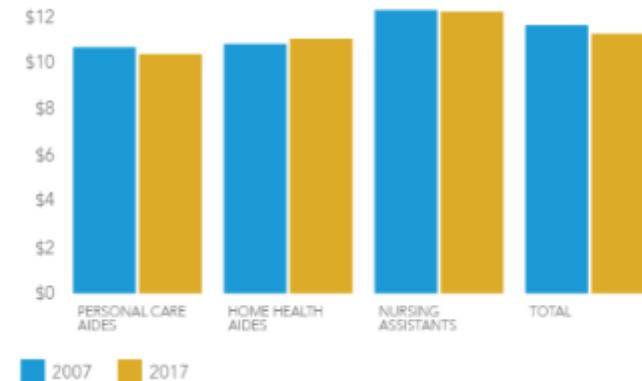
U.S. HOME CARE WORKERS

KEY FACTS

The home care workforce has more than doubled in the past decade.

Personal Care Aides
Home Health Aides and Nursing Assistants
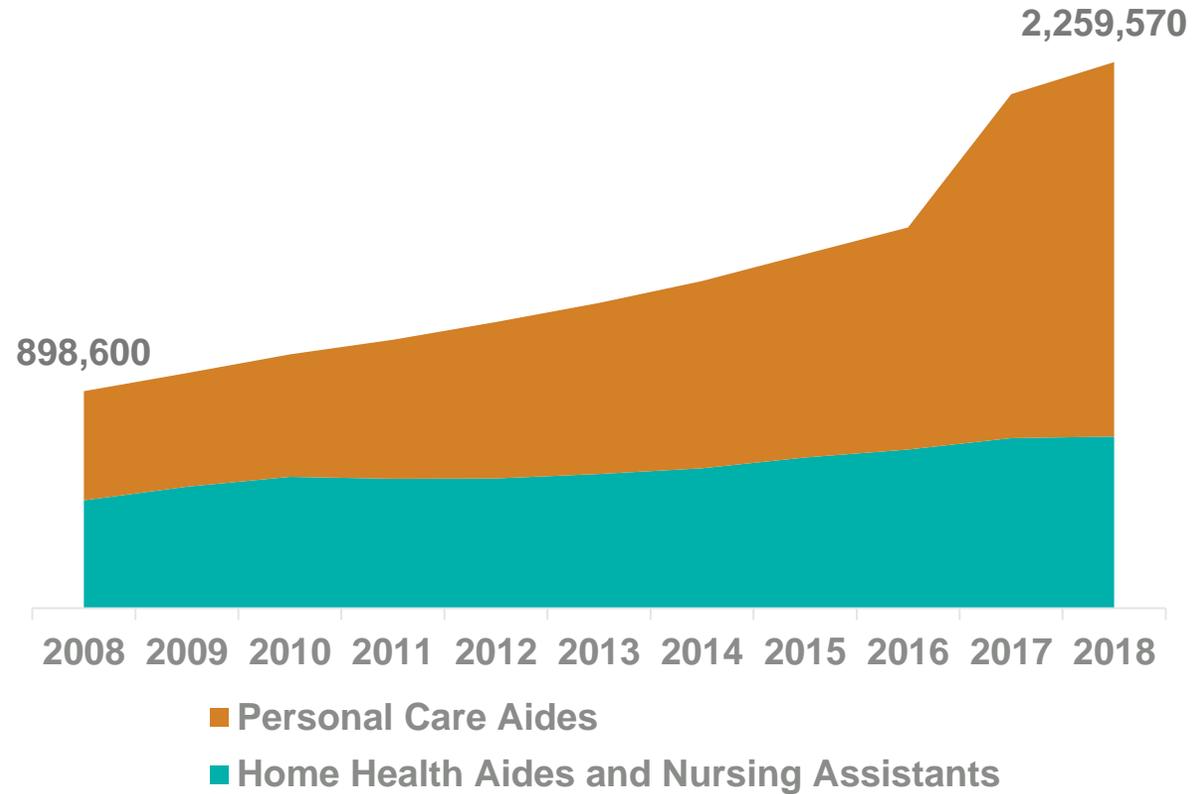
Growing Population of Older Adults

Consumer Preferences for Care

Policy and Programmatic Changes

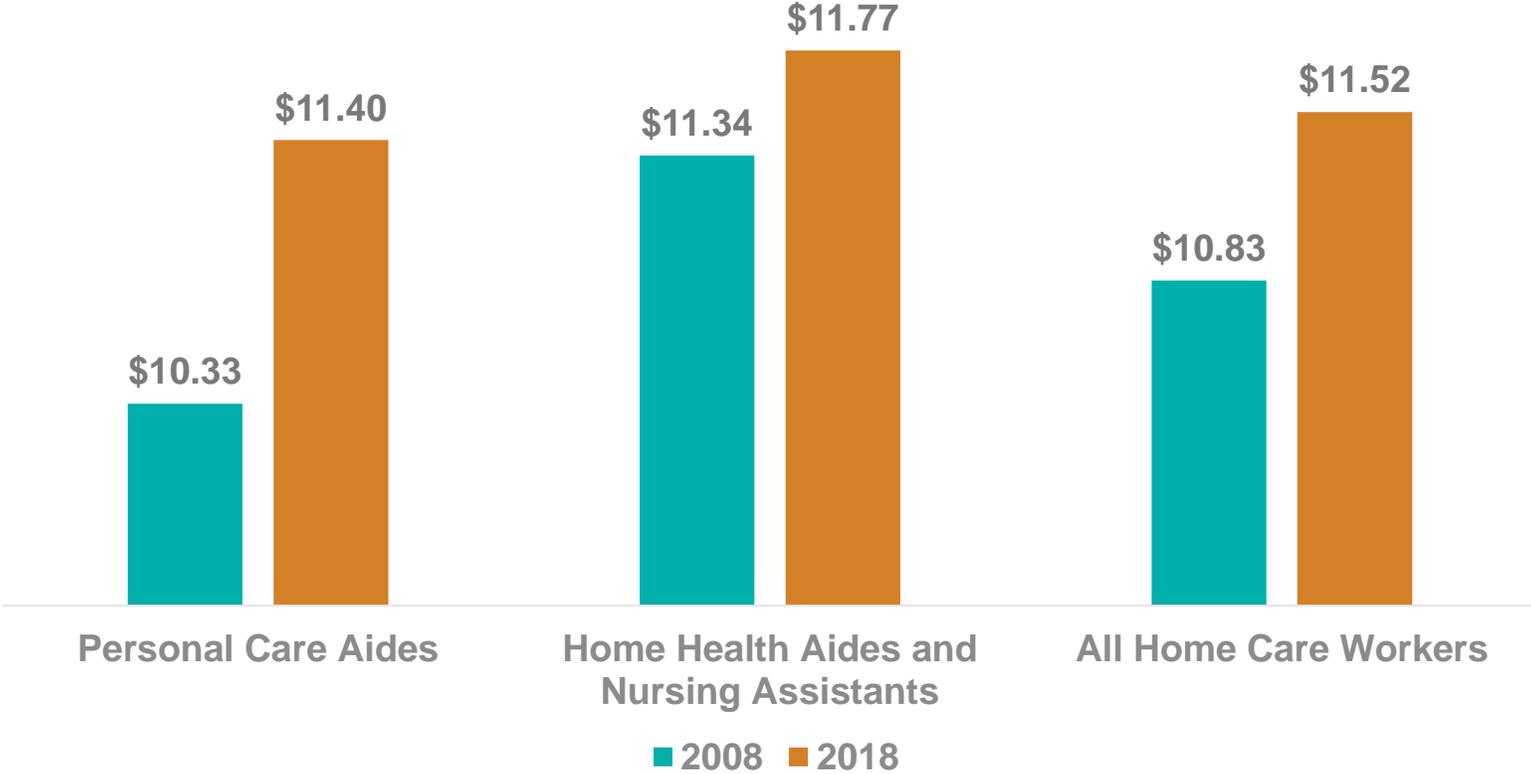**Inflation-adjusted median wages have improved for home care workers from 2016 to 2026.**

	Personal Care Aides	Home Health Aides and Nursing Assistants	All Home Care Workers
2008	$10.33	$11.34	$10.83
2018	$11.40	$11.77	$11.52

Despite progress, economic stability among home care workers remains poor.

2 in 5 work part time.

Median annual income is $16,200.
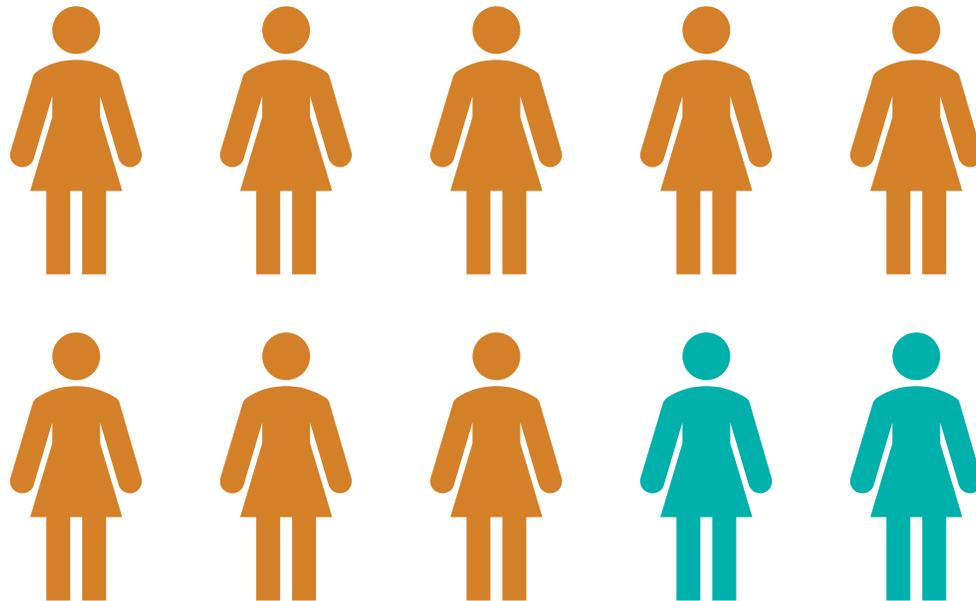
1 in 5 lives in poverty.

Over half rely on some form of public assistance.

Turnover among workers employed at private-pay agencies was 82 percent in 2018.

Holly, Robert. 2019. "Home Care Industry Turnover Reaches All-Time High of 82%." *Home Health Care News*, May 8, 2019. https://homehealthcarenews.com/2019/05/home-care-industry-turnover-reaches-all-time-high-of-82/.

The home care workforce will rank among the top five occupations with the most job openings from 2016 to 2026

Occupation	Job Openings
Food Preparation and Fast Food Workers	6,787,000
Retail Salespersons	6,682,000
Cashiers	6,578,000
Waiters and Waitresses	5,046,000
Home Care Workers	4,241,500

Most job openings in home care will be created by workers leaving the field.

Labor Force Exits	1,803,900
Occupational Transfers	1,404,500
Growth	1,033,000
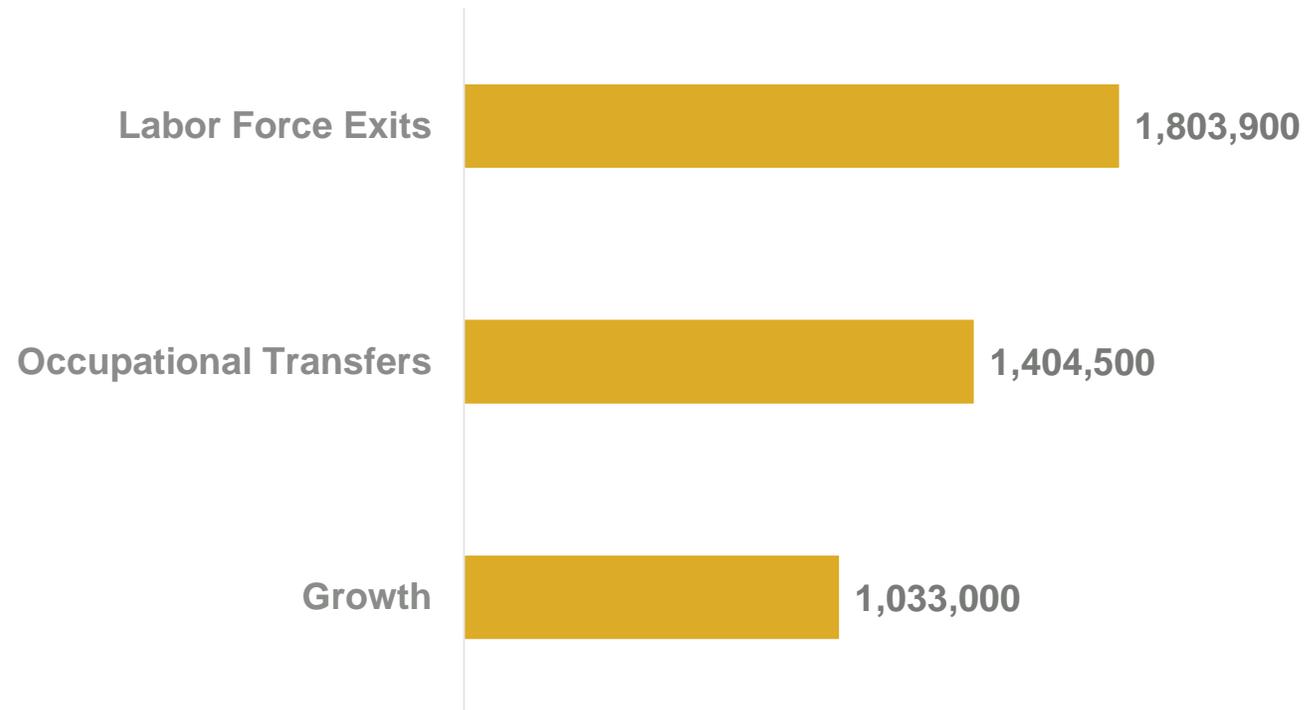
The home care workforce will grow more than any single occupation from 2016 to 2026.

Occupation	Growth
Home Care Workers	1,033,000
Food Preparation and Fast Food Workers	579,900
Registered Nurses	438,100
Software Developers	255,400
Janitors and Cleaners	236,500
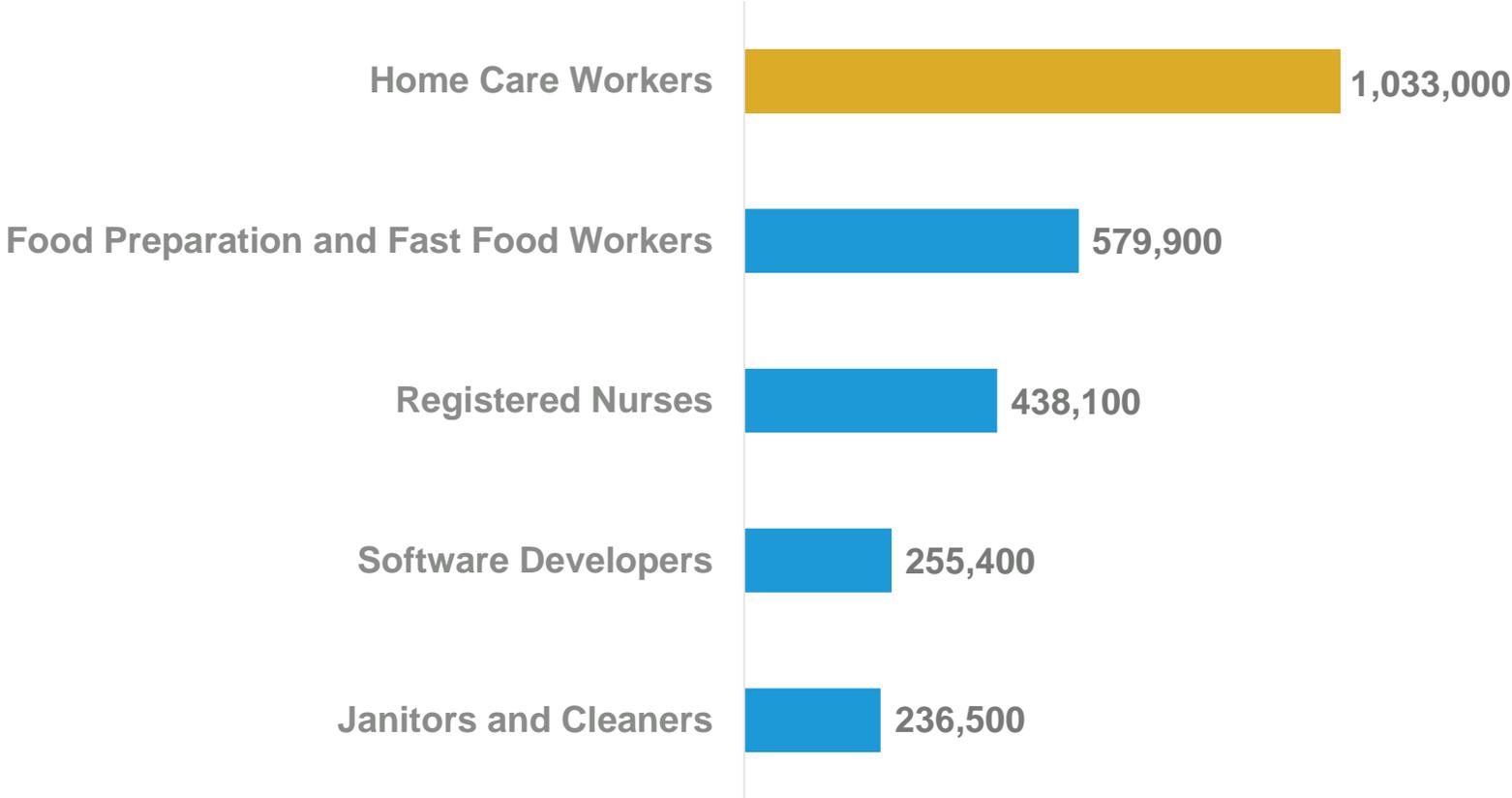
COMPENSATION

FAMILY-SUSTAINING WAGE

BENEFITS

FULL-TIME HOURS

OPPORTUNITY

HIGH-QUALITY TRAINING

PARTICIPATION

ADVANCED ROLES

SUPPORTS

SUPPORTIVE SUPERVISION

LINKAGES TO SUPPORTS

ONGOING COMMITMENT

COLLABORATING ON HCBS WORKFORCE CHALLENGES IN MLTSS PROGRAMS

2019 HCBS Conference

August 28, 2019

MLTSS Institute

- Created in 2016 to
  - Provide intensive technical assistance to states
  - Bring thought leaders together to discuss policy issues
- Need for this paper
  - HCBS workforce shortages affect all states
  - Little written about opportunities for partnership with MCOs
- Approach
  - Gathered existing literature
  - Surveyed states and health plans
  - Key informant interviews

This is NOT a New Problem

2004 HRSA | 2009 CMS | 2013 CBO | 2013 Senate LTC Comm. | 2016 GAO | 2018 HRSA
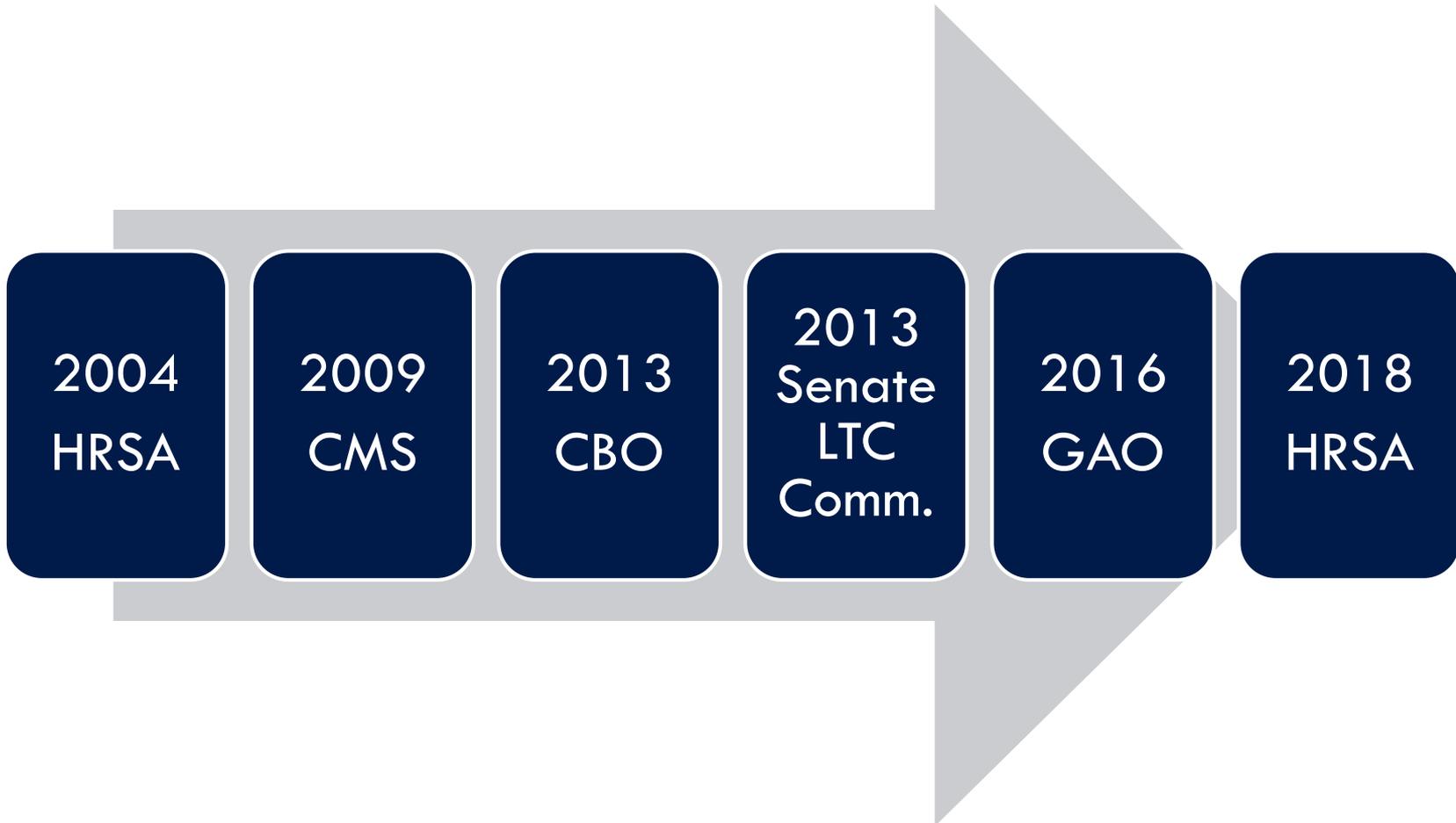
Shared Needs Can Drive Collaboration
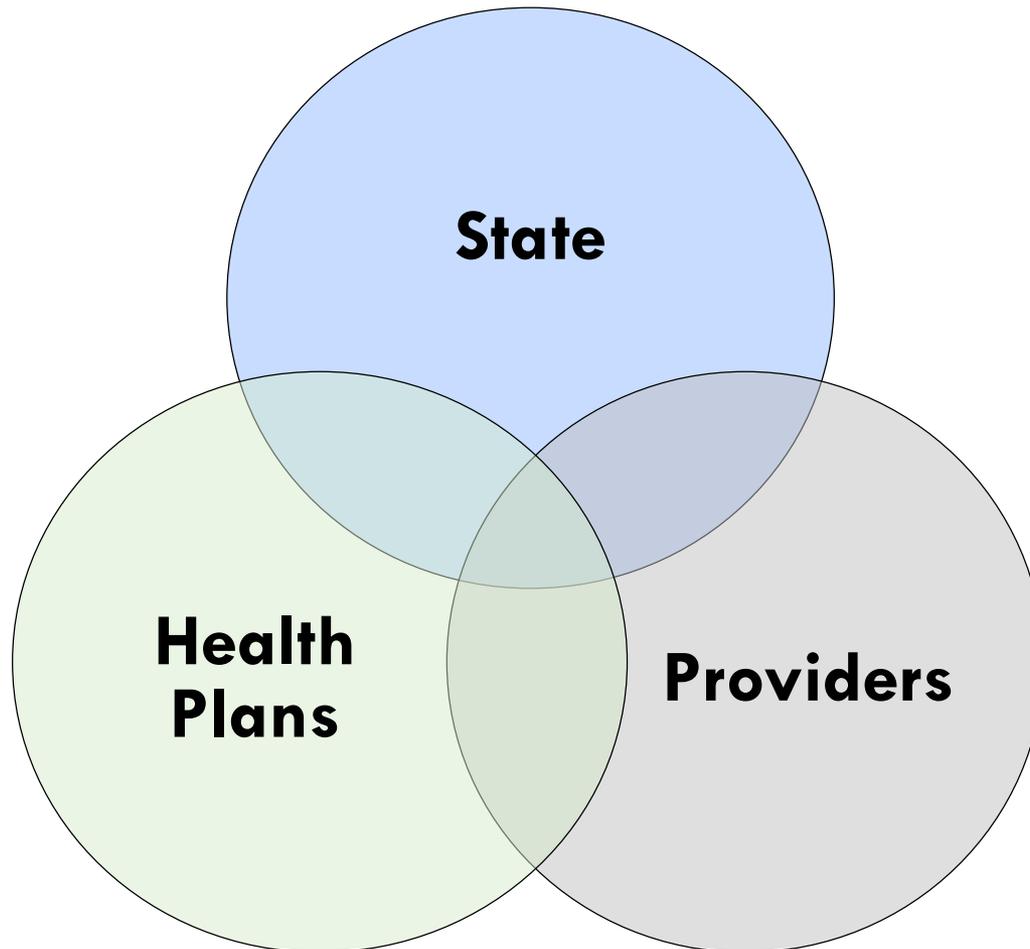
Workforce in MLTSS

- Network Adequacy

- Rates & Reimbursement

- Quality

Network Adequacy

Most commonly:

- choice of providers;
- travel distance/travel time; and
- service initiation time.

Preferred by most stakeholders is a gap-in-service measure which requires tracking/reporting instances when authorized services are not provided, either on one or more dates, on time, or at all.

Quality

Good Data is a Challenge

Types of Workforce Data Collected By States
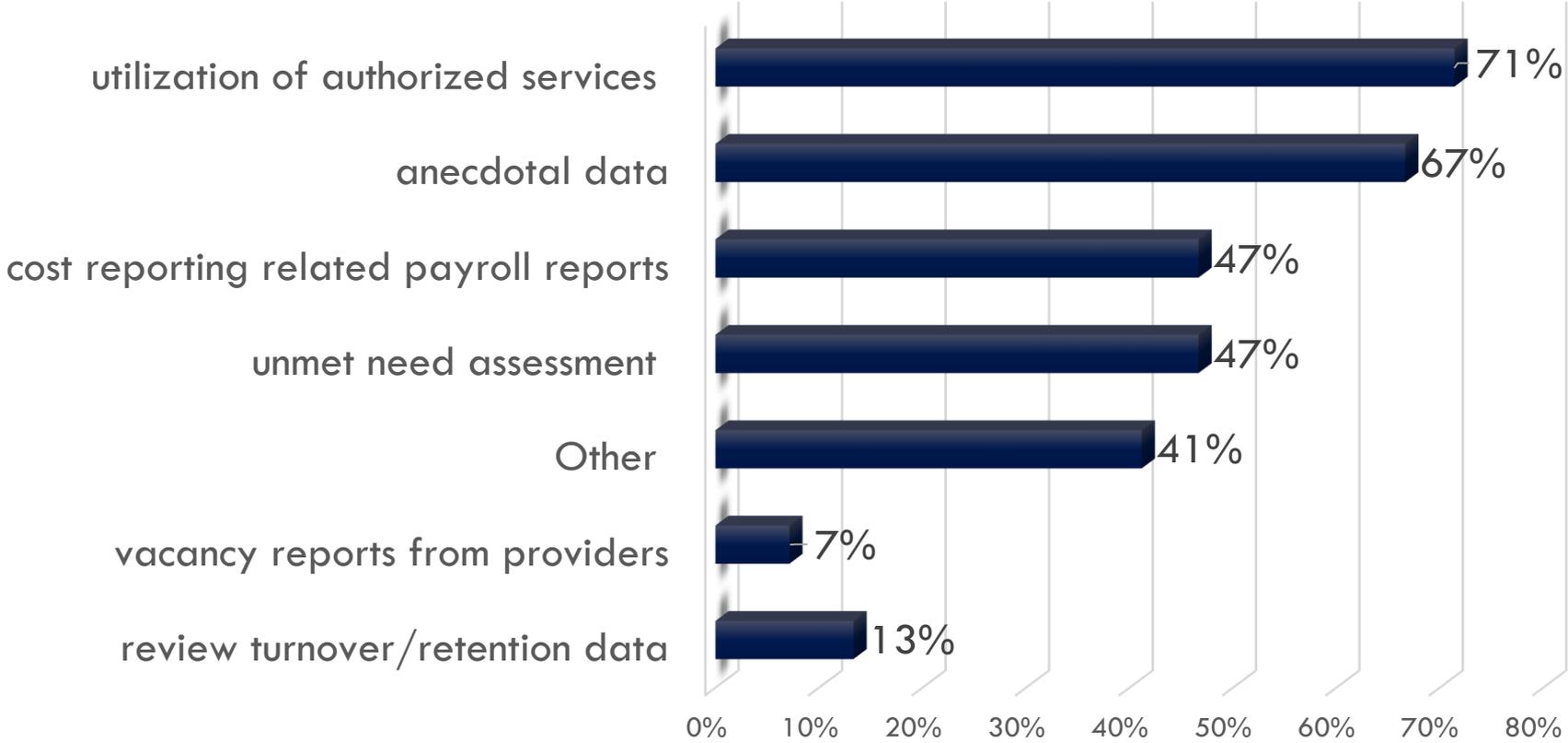
NASUAD MLTSS Institute
http://www.nasuad.org/initiatives/managed-long-term-services-and-supports/mltss-institute

Debbie Pierson & Yonda Snyder
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Collaborating to Address Workforce Challenges in MLTSS
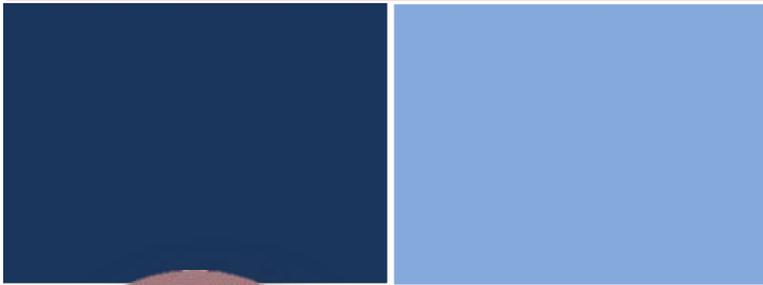
Medicaid Delivery System in Tennessee

- TennCare managed care demonstration began in 1994
  - Operates under the authority of an 1115 demonstration
- *Entire* Medicaid population (~1.4 million) in managed care since 1994 (including individuals with physical, intellectual disabilities)
- Three NCQA Accredited (with LTSS Distinction) health plans operating statewide
- Aligned D-SNPs (including one FIDE plan, one FIDE-"like" plan) for dual eligible beneficiaries
- Managed LTSS began with the CHOICES program in 2010
  - Older adults and adults with physical disabilities *only*
- MLTSS program for individuals with I/DD began July 2016: *Employment and Community First CHOICES*

Workforce

Workforce in MLTSS

- Part of the authorizing legislation for MLTSS – 2008

  The entity responsible for care coordination shall *cost-effectively implement the care plan, assure coordination and monitoring of all Medicaid primary, acute and long-term care services to assist individuals and family or other caregivers in providing and securing necessary care and* ***assure the availability of a qualified workforce, including backup workers when necessary, to timely provide necessary services.*** - Tennessee Code Annotated 71-5-1404(b)

Workforce in MLTSS

- A requirement in the MCO Contractor Risk Agreement...**THEN**

2.11.6.7   *The CONTRACTOR shall assist in developing an adequate qualified workforce for covered long-term care services.* ***The CONTRACTOR shall develop and implement strategies to increase the pool of available qualified direct care staff and to improve retention of qualified direct care staff.*** *The strategies may include, for example, establishing partnerships with local colleges and technical training schools; establishing partnerships with professional and trade associations and pursuing untapped labor pools such as elders. The CONTRACTOR shall report annually to TENNCARE on the status of its qualified workforce development strategies (see Section 2.30.7.8).*

Workforce in MLTSS

- A requirement in the MCO Contractor Risk Agreement…**AND NOW**

*2.11.7.6 The CONTRACTOR shall assist in developing an adequate qualified workforce for covered long-term services and supports. **The CONTRACTOR shall actively participate with TENNCARE, other TennCare managed care contractors, and other stakeholders as part of a statewide initiative to develop and implement strategies to increase the pool of available qualified direct support staff and to improve retention of qualified direct support staff**. The strategies may include, for example, establishing partnerships with local colleges and technical training schools to develop and implement training and/or certification programs for direct support staff; providing incentives for providers who employ specially trained and/or certified staff and who assign staff based on member needs and preferences; and systems to encourage direct support staff to engage as an active participant in the care/support coordination team.*

Efforts to Address Workforce in MLTSS

- Assistance in building initial network – contacts, communication, training

- Network adequacy standards based on timely access to care
  - Services in initial plan of care within 10 business days
  - Services in comprehensive plan of care within 30 calendar days
    - Robust reporting and audit requirements
    - Financial sanctions for non-compliance

- Preferred contracting standards based on identifying providers with the right experience and expertise to serve the population

- Higher payment rates for most HCBS than fee-for-service waivers

Quality Improvement in LTSS (QuILTSS)

- A TennCare initiative to **promote the delivery of high quality LTSS** for TennCare members (NF and HCBS) **through payment reform (at the provider level) <u>and</u> workforce development**

- Part of the State's broader payment reform strategy (episodes of care and primary care transformation—patient centered medical homes and behavioral health homes)

- **Quality is defined from the perspective of the person receiving services and their family/caregivers**

- **Creates a new payment system (aligning payment with quality)** for **NFs <u>and</u>** certain **HCBS** based on performance on measures most important to members and their family/caregivers

- **Transform the system** by aligning incentives around the things that most impact the member's experience of care and day-to-day living

- **Includes workforce development** as a core foundational aspect of building capacity to deliver high quality LTSS

LTSS Workforce Development

Develop a comprehensive **competency based** workforce development program and credentialing registry

- Developed in consultation with National Subject Matter Experts
- Corresponds with CMS DSW Core Competencies released in 2014
- Worked with Tennessee Board of Regents to award 18 hours of college credit and a post-secondary credential (certificate)
  - Integrate work-based learning hours to practice skills
  - Embed within a variety of existing (and potential new) degree paths
- Roll out through Tennessee Community Colleges and Colleges of Applied Technology
- Leverage *Tennessee Promise* and *Tennessee Reconnect* last dollar funding programs to cover costs
- Align with Governor's higher ed priorities - *Drive to 55* Initiative

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COMMUNICATION

CRISIS PREVENTION & INTERVENTION

EDUCATION, TRAINING & SELF DEVELOPMENT

PERSON CENTERED PRATICE

COMMUNITY LIVING SKILLS & SUPPORT

COMMUNITY INCLUSION & NETWORKING

CULTURAL COMPETENCY

PROFESSIONALISM & ETHICS

EVALUATION & OBSERVATION

HEALTH & WELLNESS

SAFETY

EMPOWERMENT & ADVOCACY

Division of **TennCare**

Addressing Workforce Challenges

President's Committee for People with Intellectual Disabilities:
Report to the President 2017 –
America's Direct Support Workforce Crisis*

- **Practices that would address the workforce crisis include:**
  - Using competency-based training models that lead to credentialing or certification of staff **and yield wage increases**
  - **Teaching business and organization leaders skills to improve their ability to recruit, select and retain direct service employees**

*Available at: https://nadsp.org/wp-content/uploads/2018/02/PCPID-2017_-Americas-Direct-Support-Workforce-Crisis-low-res.pdf

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And then…

The train we didn't see coming

- Escalating challenges with recruitment and retention in longstanding

- Most significant factor impacting implementation of MTLSS program for people with I/DD

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Solutions to Workforce Challenges

Competency-Based TRAINING Program

Non-Recurring INVESTMENT in Capacity- Building Supports

Aligned Financial INCENTIVES

Addressing Workforce Challenges

A Multi-Prong Approach (*in addition to* competency-based training):

Workforce Capacity-Building Investments

- Establish processes for collection/use of workforce-related data at provider and system levels to target and measure improvement efforts over time
  - Comprehensive statewide data analysis to target investments, track improvement over time
  - Provider-specific analysis and training/technical assistance to providers in analyzing and using their own data to guide/evaluate their organization's efforts to address workforce issues
- Engage national experts to provide training and technical assistance to providers to support adoption of evidence-based and best practices that have been shown to result in more effective recruitment, increased retention, and better outcomes for people served

TN Division of
TennCare

Addressing Workforce Challenges

A Multi-Prong Approach (*in addition to* competency-based training):

Workforce INCENTIVES:

- **Wage incentives for DSWs upon completion of training milestones**

- **Provider incentives for *actions* that will lead to desired _outcomes_**
  - Data collection, reporting, and use at the provider level
  - Adoption of evidence-based and best practice approaches to workforce recruitment/retention and organization culture/business model changes

- **Transition to financial incentives for specific workforce and quality of life *outcomes* once practices expected to result in the outcomes have been effectively adopted**

- **Outcomes for people served will be ultimate measure**

Role of MLTSS Plans in Addressing Workforce Challenges

- Shared ownership of the problem <u>and</u> solutions
- A *different* approach to network development, provider services
- A new way to think about

Four Eyes

Insight

Innovation

Investments

Incentives

AHCCCS's Approach for Developing Arizona's Healthcare Workforce

Presented to: 2019 HCBS Conference
National Association of States United for Aging and Disabilities

By: *Bill Kennard Healthcare Workforce Development Administrator*
AHCCCS (Arizona Healthcare Cost Containment System)

AHCCCS
Arizona Health Care Cost Containment System

Reaching across Arizona to provide comprehensive
quality health care for those in need

1

AHCCCS System At-A-Glance

ACC — AHCCCS Complete Health / 7 Health Plans

RBHA — Reg. Behavioral Health Authorities / 3 Health Plans

ALTCS — AZ Long Term Care System / 3 MCOs & Division of Developmental Disabilities (64,000 Members – 87% served in HCBS settings

1.9 Million Members
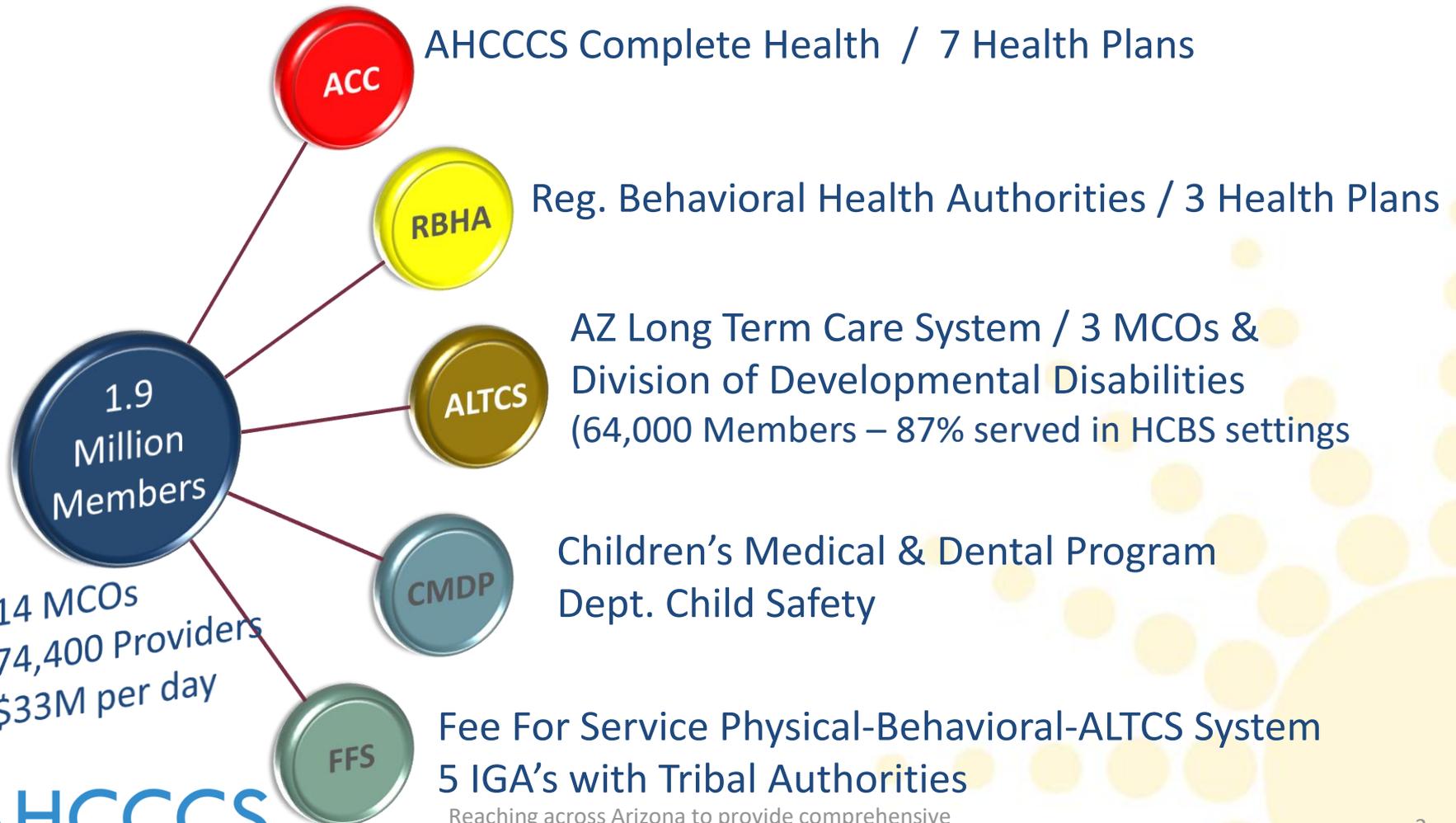
- 14 MCOs
- 74,400 Providers
- $33M per day

CMDP — Children's Medical & Dental Program Dept. Child Safety

FFS — Fee For Service Physical-Behavioral-ALTCS System 5 IGA's with Tribal Authorities

AHCCCS
Arizona Health Care Cost Containment System

Reaching across Arizona to provide comprehensive quality health care for those in need

2

Why is AHCCCS in the WFD Biz?

Mission

Members

Money

Reaching across Arizona to provide comprehensive quality health care for those in need

Sufficient Workforce **Capacity**

Capable & **Committed** Workers

Workplace **Culture** & **Connectivity**

AHCCCS
Arizona Health Care Cost Containment System

How AHCCCS Entered The WFD Biz

- **ACOM 407** – Workforce Development Policy

- **Applies** to all Health Plans in 3 Contracts

- **Covers** all Workforce Segments & Providers

AHCCCS
Arizona Health Care Cost Containment System

Reaching across Arizona to provide comprehensive quality health care for those in need
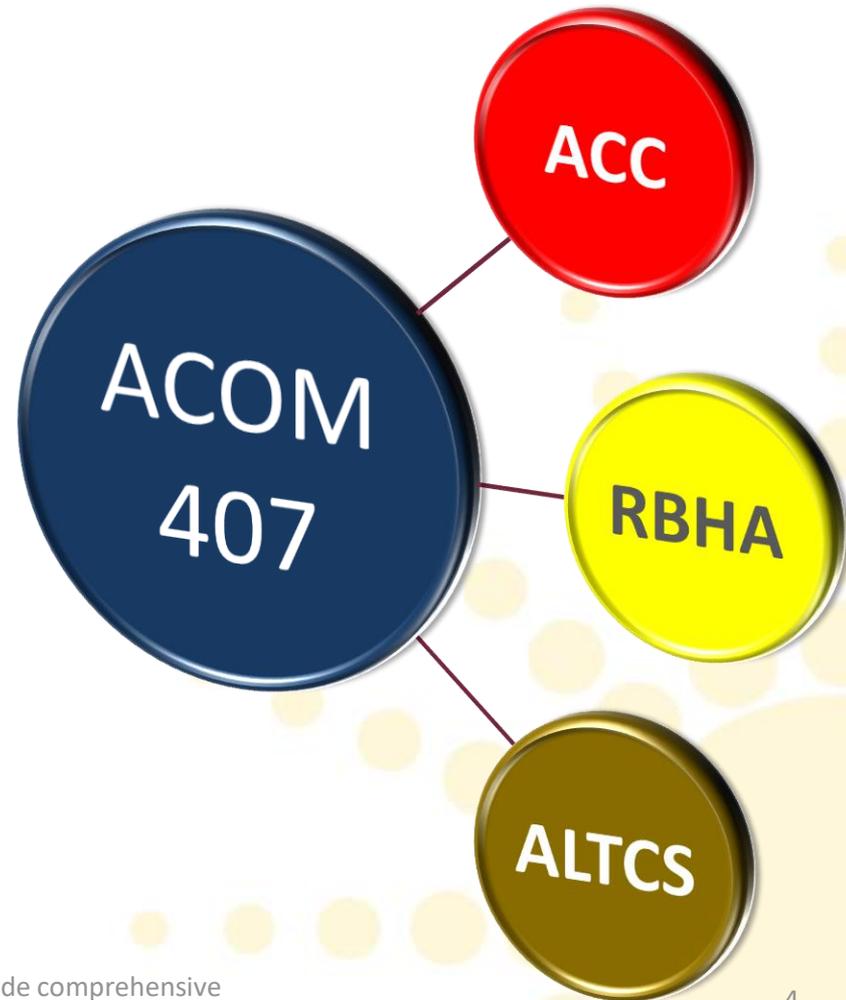
ACOM 407 Requires MCOs Have a...

- WFD Administrator - Leader
- WFD Operation - Capable of Workforce
  - Forecasting
  - Assessing
  - Planning
  - Monitoring &
  - Assisting
- WFD Plan & Annual Progress Report

AHCCCS
Arizona Health Care Cost Containment System

Co-Orchestrated Planning & Acting

AZ Healthcare WFD Coalition

ACC/RBHA & ALTCS Alliance

Health Plan Networks

Providers ACC& RBHA

Healthcare Workforce

Workforce Segments

Provider Network

Provider Organization

AHCCCS
Arizona Health Care Cost Containment System

Reaching across Arizona to provide comprehensive quality health care for those in need

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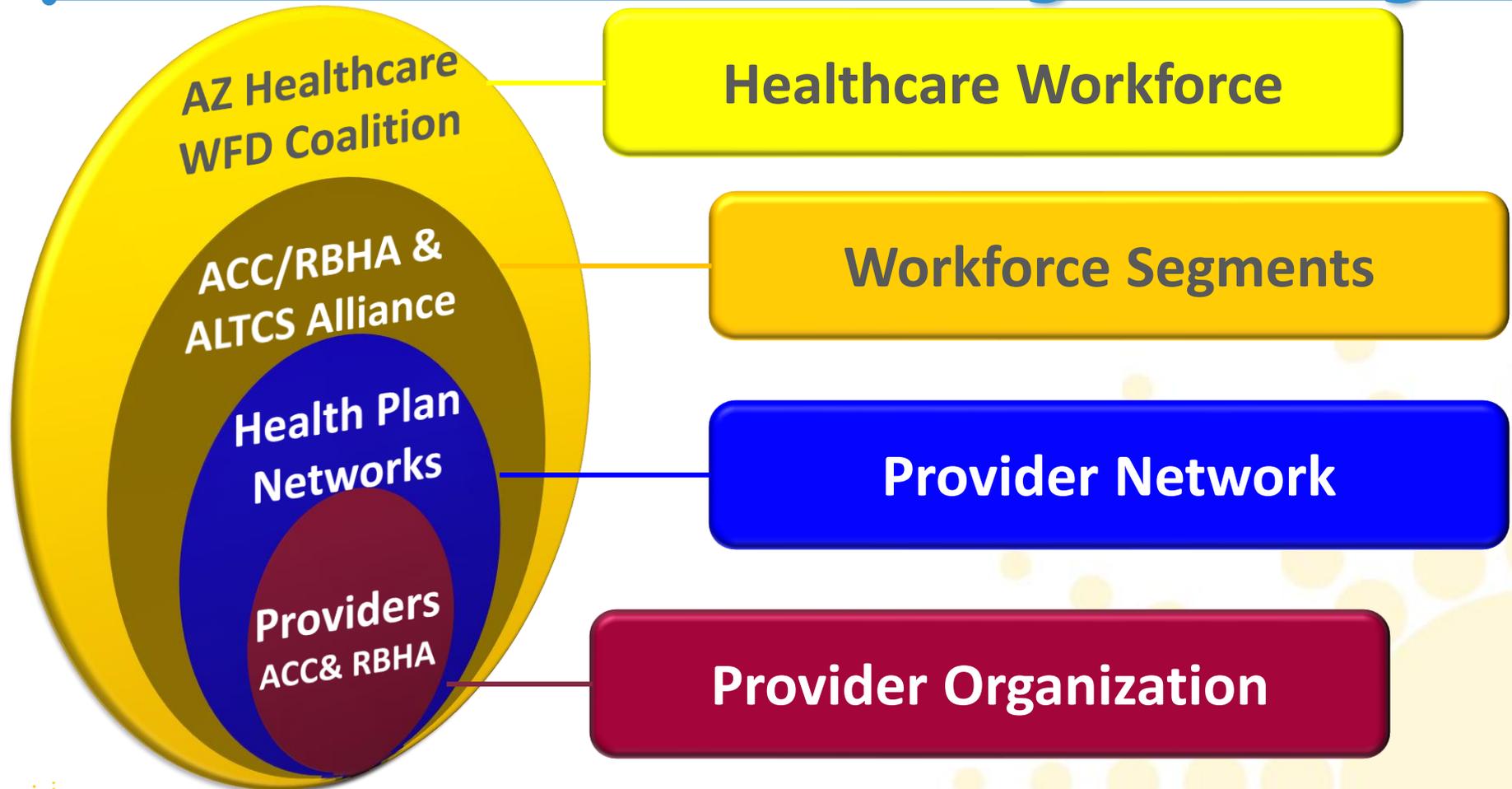
Alliance Level
Prioritizing and Planning Model

5 WFD "C"s	ACC / RBHA Alliance		ALTCS Alliance	
	Acute/ Physical Heath	Behavioral Health	Developmental Disability	Elderly/Physical Disabilities
Commitment				
Culture				
Capability	Provider WFD Capabilities			
Capacity			Acquiring & Retaining the DCW Workforce	
Connectivity				

AHCCCS
Arizona Health Care Cost Containment System

Reaching across Arizona to provide comprehensive quality health care for those in need

Accomplishments

- ALTCS WFD Advisory Group

- Legislation reciprocity in testing & training

- "6th C Efforts" – additional resources

- Supporting partnership efforts

- Encouraging Health Plan and Provider WFD Leaders

Reaching across Arizona to provide comprehensive quality health care for those in need

Resources & Contacts

- ALTCS Workforce Development Administrators

  o Allison Kjer WFD Administrator - United Healthcare - allison.kjer@uhc.com

  o Debra White WFD Manager - AZ Dept. of Economic Security – Division of Developmental Disabilities - debrawhite@azdes.gov

  o Kate Lemke WFD Administrator – Banner University Health Plans - katherine.lemke@bannerhealth.com

  o Sarah Hauck WFD Administrator – Mercy Care - haucks@mercycareaz.org

- ACOM 407
  https://www.azahcccs.gov/shared/Downloads/ACOM/PolicyFiles/400/407_Workforce_Development.pdf

AHCCCS
Arizona Health Care Cost Containment System

Reaching across Arizona to provide comprehensive quality health care for those in need

Workforce Development
Long Term Care Initiatives

Sarah Hauck, MC

Workforce Development Administrator

Mercy Care's Commitment

Support the creation of 6,000-10,000 new Home Health Worker positions in the field of Long Term Care and enhance the recruitment, retention and training of contracted providers in our network.

- Support statewide and national initiatives
- Educate workforce stakeholders
- Inspire provider initiatives
- Analyze outcomes

Projected Timeline: 2018 – 2022
Financial Commitment: $2,000,000

Contributing Mercy Care Teams

- Adult System of Care
- Children's System of Care
- Employment and Rehabilitation
- Finance
- Long Term Care
- Marketing
- Provider Relations
- Tribal Services
- Workforce Development

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Developing the Workforce

General Employment Efforts
- Sponsoring Career/Job Fairs

Tribal Initiatives
- Education and Outreach

Transition Aged Youth
- Education and Outreach
- Support for Department of Education certification program of high school students

Recruitment, Training & Job Placement Program
- Sponsorships for new Home Health Workers

Engaging Local Home Health Agencies
- Request for proposals

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Recruitment, Training & Job Placement Program

Practical Training Solutions & United Way of Southern Arizona

- Targeted marketing campaign to raise awareness of employment opportunities

- Recruit, vet and train Home Health worker candidates

- Publish placement profiles, schedule interviews and support job offer and provider placement

- Place 1500 direct care workers with Mercy Care contracted providers

- Budget: $450,000

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To align with national evidence-based initiatives, Mercy Care encouraged Home Health Agencies to utilize PHI's *10 Strategies for Success* to build their proposals

10 Strategies for Success

1. Recruit the Right Staff
2. Improve the Hiring Process
3. Strengthen Entry-Level Training
4. Provide Employment Supports
5. Promote Peer Support
6. Ensure Effective Supervision
7. Develop Advancement Opportunities
8. Invite Participants
9. Recognize and Reward Staff
10. Measure Progress

Engaging Local Home Health Agencies

Proposals were requested in the areas of <u>Recruitment</u>, <u>Training</u> & <u>Retention</u>

- **15 agencies submitted proposals**

- **5 agencies were selected to be awarded contracts**

- **Awards were announced 07/31/19**

- **Budget: $1,000,000**

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Selected Agencies...

showed highly innovative and creative approaches to Recruitment, Retention and Training with a high focus on funding being allocated directly to employee initiatives.

- New employee pools (men, faith-based groups, retirees, transition-aged youth, refugees, tribal members, etc.)
- Pre-Hire relationship building
- Referral and retention bonuses
- Community resources and supports (government programs, local business discounts, assistance programs)
- Monetary and career advancement opportunities
- Mentor programs
- Specialty training (culture, specific conditions, fall prevention, technology, conferences)
- PayOUT: Gives employees the opportunity to choose when, how much, and how often they get paid for the hours they have already worked

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The Road Ahead

Mercy Care will collect, monitor and analyze the outcomes of these initiatives.

Our hope is for this to drive future statewide projects

"The best way to predict the future is to create it."

mercy care

Contact Information

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