

Workforce Development: An MCO Call to Action to Innovate, Invest and Collaborate

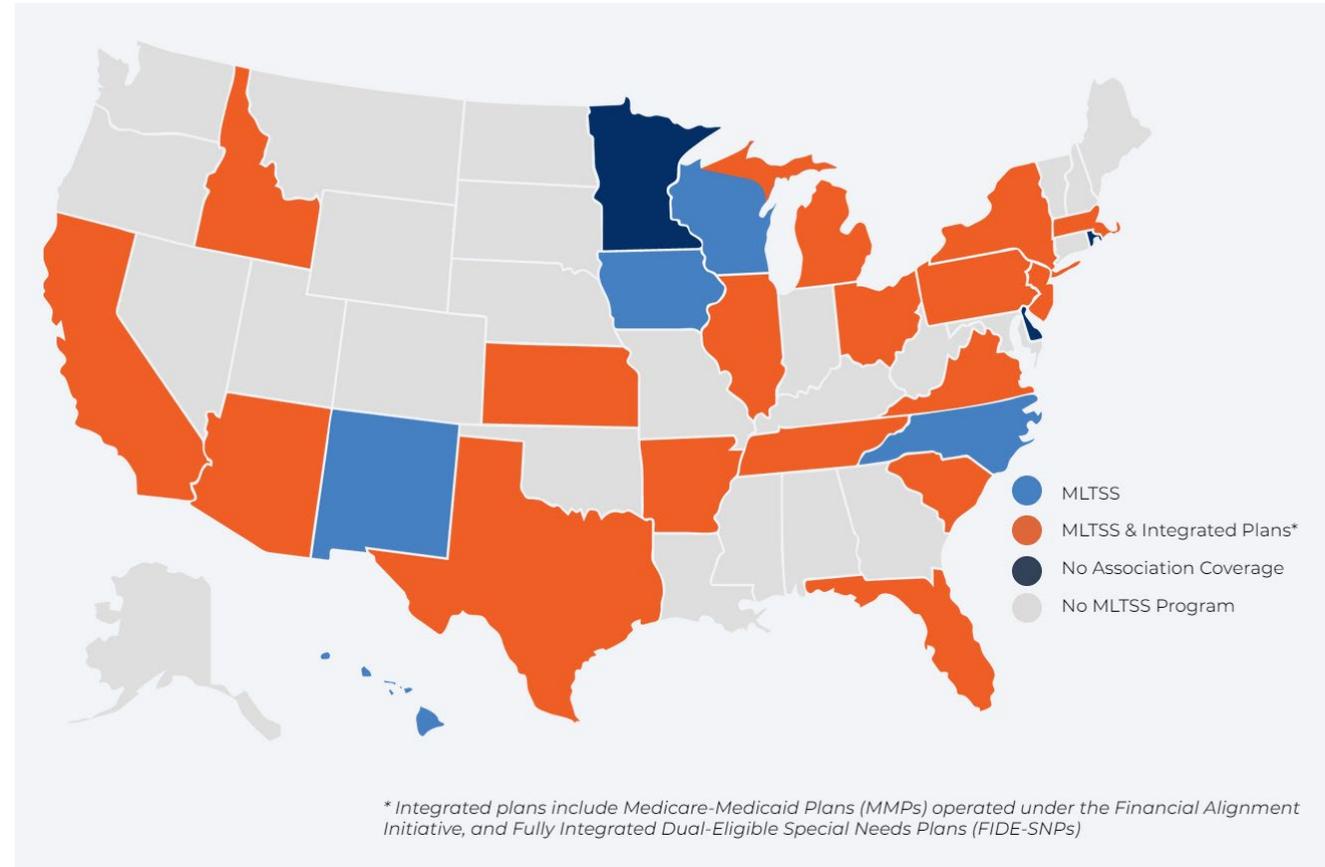


About the MLTSS Association

The National MLTSS Health Plan Association is a national trade association of the leading managed care organizations that deliver high-value, quality managed long-term services and supports (MLTSS) for state Medicaid programs and beneficiaries.



Where Member Plans Provide Coverage



For more information:



www.mltss.org



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Our Speakers



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Agenda

- Background on the Direct Care Workforce Crisis
- Overview of the MLTSS Association Direct Care Workforce Workgroup
- MCO Calls to Action and Policy Recommendations
- Reaction to MLTSS Association's Direct Care Workforce Framework
 - Patti Killingsworth, CareBridge Health
- Panel Discussion
 - Kris Kubnick, Includa, Inc.
 - Rachel Turner Chinetti, Elevance Health
 - Patti Killingsworth, CareBridge Health



Question to the Audience



Who has joined us for our session today?



Question to the Audience



Prior to this session, had you considered the role of MCOs in workforce development?



Question to the Audience



What do you want to leave here with today?

I. Background on the Direct Care Workforce Crisis

Current State

- In 2021, there were **4.7 million direct care workers** in the U.S.¹
 - Predominantly female (87%) and people of color (59%)
 - 27% are immigrants
 - 53% have a high school education or less
- **83% of providers** reported turning away new referrals due to lack of staff²
- Nationally, the **DSP turnover rate was 43.6%** at the end of 2020³
- 29.7% of DSPs from responding agencies had been employed there for **a year or less**³

1. Kezia Scales, PhD, It Is Time to Resolve the Direct Care Workforce Crisis in Long-Term Care, *The Gerontologist*, Volume 61, Issue 4, June 2021, Pages 497–504, <https://doi.org/10.1093/geront/gnaa116>
2. ANCOR Foundation and United Cerebral Palsy. (2023). The Case for Inclusion 2023: Making Good on Our Nation's Promise of Community Inclusion for All. <https://caseforinclusion.org/resources/key-findings>
3. National Core Indicators. (2022). National Core Indicators Intellectual and Developmental Disabilities 2020 Staff Stability Survey Report. <https://www.nationalcoreindicators.org/resources/staff-stability-survey/>

Future State

- To meet growing demand, the direct care workforce will need to add **1.3 million more new jobs** from 2018 to 2028, including more than **1 million home care jobs**.
- The LTSS sector will also need to fill nearly **7 million additional jobs** during the same period as existing workers move into other occupations or exit the labor force.

Direct Care Worker Projected Job Openings, 2019 to 2029



Source: PHI. "Workforce Data Center." Accessed 6/8/2021. <https://phinational.org/policy-research/workforce-data-center/>.



II. Overview of the MLTSS Association Direct Care Workforce Workgroup

About the Direct Care Workforce Workgroup



The National MLTSS Health Plan Association is issuing **a call to action for managed care organizations (MCOs)** to collaborate to offer new and innovative solutions on how to support the direct care workforce in partnership with state and provider partners.

Collaboration &
Shared
Responsibility

Alignment with
Local, State, and
Federal Initiatives

Centering the
DCW Voice

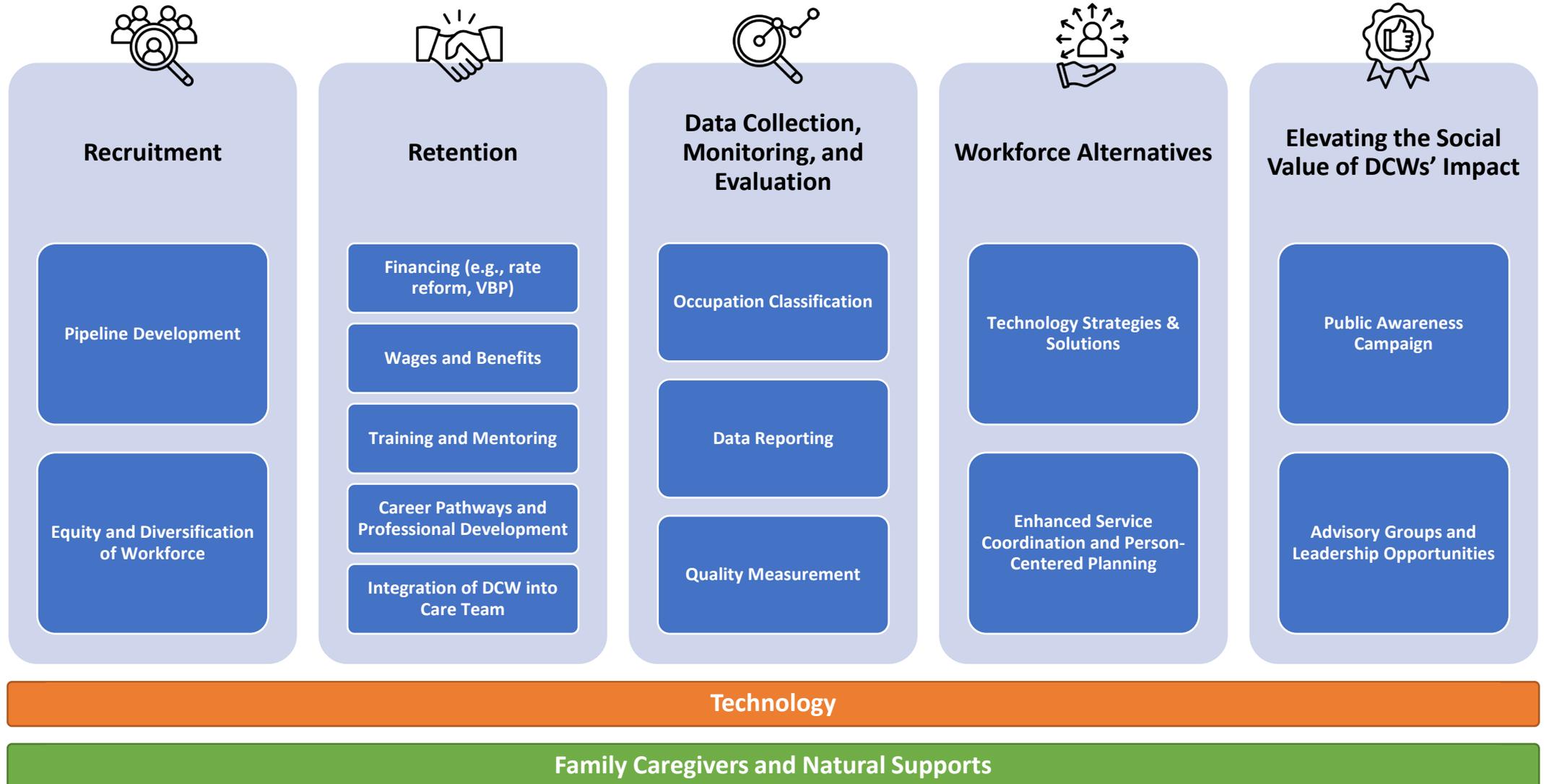
Equity

Person-Centered
Planning

Informal
Caregivers

Technology

Framework Domains & Subdomains



III. MCO Calls to Action and Policy Recommendations



Recruitment

Problem Statement

- Growing need to recruit additional DCWs to support MLTSS plan beneficiaries yet insufficient investment in building pathways into the direct care profession
- Current recruitment methods are untargeted and uncoordinated
- System failing to address social and equity-related barriers (e.g., transportation, childcare) that prevent individuals from entering this field



MCO Call to Action:

- Share **service-level data across MCOs and with providers** to improve provider recruitment efforts
- Collaborate with other MCOs when building **workforce development teams** and align on goals
- Invest in efforts to develop **recruitment portals** for the direct care workforce (ideally state-led initiatives)
- Identify ongoing local and state efforts to build a **DCW pipeline** and contribute MCO assets (e.g., thought leadership, financial resources) to those efforts
- Connect provider network to **immigration resources**



Recruitment (cont'd)

MCO Best Practices & State/Federal Recommendations

MCOs are sharing service-level data with providers and across MCOs

- **State Recs:** Request standardized data from MCOs on timeliness of service initiation; incentivize data sharing between plans and providers; incentivize plans to collectively coordinate referrals
- **Federal Recs:** CMS to provide guidance and TA to states



MCOs are building workforce development teams and providing technical assistance to providers

- **State Recs:** Require or incentivize plans to develop workforce development teams to support providers
- **Federal Recs:** ACL to provide technical assistance to states



MCOs are supporting the development of recruitment portals

- **State Recs:** Develop DCW-specific recruitment portals; set unified reporting requirements
- **Federal Recs:** CMS to require states to build recruitment portals and develop core standards



MCOs are advocating for and investing in the development of a DCW pipeline

- **State Recs:** Partner with educational institutions; strengthen high school and community college curriculums and certification programs
- **Federal Recs:** DOE to offer guidance on developing curriculums; Congress to invest in community colleges; HHS to adopt core competencies and career lattices



MCOs are connecting providers to resources on immigration policy

- **State Recs:** Engage plans as conduit for sharing immigration resources with providers
- **Federal Recs:** Congress to prioritize immigration reforms to increase supply of DCWs





Retention

Problem Statement

- High turnover rates result in vacancies that are difficult to fill
- Key factors impacting providers' ability to retain workers include wage disparities, limited benefits, lack of on-the-job support, limited training and career advancement opportunities, and a lack of societal recognition
- Caregivers experience high levels of burnout, moral injury, and strain



MCO Call to Action:

- Advocate for and invest in **improved training standards** for DCWs and supervisors
- Leverage **value-based payment contracts** to recognize and reward providers aiming to improve attention
- Promote **efficiencies in DCW resource allocation** by convening providers and leveraging technology
- Advocate for and support efforts to administer the **NCI State of the Workforce survey** to providers
- Incentivize providers to better **integrate DCWs into care teams** and offer appropriate payments
- Create robust **person-centered care plans** and convey plans to providers to inform DCW training and service delivery



Retention (cont'd)

MCO Best Practices & State/Federal Recommendations

MCOs are advocating for and investing in improved training standards for DCWs and supervisors

- **State Recs:** Set and improve training standards; allow investment in DCW training to count towards service costs in MLR
- **Federal Recs:** Revisit and consider implementing CMS core competencies developed in 2009



MCOs are leveraging VBP contracts to recognize and reward providers aiming to improve retention

- **State Recs:** Incentivize providers to deliver on outcomes such as retention; coordinate with plans and providers to promote career advancement opportunities
- **Federal Recs:** ACL to offer guidance on developing VBP contracts, career lattices, and training programs



MCOs are promoting efficiencies in DCW resource allocation by convening providers and using technology

- **State Recs:** Share best practices across plans and providers to promote efficiencies in DCW resource allocation



MCOs are encouraging providers to complete NCI's State of the Workforce survey

- **State Recs:** Adopt NCI's State of the Workforce survey across all populations



MCOs are incentivizing providers to better integrate DCWs into care teams and offering appropriate payments

- **State Recs:** Provide guidance on integrating DCW into PCP process; incentivize MCOs to facilitate DCW participation
- **Federal Recs:** Determine appropriate payment for DCW involvement in PCP process



MCOs are sharing details from PCP process with providers to inform individualized training for DCWs

- **State Recs:** Require MCOs to ensure that provider's individualized service plan aligns with member's PCP
- **Federal Recs:** CMS to mandate full rollout and evaluation of HCBS Settings rule





Data Collection, Monitoring, and Evaluation

Problem Statement

- Fundamental system and data constraints – including insufficient data collection infrastructure to collect employer-level data, imprecise federal industry and occupational classification codes, and limited implementation of workforce quality measures – limit ability of MCOs and providers to collect, analyze, and report on workforce metrics
- Better data collection infrastructure is needed to track financial data and bolster efforts to advocate for living wages for DCWs
- Limited data on DCWs' SDOH hinders analysis of how these factors impact workers' ability to participate in the profession



MCO Call to Action:

- Leverage existing data sources – including Electronic Visit Verification systems and provider and beneficiary reports – to collect **data on workforce capacity** and identify gaps and trends
- Advise on the inputs for **cost studies**
- Advocate for **federal occupational classification codes** that better reflect DCW core competencies, settings, and populations served
- Help collect **data on self-directed workers and informal caregivers**



Data Collection, Monitoring, and Evaluation (cont'd)

MCO Best Practices & State/Federal Recommendations

MCOs are leveraging existing data sources (e.g., EVV, provider and beneficiary reports) to collect data on workforce capacity and identify gaps and trends

- **State Recs:** Develop bidirectional data repository for states, MCOs, and providers to use to input and report on workforce data; adopt NCI State of the Workforce survey across all populations; add requirements around workforce data in EVV
- **Federal Recs:** Congress to require or incentivize states to develop bidirectional data repositories; CMS to develop standard workforce capacity metrics; Congress to direct HHS to study best practices across EVV systems in different states



MCOs can help advise on inputs for cost studies

- **State Recs:** Identify inputs needed for cost studies to support analyses of providers' projected costs
- **Federal Recs:** CMS to work with states to develop and concurrently release guidance; CMS to study impact of using ARPA funds to support DCW wage increases



MCOs can advocate for federal occupational classification codes that better and more comprehensively reflect DCW core competencies, settings, and populations served

- **Federal Recs:** Congress to direct MACPAC to conduct study to compile definitions of DCWs across states to inform revisions to federal occupational classification codes



MCOs can help collect data on self-directed workers and informal caregivers supporting their members

- **State Recs:** Collect data on self-directed workers and “gray market”; incentivize plans to support caregiver self-identification during needs assessment; create standard identifiers that differentiate between self-directed and agency-directed supports
- **Federal Recs:** CMS to require states to collect data on self-directed workers and “gray market”; CMS to provide guidance on including caregiver self-identification as part of needs assessment; CMS to require states to use standard identifiers





Workforce Alternatives

Problem Statement

- Not enough individuals to meet growing need given the demographic shift
- Advancement and enhancements of alternative workforce strategies will be critical to not only sustain the current MLTSS enrollee needs but to support the ongoing growing demands of the MLTSS enrollee population.
- System and policy barriers restrain innovation that can lead to quicker prototyping and implementation of alternative solutions



MCO Call to Action:

- Prioritize accessing empowering workforce alternatives through the **person-centered planning process** to become better stewards of existing resources
- Aim to **fully maximize use of alternative coverage** (In Lieu of Services (ILOS), value-added benefits (VAB), or supplemental benefits), making sure to leverage authorities to cover a more cost-effective way to maximize access
- **Reinvest savings from value-based contracts** into strengthening their provider capacity and supporting DCWs
- Assure that their provider network is **technology-focused**



Workforce Alternatives (cont'd)

MCO Best Practices & State/Federal Recommendations

Plans should prioritize accessing empowering workforce alternatives through the person-centered planning process to become better stewards of existing resources

- **State Recs:** Incentivize plans to lower care management ratios; provide beneficiary-friendly information about public programs; allow family caregivers to provide certain services, incorporate supports for unpaid caregivers into HCBS programs
- **Federal Recs:** CMS to review, catalogue, and support state efforts to support family caregivers; promote use of Training and Counseling Services for caregivers and provide guidance and TA to states



Plans are creating in In Lieu of Services (ILOS), value-added benefits (VAB), or supplemental benefits to fill gaps within their benefit package

- **State Recs:** Define services clearly and intuitively such that plans understand what pathways exist to support empowering workforce alternatives
- **Federal Recs:** CMS to finalize its proposed regulations on the use of and guardrails for ILOS



Plans are continuing to advance providers' use of technological solutions to alleviate workforce burdens

- **State Recs:** Create unified plans to deploy innovative technologies; allow for the use of technology in meeting network adequacy requirements; define services clearly and intuitively such that plans and providers understand what pathways exist to support technology and have the flexibility to allow for emerging technology solutions

Federal Recs:

Congressional Actions

- Enact federal legislation like the Workforce Innovation and Opportunities Act
- Adapt a unified plan for a Technology First approach at the state level
- Direct CMS to distribute guidance on high value Appendix K flexibilities
- Direct CMS to encourage flexible HCBS network adequacy requirements that allow for technology

CMS Actions

- Provide state guidance on flexible and clear service definitions and vendor expectations
- Develop standardized outcome reporting requirements re. workforce alternatives
- Release guidance on provider policies around managing tech and remote supports
- Require states to report data on reinvestments of any funds/incentives received as a part of any CMS systems-change initiative to implement tech solutions
- Require states that invested ARPA funds into pilots or demos related to workforce alternatives to report data on best practices





Elevating the Social Value of the DCW's Impact

Problem Statement

- Broad disconnect in perception versus reality contributes to the lack of social value placed on direct care workers
- Despite having frequent contact with beneficiaries and managing critical healthcare tasks, DCWs' role within the larger healthcare system and profession is frequently overlooked and undervalued by care teams and policymakers alike
- Biases also carry-over into public perception that direct care workers are unskilled laborers in undesirable jobs



MCO Call to Action:

- Understand and align with **what is already happening** at the local, state, and federal levels
- Incentivize and recognize providers **investing in this culture shift** focused on promoting DCW as a valuable, quality role
- Collectively align on how to **measure and communicate the impacts** to policymakers
 - When providers are performing, MCOs should align on an approach to roll back up to outcomes, incentivize strong performance on workforce development via VBPs.
 - MCOs should align on communication to providers and state partners - elevate the good work providers are doing, impact of work, relationship with improving quality. MCOs have an opportunity to report out on the impact.



Elevating the Social Value of the DCW's Impact

MCO Best Practices & State/Federal Recommendations

Plans should join coalitions with providers and advocates to advocate for reimbursement rates that align with the skillsets of DCWs and recognize their value

- **State Recs:** States should increase reimbursement rates to align with the skillsets of DCWs and recognize their value
- **Federal Recs:** CMS to allow for MCOs to identify investments specific to workforce that permit direct funding from states vs. being captured in encounter reporting two years later



Plans are aligning efforts with local marketing initiatives (e.g., PSAs)

- **State Recs:** States should engage plans in state and local marketing initiatives
- **Federal Recs:** ACL to provide guidance and TA to states on engaging plans in state and local marketing initiatives



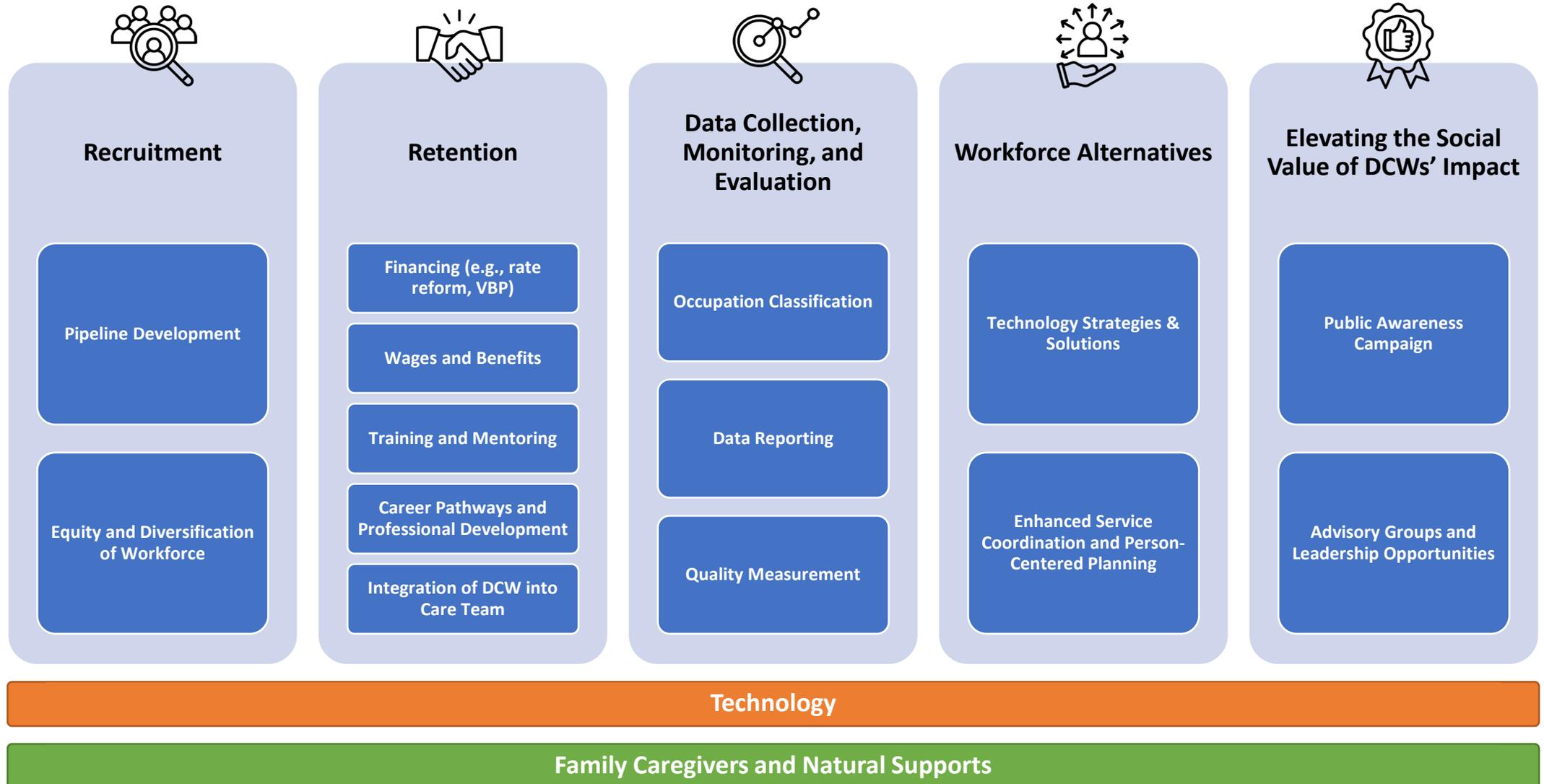
Plans can help support state and federal initiatives around elevating the social value of DCWs' impact

- **State Recs:** Develop workforce development plans and engage MCOs as partners; establish DCW Advisory Councils; incentivize MCOs to conduct more evaluation of impacts
- **Federal Recs:** DOL and HHS to develop an interagency collaboration, recognizing the broader impacts of developing this workforce (beyond healthcare)



**IV.
Reaction to MLTSS
Association's Direct Care
Workforce Framework**

Framework Domains & Subdomains



V. Panel Discussion

Thank you! Questions?



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Stay Tuned!

The MLTSS Association's
White Paper on the
Direct Care Workforce
will be released this fall:

www.mltss.org

Thank you!

