

2013 CMS Direct Service Workforce Resource Center Summer Webinar Series White Paper

Background

In the summer of 2013, the National Direct Service Workforce Resource Center (DSW RC) hosted a four-part webinar series designed for state agencies that administer long term services and supports (LTSS) programs, managed care organizations, providers, consumers and advocates. Each of the virtual Learning Sessions were designed to engage CMS demonstration grantees and LTSS stakeholders in dynamic discussions focused on successful strategies and useful resources for developing the direct service workforce that supports people with disabilities in home and community settings.

Participants heard directly from practitioners in the field about different kinds of workforce development strategies that work in fee-for-service and managed care environments. Along with the presentations, each webinar featured discussions about ideas for adopting and/or adapting successful strategies currently in use across states. Finally, participants learned about new resources such as the **DSW Core Competency Road Map**, a **DSW Training Reimbursement Toolkit**, a **DSW Data Collection Toolkit**, and the **PHI State Data Center**. These resources and all other webinar materials are available on the [DSW RC Summer 2013 Webinar webpage](#).

This white paper summarizes some of the common themes that emerged across all of the webinars, highlights successful strategies and recommendations made by presenters and commitments to action that were mentioned by participants.

Webinars Topics, Dates and Programs Featured

Archived recordings of the webinars and all webinar presentation materials can be accessed online at: <http://www.dswresourcecenter.org/tiki-index.php?page=summer2013series>

Topic	Date	Presenters/Programs Featured
1) Preparing Your State's LTSS Workforce to Support Multiple Populations in Traditional and Integrated Care Models	July 17, 2013	<ul style="list-style-type: none"> ▶ Leslie Sawyer, Ohio Department of Medicaid ▶ Melissa Hall, Monarch North Carolina ▶ Annie Johnson-Sirek, University of Minnesota (a DSW RC partner)
2) Understanding the Strength and Quality of Your LTSS Workforce	July 31, 2013	<ul style="list-style-type: none"> ▶ Ann Hardiman, The New York State Association of Community and Residential Agencies (NYSACRA) ▶ Tameshia Bridges, PHI (a DSW RC partner) ▶ Abby Marquand, PHI (a DSW RC partner)
3) How to Pay For LTSS Workforce Investments	August 14, 2013	<ul style="list-style-type: none"> ▶ Faimon Roberts and Lawand Johnson, Louisiana DHH, Office for Citizens with Developmental Disabilities ▶ Karen Kulp, Home Care Associates of Pennsylvania (HCAPA) ▶ Erika Robbins, The Lewin Group (a DSW RC partner)
4) Workforce Development in Participant-Directed Programs: Supporting Workers and Family Caregivers	August 28, 2013	<ul style="list-style-type: none"> ▶ Dawn Lambert, Connecticut Dept of Social Services ▶ Lorrie Mahar, Washington State Dept. of Social & Health Services ▶ Michelle Morse Jernigan, Tennessee Dept. of Finance and Administration, Bureau of TennCare

What Contributes to Successful Workforce Development Initiatives?

- 1) Being inclusive in whatever initiative you take. Engaging stakeholders such as state partners, workers, supervisors, consumers, and family members in all stages of planning and implementation.

Successful Strategies

- ▶ The District of Columbia developed nursing assistance personnel regulations that include core competencies that everybody has to take whether you're going to be a CNA, home health aide, or medication aide. They pulled together 40 stakeholders, including people in the hospitals and other agencies in the District; input from all these different groups on the kind of training they needed.
- ▶ The Connecticut Department of Social Services hosted focus groups with participant/family-employers and personal care assistants to gather their input into its workforce initiative.
- ▶ The Louisiana DHH, Office for Citizens with Developmental Disabilities held meetings with providers and DSWs and found they needed two trainings – positive behavioral supports and medical nursing/physical supports. These stakeholders encouraged them to plan for sustainability of the program from the beginning.

Specifically Medicaid Waiver Staff

- ▶ In Ohio, they met with each sister Medicaid agency to discuss their initiative and surveyed them to learn about who their direct service workers are, their job titles, service settings, and primary job duties. They wanted to learn about what they shared in common and differences.
- ▶ In Louisiana, the waiver staff helped them make the case to CMS and helped answer questions about why the training was important. The waiver staff thought that the HCBS DSWs were not trained well enough and this was causing some re-institutionalization.
- ▶ PHI Michigan worked collaboratively with input from stakeholders. They developed a committee of waiver agents that administer the waiver programs at the local level. The committee included waiver agents from rural and urban areas that worked with PHI Michigan in developing the tool. They provided input on the tool and helped identify employers and workers to test the survey tool before it went out into the field.

Additional Recommendations

- ▶ Engage the stakeholder community early in the development of the program (e.g., MCOs, Care Coordinators). If you get that community buy-in from your stakeholders, it goes a long way.
- ▶ Timing matters; be sensitive to the political atmosphere, what is going on in your state and what stakeholders are already involved with.
- ▶ It's critical to involve direct service workers themselves, the people it will benefit, consumers, supervisors, etc.; set standards and expectations for the training; make travel reimbursable.

- 2) Cultivating partnerships across agencies and networks.

Successful Strategies

- ▶ NYSACRA relied on several tiers of partnership, self-advocates all the way down to legislators.
- ▶ Monarch NC partnered with the University of Minnesota on a grant through Intellectual/Developmental Disabilities Council on Disabilities in North Carolina.
- ▶ In order to have the competencies accepted into the community college curriculum, Monarch NC met with the continuing education state director in North Carolina and presented the curriculum to her. She presented it to the board at the community college level and they agreed to start it in the continuing education program.

- ▶ Ohio Department of Medicaid hired the Ohio Colleges of Medicine Government Resource Center and Ohio State University through a sub-grant agreement to help with identification of core and specialization competencies and develop training
- ▶ Washington Dept. of Social & Health Services does training through a non-profit program called The Training Partnership
- ▶ TennCare requires Fiscal Employer Agency/support brokers to train MCO staff

Additional Recommendations

- ▶ Engage leaders and make the case to leaders about the benefits of quality of services and potential for savings that can result from your initiative.
- ▶ Look for traditional partners and outside of your box partners.

3) Being visible and celebrating progress, recognizing things that have happened.

Successful Strategies

- ▶ Ohio Department of Medicaid created a logo and a webpage.
- ▶ Monarch NC celebrated staff's success, held graduation ceremonies, offered DSP business cards, assisted with NADSP Accreditation process.
- ▶ NYSACRA holds DSP conferences every year where they celebrate the work, have keynote motivational speakers, give awards, and have skill-building workshops
- ▶ NYSACRA published booklets about the focus group discussions that occurred at the DSP conferences
- ▶ CT Dept. of Social Service: Launched a website called *My Place CT* with training components and resume assistance
- ▶ CT Dept. of Social Service: printed ad in the *Hartford Courant CareerBuilder*

Additional Recommendations

- ▶ The need for more and better trained direct service workers may require a state-level or state-wide approach that involves the efforts and support of Medicaid agencies and other stakeholders; use a logo and/or webpage to create visibility and therefore support a state-wide endeavor and prevent a piecemeal or silo-ed effort.
- ▶ Celebrate staff success with graduation ceremonies; some staff might appreciate having families come out and see them graduate
- ▶ Create messages for different targeted audiences; students might be interested in becoming part of the direct service workforce

4) Accessing a diverse set of funding by making the business case to funders.

Successful Strategies

- ▶ The Ohio Department of Medicaid used its MFP grant to sponsor several research projects to provide information about various aspects around the direct service workforce topic, the results of which would impact the direct service workforce.
- ▶ Louisiana MFP Demonstration: Curriculum development was paid for with MFP administrative funds and Office for Citizens with Developmental Disabilities funding
- ▶ NYSACRA received a grant to develop a chapter of NADSP in New York state, which gave DSPs a voice in policy and other matters
- ▶ Pennsylvania Home Care Associates:

- ❑ Made the case to funders that they were getting people off welfare and serving an underserved population: very disabled and elderly people who were mostly poor in the community.
- ❑ Targeted two groups of funds: TANF and Workforce Investment Act funds.
- ❑ Used state and city contracts to leverage private foundation money

Additional Recommendations

- ▶ Consider sustainability from the start, as it may impact design and delivery significantly.
- ▶ Be patient with funders and positive.
- ▶ Think about what benefits the initiative will have for the funder and talk with the funder about these.
- ▶ Set some performance measures and outcomes for your initiatives that you can share back with funders, which can also make the case for ongoing funding.
- ▶ Consult [Coverage of Direct Service Workforce Continuing Education and Training within Medicaid Policy and Rate Setting - A Toolkit](#) and consider how your state currently pays for training and how Medicaid rates might be revised to better account for cost of training.

5) Designing training based on competencies and with long-term outcomes in mind.

Successful Strategies

- ▶ Louisiana MFP Demonstration paid participating workers a sustainability bonus: If you go to the training and pass all the modules in the training, and work with a demo participant for a year, Louisiana DHH pays you a \$500 sustainability bonus.
- ▶ When obtaining funding, Home Care Associates emphasized that they employ the people they train. They didn't try to have more people trained than they could hire. If they recruit, train, and deploy workers, the funders are going to meet their goals as well.

Involving Supervisors in Training

- ▶ Monarch NC started training supervisors first; felt that the supervisors needed to navigate and talk about the training system.
- ▶ Louisiana DHH included supervisors and training staff to incorporate sustainability and consistence in reinforcement.

Training Requirements

- ▶ Connecticut's enhanced worker training is optional; they are facilitating but not requiring certification;
- ▶ Washington, New York, and Tennessee are pursuing an approach based on required training, accounting for different kinds of workers. Among participant-directed workers, there are differences between what people who are related to the person they're supporting need and the training that other people might need. Washington has determined that related workers may not need training in some areas.

Additional Recommendations

- ▶ Make sure you have the right team: having experts to help you in design and implementation and help you with training and research.
- ▶ Training is critical, but pay attention to the lessons learned from training in the traditional model. There's a risk in implementing training that could drive the focus toward delivering the service a particular way rather than providing individualized support to people. States and MCOs must balance the training needs that workers have and the commitment that states need to ensure safety with the individual's right to make their own choices and direct their own services.
- ▶ Consult the [CMS Core Competency Road Map for Direct Service Workers](#) to help design training policies, requirements, curricula and programs.

6) Being strategic about data collection and analysis.

Successful Strategies

- ▶ PHI Michigan used the DSW RC Minimum Data Set and worked with the DSW RC to design surveys of employer agencies and independent providers to collect a core data set.
- ▶ was thoughtful and intentional in terms of the incentives they offered workers to complete a survey, (e.g., gas card)
- ▶ NYSACRA gathered information and data from members via surveys, mostly through SurveyMonkey; surveys are about vacancy, turnover datasets; how many workers, full-time, part-time, fringe benefits
- ▶ NYSACRA has focus groups at DSP conference where NYSACRA staff listen to the DSPs

Additional Recommendations

- ▶ Be strategic about what kind of data that you collect: consult with stakeholders; don't try to get answers to everything, focus in on what's critically important and go back for information later.
- ▶ Consult the [PHI State Data Center](#) and use information about workforce available before launching data collection initiative.
- ▶ Consult the [DSW RC Minimum Data Set Recommendations](#) and the workforce survey instruments from the National Balancing Indicators Project to help you design survey instruments.

Examples of Commitments to Action Made by Webinar Participants

- ▶ Distribute the research from these webinar to states' waiver agencies, CILs, and stakeholder workgroups to discuss and push for training
- ▶ Look to states with groups like NYSACRA that are using creative means, not just identifying gaps, obtaining input directly from DSP
- ▶ Visit PHI Data Center and urge your state to gather some more data
- ▶ Download and read the toolkits such as the Coverage of Direct Service Workforce Continuing Education and Training within Medicaid Policy and Rate Setting Toolkit
- ▶ Talk to partners in your state Medicaid offices