

Recommendation 1: Create a Direct Service Workforce Consortium

Establish and support a consortium of public and private organizations and stakeholders charged with developing and implementing Ohio's strategic plan to create a larger, more flexible and well-trained direct service workforce.

The mission of the consortium will be to "Promote access to a quality direct service workforce."

Sub-recommendations:

- Consortium should ensure ongoing research and strategic planning for long-term care services and supports
- Consortium should report to the Governor's Workforce Policy Advisory Board and be represented on any state health care workforce work groups and committees
- The consortium should provide a coordinated strategic plan and focused leadership to address current and future workforce demands, recruitment and retention strategies, and training and educational needs.
- Plan should:
 - Identify best practices and resources available through providers of long-term care services and supports
 - Align and coordinate available resources
 - Identify direct service workforce needs and/or gaps
 - Identify key workforce and training efforts associated with addressing critical service needs, be developed through "bottom up" (local) dialogue and be data driven. ^(5, SN#1)
- The consortium should streamline data collection methods:
 - Acknowledge the CMS Quality Framework and National Core Indicators ^{(4, #107)(5, QS#7)}
 - Should include aggregate-level data ^(4, #108.4) including satisfaction survey results that are collected by a third party ^{(4, #108.2) (4, #108.3)} but avoid collecting or providing information that is duplicative or burdensome to providers ^(4, #106)

Immediate Actions

- Develop a charter for the consortium that will define the leadership, appointments, rules membership and structure

Short-Term Actions

- Seek the support of Ohio's foundations and other stakeholders concerned with long-term care, issues related to recruitment and retention of low income workers, and development of career pathways in health care and human services. ^(3, W#4)
- Establish a state direct service workforce research agenda (University Consortium)

Long-Term Actions

- Create a plan for conducting ongoing research and evaluation of the direct service workforce

(1) Ohio Health Care Workforce Advisory Council, 2004
(2) Jobs Cabinet Healthcare Workforce Shortage Committee, 2006
(3) Money Follows the Person Demonstration Grant
(4) Unified Long-Term Care System Report
(5) Futures Report
(6) ODMH, Strategic Plan
(7) ODADAS Strategic Plan Update

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Recommendation 2: The Direct Service Workforce Consortium should develop a multifaceted communications strategy to assist in connecting long-term care system stakeholders (i.e., employers, direct service workers, training providers, policymakers, consumers, family caregivers, etc.) to resources and data that promote access to a quality direct service workforce.^{(1)(2)(3, W#5)(5, Fin#1)}

Sub-recommendations

- Communications strategy should include the creation of a “Virtual Front Door” on workforce issues for stakeholders within Ohio’s long-term care services
 - Web site should link to existing state and local resources and worker/provider registries and directories.
 - Web site should describe and link to existing state and local health and human service tools such as:
 - ODJFS- <http://ohioheretohelp.ohio.gov/index.stm> (link to Healthcare tab)
 - Ohio Benefits Bank (would be nice to have the weblink like you have for the previous bullet)
 - Ohio Consumer Long-term care guide (www.ltcoho.org)
 - Potential connection to ULTCS Service Array Subcommittee
 - OhioMeansJobs
 - Include information about state approved accreditation and certification providers^(5, QS#10)
 - Include resources that will link individuals with disabilities and those 55 and over to employers^{(3, W#6)(5, AS#5)}
 - Include tools and resources to help develop the skills necessary to provide direct care and services.^{(4, #86)(5, QS#13)}
 - Incorporate OhioMeansJobs branding
- Web site should be linked to the state long-term care profile^(4, #108.6)
- Web site should be linked to state agency provider search and service delivery websites^{(5, QS#12)(4, #109)(4, #26)(4, #27)(5, SN#1D)}

Immediate Actions

- ULTCS Workforce Subcommittee members should partner to establish the central web site and identify existing resources as a foundation from which the Consortium can build upon.
- Resources: In-kind staff resources from member organizations

Short-Term Actions

- Release a Request for Information (RFI) to get information about other local and state data resources

Long-Term Actions

- Conduct ongoing assessments to see if the communication strategies are making a positive difference and determine how to refine our tools.

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Recommendation 3: State should conduct a Long-Term Care System Asset Mapping process leading to the development of stackable long-term care certificates within Ohio's Health and Human Service Lattice.

The ULTCS Work Group should create and execute a statewide strategy to develop the long-term service and support component of Ohio's Health and Human Service Career Lattice for long-term care workers across all settings through a subgrant of the Money Follows the Person Demonstration Grant (CFDA 93.791).

Ohio's Health and Human Service Lattice is a tool to help direct service workers become aware of the opportunities that exist within Ohio's health and human service shortage areas. ^{(6, Goal #II.A)(7, W#1)(5, SN#7)}

Sub-recommendations

- The asset mapping process should include:
 1. Identification of current and future long-term care employer training needs within each of Ohio's economic development regions.
 - Conversations should occur with nursing staff, executives and human resource staff. Each will provide a different perspective on current and future staffing needs.
 2. Development of Job Profiles (i.e., DACUMs) that identify the competencies related to identified training needs.
 3. Request from Ohio's Long-Term Care System to the University System of Ohio (USO) for training programs based upon job profiles.
 4. University System of Ohio Analysis of the availability of campus and career center courses that meet long-term care system needs.
 - What does the USO already offer? (i.e., courses that are already aligned with the job profile tools.)
 - Where are the gaps in the course offerings?/Where are new courses needed?
 - Determine capacity to fill gaps in course offerings with outside resources (i.e., foundation support, long-term care associations, public programs, etc.)
 5. Implementation of an evaluation process for the long-term care portion of the Health and Human Service Lattice.

- The long-term service and support component of Ohio's Health and Human Service Career Lattice should include:
 - A competency-based curriculum for all providers/staff having direct contact with individuals receiving services. ^{(5, QS#15)(5, QS#7)}
 - A core set of skills and competencies for all providers and staff having direct contact with consumers of long term care services and supports
 - Link to Career Technical Credit Transfer initiative, stackable certificates and Skills Bank
 - Stackable certificates should include medical and non-medical modules that promote cultural and other targeted competencies, specialized training based upon system needs, quality care and life; and professional growth within and beyond direct service. ^{(4, #3)(5, SN#1)(5, SN#2)(5, SN#5)}
 - Training for informal and formal family caregivers- consistent with the Department of Jobs and Family Services' family caregiver rules. ^{(5, QS#8)(4, #87)}
 - Portability across work environments and service recipient populations as a foundation on which to build career pathways ^{(1)(4, #60.4)(3, W#1)}

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- Provider credentialing requirements should be linked to system wide stackable certificates^(4, #60.2)
- Provider reimbursement rates should be linked to system wide stackable certificates; providing increased reimbursement to providers with highly qualified direct service staff and increased wages for increased competencies of direct service workers.
- Stackable certificates should provide credit within Ohio's University System^{(1) (5, SN#1E)}
- ULTCS should develop a communication strategy to inform Ohio's foundations of the opportunity to link local high school students to health and human service career pathways
- ULTCS should develop a communication strategy to inform Ohio's workforce development system of the opportunity to link adults to health and human service career pathways⁽²⁾
- Need to encourage and support direct service workers to ensure that there is an ample supply of competent workers with basic skills in all settings.
- Ensure certificates are not so restrictive that they cut out a large portion of the workforce that cannot do all skills but the skills they can do are valuable and marketable to employers.

Immediate Actions

- ULTCS Workforce Subcommittee should act as a guiding body to the Money Follows the Person University Consortium of Experts in developing the initial two certificates in the long-term service and support component of the Health and Human Service Lattice.
- ULTCS should reach out to their networks to ensure all stakeholder groups are well represented during the University Consortium's roundtable process

Short-Term Actions

- Determine how to involve consumers and students in determining the usefulness of tools and other potential related, but unmet needs which can be addressed.
- Determine which groups will share information and how to better disseminate information and resources.

Long-Term Actions

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Recommendation 4: The State should commission a study to determine the relationships (including strengths and limitations) between existing reimbursement models and efficient care within public and private sector long-term service and support provider organizations.

Based upon the information gathered in the study, the ULTCS Work Group should create and execute the development of a statewide strategy to address direct service wage, benefit, training and supervision difficulties within public and private sector long-term service and support provider organizations through a subgrant of the Money Follows the Person Demonstration Grant(CFDA 93.791).

Sub-Recommendations:

- The goal of the study is to promote the use of fair and equitable staff wages, benefits, training and supervision stability (i.e., Medicaid reimbursement models, levy funds and business models) that promote care focused on quality outcomes for service recipients.
- Based upon research findings, the Direct Service Workforce Consortium and University Consortium of Experts will identify strategies to attain fair and equitable staff wages, benefits, training and supervision stability where needed.
- ULTCS should develop a communication strategy to inform Ohio’s employers of cost saving best practices that may lead to efficiencies that can be reinvested in direct service staff wages, benefits and training. (i.e., telehealth) (See recommendation #2)
- Provider reimbursement rate add-ons should be linked to system wide stackable certificates (see recommendation 3); providing increased reimbursement to providers with highly qualified direct service staff.

Immediate Actions:

- ULTCS Workforce Subcommittee should act as a guiding body to the MFP University Consortium of Experts in developing research questions related to:
 - Disparities between wages and benefits between public and private sectors of long-term care services and supports.
 - Administrative costs associated with providing Medicaid services, with special attention to costs not associated directly with direct care.
- Roadblocks inherent in the reimbursement models that impede efficient care.
- Reimbursement models that focus on outcomes and effective delivery of services while enabling higher staff wages, better staff benefits, enhanced training and supervision stability.
- Methods to reinvest savings from efficiencies in direct service staff wages, benefits and training.
- Strategies used by other states to reduce direct service turnover
- Methods used to index waiver rates to inflation
- ULTCS should reach out to their networks to ensure all stakeholder groups are well represented during the University Consortium’s roundtable process.

Short-Term Actions (6-12 months):

Long-Term Actions (1-4 years):

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REFERENCES AND RESOURCES

Noelker, L.S., Rose, M., Ejaz, F.K., Castora-Binkley, M., & Browdie, R. (2010). Strengthening the direct care workforce for long-term services and supports: Suggested approaches from a national panel of experts. Cleveland, OH: Benjamin Rose Institute on Aging. Retrieved from <http://www.benrose.org/KPI/KPIProjectsPanel.cfm>

Community Research Partners (2008). Ohio Stackable Certificates: Models for Success. Columbus, OH: Community Research Partners. Retrieved from http://communityresearchpartners.org/uploads/publications//Ohio_Stackable_Certificates_Models_for_Success.pdf

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