

## Aligning Key OHT Budget Initiatives with Ongoing Workforce Development Projects

### ❖ Introduction

There are four (4) interrelated OHT budget initiatives that have significant implications for changing workforce needs:

1. Rebalance Long-Term Care: Funding and Medicaid Waiver Consolidation
2. Single Point of Coordination: Dual Eligibles Project
3. Health Homes Development: Patient-Centered Medical Home
4. Behavioral Health/Physical Health Integration

There are two (2) ongoing workforce initiatives and one (1) pending workforce initiative that will offer useful tools and support for the OHT work:

1. Ohio Direct Service Workforce Initiative
2. Patient-Centered Medical Home Workforce Initiative
3. Medicaid Technical Assistance and Policy Program (MEDTAPP) Workforce Development Initiative<sup>1</sup>

This document explains the importance of linking together the development work of the OHT budget initiatives with the ongoing and pending workforce initiatives to assure that the changing workforce needs will be adequately addressed in the implementation of the OHT budget initiatives.

### ❖ OHT Budget Initiatives with Workforce Implications

#### 1. Rebalance Long-Term Care: Funding and Medicaid Waiver Consolidation

- Consolidates the following five Medicaid waivers into a single waiver:
  - Ohio Home Care
  - Transitions II Carve Out
  - PASSPORT
  - Choices
  - Assisted Living
- Currently service definitions, provider standards, training requirements and payment rates are not uniform across the waivers (e.g., both the Ohio Department of Aging (ODA) and the Ohio Department of Job and Family Services (ODJFS) use the job title of “Home Care Attendant,” yet the services provided by a Home Care Attendant through the respective departments are different).
- Consolidation will provide the opportunity to standardize these elements across service sectors and settings (e.g., home and community-based, hospitals, nursing facilities, and other long-term care facilities or institutions).
- Funding consolidation and emphasis on community-based care will increase the importance of direct service workers being able to work across institutional and community settings, and to possess the skills necessary to provide effective, high quality community-based care.

#### 2. Single Point of Coordination: Dual Eligibles Project

- Establishes an Individual-Centered Integrated Care Delivery System (ICDS) for Ohio’s 113,000 dually eligible individuals (i.e., Medicare and Medicaid eligible) who are residents of nursing facilities, enrollees in Ohio’s home and community-based

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<sup>1</sup> Under development and pending ODJFS/Office of Ohio Health Plans (OHP) approval.

services waivers who require a nursing facility level of care, and individuals with severe persistent mental illness.

- Explores alternative models for implementation, including managed care plans, accountable care organizations, health homes, and/or other integrated care models.
- Requires providers to have ONE point of contact for an individual receiving services.
- Develops innovative rate-setting methods, including outcome-based performance incentives and focused care coordination.
- Emphasis on community based care and paying for performance-based outcomes will require additional service workers in community based settings who will provide effective, high quality care.

### **3. Health Homes Development: Patient-Centered Medical Home**

- Establishes a program of intensively coordinated care for Medicaid consumers with chronic conditions.
- Provides access to high-quality and evidence-based preventive/health promotion services, mental health and substance use/dependence services, comprehensive care management across settings, individual and family supports, and long-term care services.
- Employs electronic health records, link services with health information technology, communicates across teams and with individual and family caregivers, and incorporates a program of continuous quality improvement.
- Development of this program will necessitate developing and employing workers with new and different skill sets into traditional primary care and other health care delivery settings.

### **4. Behavioral Health/Physical Health Integration**

- Consolidates funding to better support integrated delivery of physical and behavioral health care, especially for persons with severe and persistent mental illness.
- Focuses program development within the context of Health Homes Development and the Dual Eligibles Project.
- Requires a sorting out of care coordination that currently is performed within the Community Psychiatric Supportive Treatment service.
- Provides the opportunity to better serve adults with severe and persistent mental illness who have need for direct assistance with activities of daily living.
- Integrating care will require new and different roles for clinical care managers and direct services workers in the behavioral health system, and will create the need for direct service workers who will be able to work across sectors and settings.

## **❖ Direct Service Workforce Initiative**

### **1. Structure and Process**

- ODJFS and ODA are co-leading the Direct Service Workforce (DSW) Initiative.
- ODJFS and ODA have established and serve as the co-leads of the Ohio Direct Service Workforce (DSW) Consortium, for the purposes of planning and implementing the DSW Initiative.
- The Ohio DSW Consortium includes representatives from state agencies, college and university faculty and researchers, consumers, caregivers, and providers.
- The Unified Long-Term Care Systems (ULTCS) Workgroup has established a Workforce subcommittee, co-chaired by ODJFS and ODA, which has developed a

number of recommendations that have been incorporated into the DSW Initiative. The ULTCS Workgroup receives regular updates about the DSW Initiative and many of its members will now also participate in the Ohio DSW Consortium.

- Additional input and support for the DSW Initiative is solicited from health and human service industry leaders such as the Ohio Board of Nursing, the Ohio Medical Board, the healthcare and long-term care industry, professional associations, and philanthropic organizations.
- This Ohio DSW Consortium will provide input and guidance as follows:
  - Defining and documenting the current direct service workforce situation, including shortage areas (by setting, specialty, geography, or other), educational and other professional development funding, and barriers to improving the supply, distribution, diversity, and development; and
  - Proposing policy for and implementing the DSW Initiative with a focus on person-centered, person-directed care for the direct service workforce in all settings by addressing:
    - Alignment of the direct service workforce with state priorities and local workforce initiatives;
    - Creation of a comprehensive and flexible training, education, certification, and career path system;
    - Quality assurance and improvement of health care service delivery;
    - Recruitment, vacancies, and worker turnover;
    - Status and image of the worker;
    - Supervision and workplace culture and respect;
    - Worker wages and benefits;
    - Worker support and safety;
    - Innovative healthcare technology (i.e., robotics); and
    - Ongoing data collection, analysis, and dissemination.
- The Federal Money Follows the Person (MFP) Demonstration Grant to ODJFS provides funding to support the implementation of the DSW Initiative, including faculty, research, hosting of business information sessions and stakeholder summits, the development of a health and human services career lattice, a direct service workforce synthesis report, interviewing and testing of incumbent workers, and other deliverables. This work is made possible through a subgrant from ODJFS to the Ohio Colleges of Medicine Government Resource Center (GRC), and includes the technical leadership from the Center on Education and Training for Employment (CETE).

## **2. Products**

- Phase One Products (On or before June 30, 2011):
  - October 2010: Established University Consortium representing various system perspectives to inform policy decisions (i.e., healthcare economics, developmental disabilities, adult education, secondary education, gerontology, mental health, etc.)
  - March 2, 2011: Hosted a Business Information Session (BIS) to engage chief executive officers and human resources staff of key service providers to discuss feasibility of a statewide, latticed certification program for direct service workers across different disciplines and service sectors.
  - April 8, 2011: Hosted a stakeholder summit in Westerville, Ohio called *Cultivating a Workforce for Person Centered Long-Term Services and Supports*.

The goals of the summit were to provide information on the DSW Initiative to stakeholders across the healthcare and workforce systems and to gather their perspective of future competencies of direct service workers.

- June 30, 2011: Created a DSW Synthesis Report including information that (1) compares, contrasts, and synthesizes previous, current, and pending direct service, healthcare, and human service workforce documents; and (2) offers related health and human services workforce recommendations.
- Phase Two Products (after June 30, 2011):
  - March 31, 2012: Identify the core competencies and associated tasks for the direct service worker.
  - May 31, 2012: Identify the number of questions and testing methodology needed to measure each core competency.
  - June 30, 2012: Publish between five and seven academic research reports regarding the characteristics and challenges of the direct service workforce.
  - May 31, 2013: Finalize the tests needed to measure each core competency.
  - May 31, 2013: Complete a test for Home Health Aides.
  - June 30, 2013: Develop the structure by which outside entities (e.g. universities) accept trainings given to direct service workers.

### **3. Aligning the Work**

State agencies connected with the Ohio Medicaid program are working collaboratively to address issues around enhancing the Ohio direct service workforce, the provision of increased career opportunities for Ohio direct service workers, serving shortage areas, and improving the supply and quality of services provided. The issues include service definitions (positions/titles, skill level, and services), settings, provider standards, training requirements, and payment rates. As state agencies implement strategies to address direct service workforce issues, it is imperative, especially with a focus on person-centered and person-directed care, to keep the four key OHT budget initiatives as the focal point of consideration. The “Identification of Direct Service Worker Titles” diagram<sup>2</sup> and “Key Issues” diagram<sup>3</sup> provide a visual representation of the direct service workforce in Ohio and the connection between the DSW Initiative and the four key OHT budget initiatives.

- **Ohio Department of Job and Family Services (ODJFS)/Office of Ohio Health Plans (OHP)**
  - Medicaid Waiver Consolidation.
    - Need for consistent service and setting definitions, provider standards, training requirements, and payment rates.
  - Development of a Health and Human Services (HHS) Lattice.
  - Use of direct service workforce data for Ohio's Long-Term Services and Supports Systems profile indicator on Ohio workers with disabilities.
  - Workforce shortages and aging of the direct service workforce.
- **Ohio Department of Aging (ODA)**
  - Medicaid Waiver Consolidation.

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<sup>2</sup> See Attachment No. 1

<sup>3</sup> See Attachment No. 2

- Need for consistent service and setting definitions, provider standards, training requirements, and payment rates.
  - Need for consistent training and assessment in home health care.
  - Workforce shortages and aging of the direct service workforce.
- **Ohio Department of Developmental Disabilities (ODODD)**
  - Need for development of career paths for direct service workers in the Developmental Disabilities (DD) system.
  - Incorporate Professional Advancement through Training and Education in Human Services (PATHS) into a uniform, standardized set of core and supplemental competencies in the DD system.
  - Workforce shortages and aging of the direct service workforce.
- **Ohio Department of Health (ODH)**
  - Identification of any gaps between DS worker core competencies and those of State Tested Nurse Aides (STNA).
  - Link with State Health Care Workforce Development Planning Grant.
  - Workforce shortages and aging of the direct service workforce.
- **Ohio Department of Alcohol and Drug Addiction Services (ODADAS)**
  - Home Health Aides from other systems who obtain addiction services specialization (undergraduate courses with graduate course level option) provide services within ODADAS system.
  - Workforce shortages and aging of the direct service workforce.
- **Ohio Department of Mental Health (ODMH)**
  - Differentiation between the services provided by Community Psychiatric Support Treatment (CPST) providers and the activities of daily living (ADL) services provided by other direct service workers.
  - Identification of the training needs of other DS workers within the Mental Health system, such as adult care facility workers, residential facility workers, and therapeutic program workers.
  - Workforce shortages and aging of the direct service workforce.
- **ODJFS/Office of Workforce Development (OWD)**
  - Sharing and access to workforce data (e.g., Workforce Data Quality Initiative).
  - Development of strategy to leverage career paths to access Workforce Investment Act (WIA) funds.
  - Workforce shortages and aging of the direct service workforce.
- ❖ **Patient-Centered Medical Home Workforce Initiative**
  1. **Structure and Process**
    - The Ohio Department of Health Primary Care Office (PCO) coordinates local, state and federal resources to address workforce issues and assist in the delivery of primary care services in the State of Ohio. This includes:
      - Identification of unmet need for primary care services through the federal Health Professional Shortage Area (HPSA) designation process; and
      - Development, recruitment and retention of primary care, mental health and oral health professionals through state and federal incentive programs. All programs

require service to Medicaid, Medicare and all patients without regard to ability to pay. (Note that subspecialty physicians are also eligible for placement through one of the PCO's eight placement programs.)

- The PCO maintains a partnership with the Ohio Department of Mental Health Integrated Clinical Care section to work on HPSA designation and development of providers through the SEARCH (Student/Resident Experiences and Rotations in Community Health) Program.
- With this foundation of recruitment and retention expertise and the need to address the growing and changing needs for health care professionals to provide Patient-Centered Medical Homes (PCMH) in Ohio, the PCO assumed a lead role in health care workforce planning through the following projects:
  - State Capacity Building to Address Primary Care Workforce Shortages Demonstration Project: Funded by the Association of State and Territorial Health Officials (ASTHO), the project supported a statewide strategic planning process focusing on primary medical care professionals who serve as the core providers in the PCMH model of care.
  - State Health Care Workforce Development Planning Grant: Funded by the Health Resources and Services Administration (HRSA) and building upon the preliminary work of the primary care workforce planning effort, this project develops the concept of interdisciplinary care and adds mental health providers in a plan for the integrated delivery of physical and behavioral health care.
- Additionally, ODH (through its Director, Director's designee and the PCO) participates in:
  - The Patient-Centered Medical Home Education Pilot Project: Developed through Ohio House Bill 198, the purpose of the project is to help improve the attractiveness of primary care as a career for nurses and physicians to address the current and anticipated shortage of primary care providers in Ohio; create a training environment at Ohio's nursing and medical schools that supports the PCMH model of care; and foster practice environments at Ohio primary care offices that will prepare students and graduates to work in or with the PCMH model. Training in the PCMH model of care is to be provided to staff of each participating practice. Staff may include a variety of health professionals and others who work in the PCMH practice.
- The "Identification of Patient-Centered Medical Home Providers" diagram<sup>4</sup> delineates the health care disciplines identified as primary medical care professionals for the Ohio Primary Care Workforce Plan (the core layer), mental health providers added in the supplement to this plan (the integrated layer), and additional providers and staff who are part of the PCMH care team (the expanded layer).

## 2. Products

- May 2010 – Present: A statewide strategic planning meeting, four regional forums, and development of the *Ohio Primary Care Workforce Plan* utilizing stakeholder input were produced through the ASTHO project and additional support from the HRSA Region V Office of Regional Operations.
  - The *Ohio Primary Care Workforce Plan* identifies priority focus areas that will provide a foundation for current and future primary care workforce

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<sup>4</sup> See Attachment No. 3

development, and suggests recommendations to assist with addressing workforce capacity issues. The priority focus areas are:

- Addressing the lack of consistent and complete workforce data by developing a centralized health professional workforce data repository to collect information on Ohio health professionals in training and in practice, and to produce reports to assist with identification and assessment of current and projected workforce needs.
  - Ensuring adequate supply, distribution and diversity of Ohio's primary care workforce through the development of and support for the health professions pipeline, including focus on increasing primary care education and training opportunities, especially in community-based settings, and development of incentives to sustain currently practicing providers.
  - Promoting widespread adoption of the PCMH model in Ohio through support for House Bill 198 pilot project sites and other practices to implement the PCMH model, and advocacy for interdisciplinary training programs and practices.
- August 2010 – Present: The HealthPath Foundation of Ohio launched a new funding initiative, *Strengthening Ohio's Safety Net*, after consultation with the PCO and other key stakeholders. The initiative was informed by the primary care statewide strategic meeting and the PCO assisted the Foundation in planning a roundtable to kick-off the project. Primary care and dental workforce distribution and diversity will be part of the funding initiative.
  - October 2010 – Present: The HRSA planning grant requires a state partnership to include: the State Workforce Investment Board; a health care employer; a labor organization; a public two-year institution of higher education; a public four-year institution of higher education; the recognized State federation of labor; the State public secondary education agency; and a philanthropic organization that is actively engaged in providing learning, mentoring, and work opportunities to recruit, educate, and train individuals for, and retain individuals in, health care careers and related industries. An evolving partnership is being developed with these and other entities, and a more formalized planning partnership will be structured in order to sustain workforce planning efforts beyond the grant period.
  - October 2010 – Present: A supplement to the Ohio Primary Care Workforce Plan will be developed to include mental health professionals and interdisciplinary care.
  - January 2011 – Present: The Patient-Centered Medical Home Education Pilot Project progress includes development of and sharing with the Board of Regents the proposed criteria for a primary care scholarship process to be used at advanced practice nurse and medical school training programs, development of and sharing with deans of colleges of nursing and medicine and the curriculum to promote training on the PCMH model of care for nursing and medical students and graduates, and selection of 44 pilot project sites.
  - August 2011 - ODH will take the lead role in coordinating PCMH model activities in Ohio, developing the Ohio Patient-Centered Primary Care Collaborative (OPCPC) for this purpose.
  - 2012 - ODH will lead efforts to develop PCMH model of care for all state employee health insurance plans.

### **3. Aligning the Work**

The Patient-Centered Medical Home, as defined by the PCMH Education Pilot Project and used in the PCMH Workforce Initiative, is an enhanced model of primary care in which care teams attend to the multifaceted needs of patients, providing whole person comprehensive and coordinated patient-centered care. Coordination and integration of care across all elements of the complex health care system and the patient's community is one of the joint principles adopted by multiple national health care organizations to describe the characteristics of the PCMH model. In this model, the PCMH care team coordinates services with providers such as subspecialists, hospitals, home health agencies, and nursing homes as well as with the patient's family and community-based services.

ODH supports the growth of the PCMH model throughout the state as it will serve to advance the Department's vision of optimal health for all Ohioans. By providing a structured method for ensuring that patients receive high quality care at the right time, by the right clinicians and in the right setting, the PCMH model supports the four OHT budget initiatives. The OHT budget initiatives are focused on specific population groups and are intended to result in more effective delivery of coordinated physical health, behavioral health, and long-term care services based on an individual's needs. The PCMH Workforce Initiative is a foundation for growth of the PCMH model, aiming to plan for, develop, recruit, and retain health care providers for the PCMH care team. Examples of the alignment of the PCMH Workforce Initiative elements with OHT budget initiatives are described below and are further outlined in the "PCMH Workforce Initiative Elements" diagram<sup>5</sup>.

- **Workforce Planning:** The *Ohio Primary Care Workforce Plan* promotes implementation of the PCMH Education Pilot Project, which undergirds the development of the PCMH model in Ohio and is therefore essential to all OHT budget initiatives. A supplement to this plan will be developed as part of the State Health Care Workforce Development Planning Grant to address issues of interdisciplinary care necessary to support the OHT Behavioral Health/Physical Health Integration Initiative. Both plans address the need for appropriate composition of the health care workforce, including adequate supply, distribution and diversity, to meet the growing and changing demands of the population.
- **Health Professional Development/Support:** The PCO's SEARCH Program is an integral component of the PCMH Workforce Initiative. Operated in partnership with ODMH and the Ohio Academy of Family Physicians Foundation (OAFP/F), the SEARCH Program focuses on community-based interdisciplinary training for students and residents in primary care, mental health and dental training programs. Placement of SEARCH participants in sites that operate as Patient-Centered Medical Homes is prioritized, thereby supporting the OHT Health Homes Development Initiative. The PCMH Education Pilot Project is also key for this initiative through its call for integrated medical and nursing curriculum and community-based training components, support for medical and nursing Choose Ohio First scholarships, as well as through its provision of training for staff at PCMH pilot sites.
- **Recruitment and Retention Programs:** All recruitment and retention programs coordinated by the PCO require providers to practice at community-based sites throughout the rural and urban underserved areas of the state. Participants practice at safety net sites such as Federally Qualified Health Centers (FQHCs) and Community Mental Health Centers (CMHCs), both of which are potential sites for implementation of

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<sup>5</sup> See Attachment No. 4

OHT budget initiatives. All participants in the recruitment and retention programs assist in assuring access to care by accepting Medicaid, Medicare and all patients without regard to ability to pay. Eligible providers in these state and federal incentive programs include physicians, advanced practice nurses, physician assistants, and a variety of mental health disciplines, all of which are included in the PCMH team. Physicians who specialize in Geriatrics or Geriatric Psychiatry have recently become eligible for placement in these programs, preparing more providers for community-based practice as residents in long-term care facilities transition to community-based settings under the Rebalance Long-Term Care initiative.

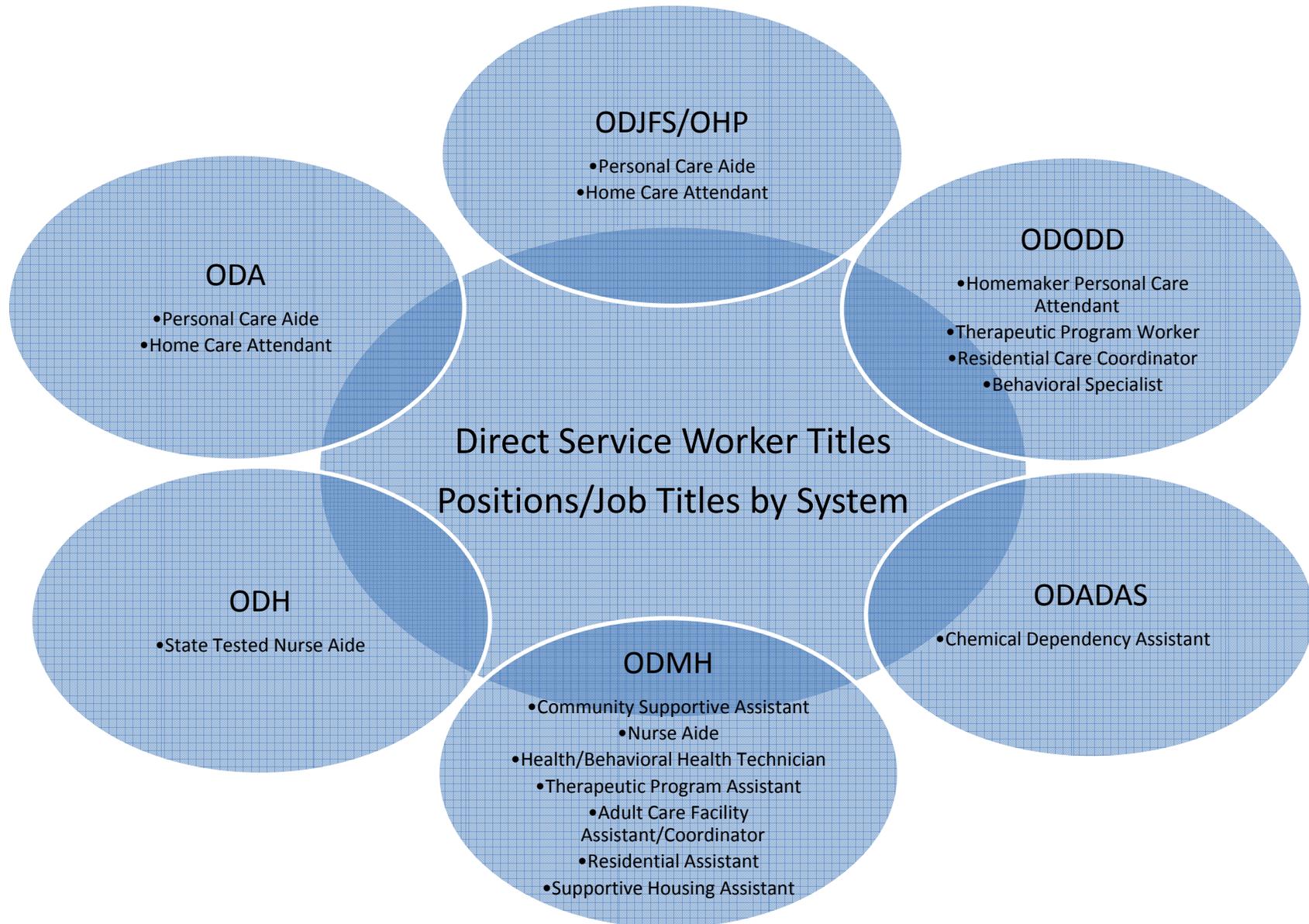
❖ **Medicaid Technical Assistance and Policy Program (MEDTAPP) Workforce Development Initiative (under development and pending OHP approval)**

The goal of this program is to support the development and retention of practitioners with skills and competencies to deliver services to Medicaid beneficiaries using emerging healthcare models and evidence-based practices, such as health homes and integrated behavioral and physical health services. This initiative will proactively seek opportunities to align with established and successful programming, leverage and collaborate with existing resources, and partner with community and academic experts. The initial focus of this program will include the following known Medicaid professional shortage areas: Pediatric and Geriatric Psychiatry, Pediatrics, Family Practice, Advanced Practice Nursing, and Dentistry. Medical colleges and universities will be encouraged to design their program proposals that have inter-disciplinary practicum and community partnerships for training and that have operable placement strategies for a minimum of a two year service in Ohio. Due to differences in residency training by specialty, this program will have an aggressive timeline for early deliverables by June 30, 2012, and will continue to build to full program capacity by June 30, 2014.

# Attachments

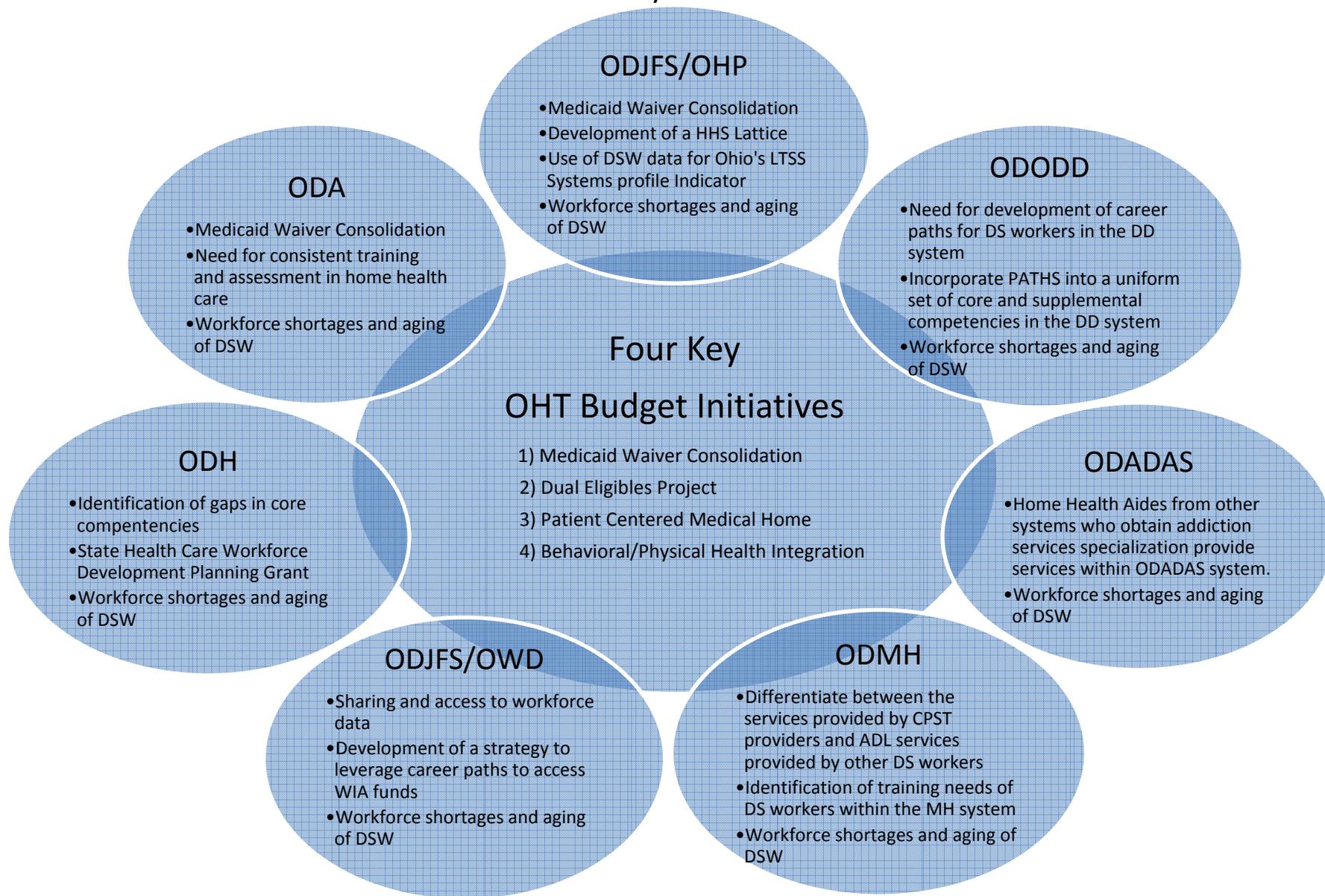
# Aligning the OHT Budget with the Direct Service Workforce Initiative

## Identification of Direct Service Worker Titles



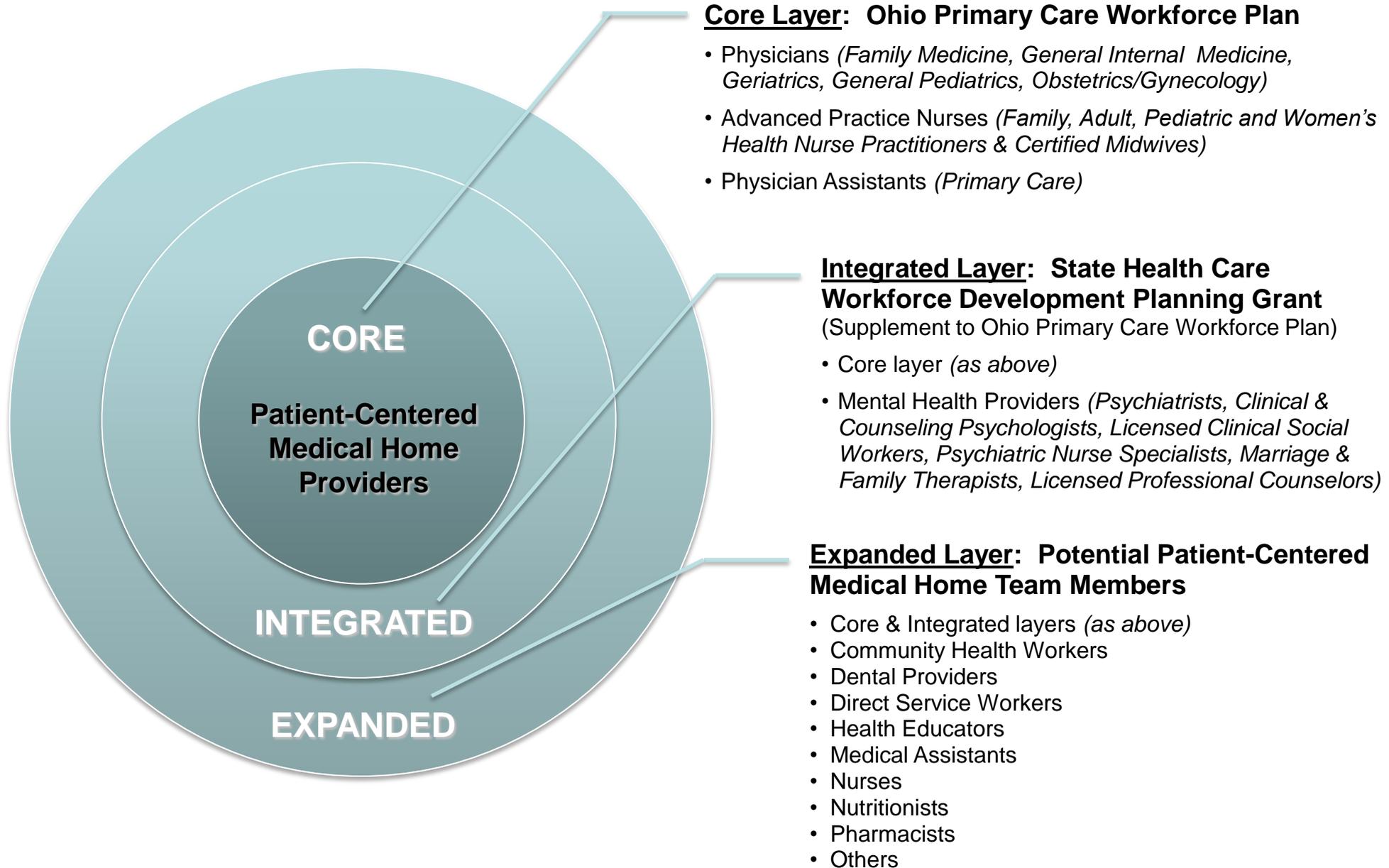
# Aligning the OHT Budget with the Direct Service Workforce Initiative

## Key Issues



# Aligning the OHT Budget Initiatives with the Patient-Centered Medical Home Workforce Initiative

## Identification of Patient-Centered Medical Home Providers



## Aligning the OHT Budget Initiatives with the Patient-Centered Medical Home Workforce Initiative

PCMH Workforce Initiative Elements	OHT Budget Initiatives			
	Health Homes Development	Behavioral & Physical Health Integration	Single Point of Care Coordination	Rebalance Long-Term Care
<b>1. Workforce Planning</b>				
A. Ohio Primary Care Workforce Plan promotes PCMH Education Pilot Project implementation	✓	✓	✓	✓
B. HRSA State Health Care Workforce Development Planning Grant adds mental health to Ohio Primary Care Workforce Plan efforts	✓	✓		
C. Both plans (as above in A & B) address need for appropriate composition of the health care workforce (adequate supply, distribution & diversity) to meet population demands	✓	✓		
<b>2. Health Professional Development/Support</b>				
A. Community-based interdisciplinary training emphasis of SEARCH Program	✓	✓	✓	✓
B. Partnership between ODH, ODMH & OAFP/F for SEARCH Program	✓	✓		
C. Integrated medical and nursing curriculum and community-based training in PCMH model	✓	✓	✓	✓
D. Primary care component for medical and nursing students to Choose Ohio First Scholarship Program	✓	✓		
E. PCMH training for staff of PCMH Education Pilot Project sites	✓		✓	
<b>3. Recruitment and Retention Programs</b>				
A. Medicaid and Medicare participation required for program placement	✓	✓	✓	
B. FQHCs and CMHCs included as eligible placement sites	✓	✓		
C. Medical and mental health providers included as eligible participants	✓	✓		
D. Geriatrics and Geriatric Psychiatry included as eligible specialties	✓	✓		✓