

**APPENDIX A:
CASE STUDIES**

A.1 CASE STUDY ARKANSAS CPASS AND REAL CHOICE

Date of Site Visit: June 2–4, 2003
Place of Site Visit: Little Rock, Arkansas

A.1.1 Problems with the Long-Term Care Workforce

Arkansas faces problems with the recruitment, training, and retention of its long-term care workforce. Informants said the basic causes of these problems were low wages, inadequate training, and a poor image of workers. First, low pay and a lack of benefits make recruiting and retaining workers difficult. Payment for workers is not consistent between provider agencies; however, one informant suggested that the average wage for a direct service worker is \$7.00 an hour. A consumer commented that direct service jobs pay so little that workers choose not to remain in the field. Provision of health insurance for workers is also inconsistent. An oversight committee member noted that only two of the seven Area Agencies on Aging provided insurance for attendants, and they struggled to do so. Even when benefits are provided, low wages earned by workers make it difficult for them to afford their share of any premium required for coverage.

Second, inadequate training also contributes to high turnover among workers. For example, most of the informants interviewed agreed that inadequate training contributes to job-related stress and high turnover among direct service workers because they do not feel prepared for the job. Additionally, inadequate training can affect the quality of care provided to consumers. According to State personnel, the scope and type of training provided to workers are inconsistent and vague. While provider agencies teach technical aspects of care, such as CPR, informants agreed that they do not provide adequate training on how to understand the problems facing persons with disabilities and how to care for them. Training is not always offered in convenient locations, backup support is not always available for workers to attend training, and many workers are not able to travel long distances to attend training.

Third, all informants, including consumers, agreed that recruitment and retention of workers within the State is compounded by the poor image of workers. A consumer stated that potential workers do not aspire to have these jobs because they are not considered as important or attractive as other jobs in the health care field. Potential recruits do not see these jobs as a career opportunity but as a job of last resort because other jobs for untrained workers provide similar or greater wages, and they are less demanding. Both Real Choice and CPASS Grant staff agreed that an image change is needed, not only in the minds of the general public, but also in the minds of provider agencies and workers.

Consumers must wait extended periods of time to receive services because of the worker shortage. For example, State agency personnel noted that there are currently 2,650 persons in Arkansas waiting for personal assistance services under the waiver program. This shortage of workers often results in inappropriate placement of workers in settings in which they are not qualified to work, insufficient backup support, and premature placement in long-term care facilities. As one consumer stated, *“families are forced to send their loved one to a facility because of the lack of staff to care for them at home.”*

A.1.2 Description of Grantee Initiatives

The State of Arkansas received two Grants, a CPASS Grant and a Real Choice Grant. The Division of Developmental Disability Services (DDS), which is responsible for the CPASS Grant, and the Division of Aging and Adult Services (DAAS), which is responsible for the Real Choice Grant, are collaborating to develop and implement a public awareness campaign to improve recruitment and retention. These agencies are also undertaking separate activities to recruit, train, and retain workers. The DDS is developing and delivering a training program for new workers. The DAAS is evaluating the provision of health insurance to workers, developing a State Plan to guide recruitment and retention by provider agencies, and exploring the creation of a worker registry.

Public awareness campaign—DDS and DAAS contracted with an advertising agency and Partners for Inclusive Communities (PIC), which is an affiliate of the University Center for Excellence in Developmental Disabilities, to develop a public awareness campaign as part of its recruitment initiative. The public awareness campaign provides information about the role of workers, the jobs they perform, and the relationship between worker and consumer. Grant staff from both agencies agreed that because the aged and disabled populations have common needs, it was important to have both populations represented in the campaign. In addition to the recruitment component, the State believes that public opinion of workers will improve, resulting in improved worker self-image.

To obtain statewide coverage, Grantee staff decided to develop a television advertisement rather than a public service announcement. Preliminary information obtained from the advertising agency revealed television advertisements are the most effective and billboards are the least effective medium for generating responses from an advertising campaign. Outdoor billboards are being used only in areas where television or cable service is limited. To ensure publicity for the public awareness campaign, advertisements were placed in newspapers and provider agencies were given other materials to distribute in their respective communities, such as cards to display on counters in businesses. The Grantees decided against radio broadcasts as a medium for the public awareness campaign because potential respondents would have difficulty remembering the toll-free number stated in the advertisement.

An employee at PIC accepts calls that come into the toll-free number included on all campaign materials and explains what a direct service worker does. The employee also records contact information, the type of population with whom the caller would like to work, and information about each caller's work experience. This information is then routed to provider agencies in the caller's area to connect interested individuals with job openings. A website was also developed to allow individuals to obtain the same information and apply for positions online.

To target the Spanish-speaking population, the television advertisement and the counter cards were produced in Spanish, and an advertisement was placed in a Spanish newspaper. The call center does not have a Spanish-speaking person on staff to answer the toll-free calls, so these calls are transferred to voice mail and are returned by a translator.

Training—DDS is developing a statewide standardized training program for new workers. This initiative is an extension of work originally begun under a Governor’s Council on Developmental Disabilities project in which PIC was involved. The curriculum is being refined under the CPASS Grant and will include a train-the-trainer program.

The current curriculum is focused on clinical information, consumer behaviors, person-centered planning, and the proper way to perform tasks, such as assisting a consumer with transferring. The curriculum is primarily designed for workers assisting individuals with developmental disabilities, but could be modified for those assisting elderly individuals with disabilities as well. Videos are used as part of the training to demonstrate, for example, how a parent relates to a child with a disability and a parent’s reaction when their child is initially diagnosed with a disability.

PIC will contract with host provider agencies to replicate the training across the State using a train-the-trainers model. These host agencies will serve as potential training sites and, according to DDS personnel, will be selected by PIC from among provider agencies in six different regions of the State. Selection will be based on several criteria, including the number of years an agency has been providing services to the developmentally disabled, the number of consumers served, experience in the empowerment of consumers, provision of person-centered services, and demonstrated collaborative experience with developmental disability services agencies in the area.

The host agencies will arrange and invite people to participate in training. PIC will provide one training in each of the six regions at the host agency site, and host agencies will be responsible for future trainings. Trainers will be identified by host agencies from among those who attend the full training program initially delivered. These individuals will then participate in a 2-day training program, which will prepare them to train workers. Agency personnel indicated that having trainers available regionally will enable more workers to attend training sessions in their local area.

Provision of health insurance benefits to workers—As one of its activities, the DAAS is evaluating different options for the provision of health insurance to workers and plans to make recommendations regarding the feasibility of developing affordable group health insurance. State personnel within DAAS have reviewed studies by different organizations to inform their efforts. In a report on health insurance feasibility, Arkansas Center for Health Improvement (ACHI), a nonprofit organization, described ways to provide health insurance specifically for low-income Arkansans, which include

- Establishing community-based purchasing pools or cooperatives for small businesses that cannot afford to purchase group health insurance in the private marketplace.
- Expanding the safety-net Medicaid program through a minimum benefit package made available to persons 19–64 years of age and below some percentage threshold of federal poverty level.

- Creating a partnership between the State and employers that would require the State to obtain a waiver allowing employers to pay the State match for those employees below 200 percent federal poverty level.
- Developing a reinsurance pool for high-risk individuals employed by small businesses.

DAAS anticipates expanding on ACHI's work by contracting with the organization to conduct a study on potential ways to provide insurance to workers. A copy of ACHI's report is available from DAAS.

DAAS personnel are also exploring other ways to provide insurance to workers, including a model similar to the Surpin model in the Bronx, New York. This model is a worker-owned cooperative in which the workers own the provider agency and are able to redirect some of the profits to cover benefits for workers. DAAS personnel acknowledged uncertainty about whether a worker-owned company in Arkansas would be a viable option, but commented that it was worth investigating.

State Plan—The State Plan, being prepared by the DAAS, will be a resource document for agencies to guide policy and decision-making on retention and recruitment issues. Prior to developing the plan, a literature review was conducted, which included a review of current research studies focusing on information about worker issues, mentor programs, certification programs, and hiring practices. Information from a report of 12 different States that have used Medicaid wage pass-throughs as a way to increase wages of direct service workers was also reviewed. The results of this study, together with the literature review, will be used to develop a State Plan that will help inform agencies and States about how to recruit and retain workers.

Worker registry—DAAS personnel are planning the initial development of a web-based registry. Workers who meet certification or licensure requirements and who have passed a criminal background check would be included in the registry. DAAS personnel envision that the registry would be available for use by both consumers and providers. To assist consumers and provider agencies in hiring quality workers, one State informant felt that including a feedback mechanism on the website, whereby consumers and providers could post information about worker job performance, would also be useful. Decisions about who will perform criminal background checks, their extensiveness, and whether they will be performed before names of approved workers are placed in the registry have not been finalized.

A.1.3 Problems Encountered and Addressed

These two Grantees encountered five problems in the course of developing the public awareness campaign and the training program. First, the Grantees had to figure out how to reach the broadest audience using all available media in the most cost efficient manner. Running television advertisements in multiple markets is expensive, and the Grantees thought that rural areas might have less access to television or cable. The Grantees decided to use billboards, placards, and other support materials in some areas to supplement paid television and newspaper advertising. Using multiple methods allowed the public awareness campaign to have a broader reach.

Second, developing the content of the television advertisement was a significant challenge. The public relations firm that developed the advertisement employs marketing professionals who did not have an informed understanding of disability and long-term care issues. As a result, the ideas for television advertisement content presented by the public relations firm were thought to be not appropriate. For example, one informant commented that the public relations firm made the workers “look like saints and made it appear that workers would earn a lot of money.” Several drafts of the television advertisement were developed before the public relations firm understood what the project team wanted. The problems were resolved after State personnel shared with the public relations firm some materials from a public awareness campaign developed by Wisconsin, which helped inform the public relations firm about appropriate tone and content.

Third, the training program was originally designed to be delivered over 5 consecutive days. During the pilot test of the training program, workers had trouble attending 5 consecutive days of training because they cannot afford to lose 5 days of pay, and agencies had trouble allowing staff to attend training for that length of time. Consequently, the Grantees decided to offer a 3-day course to be conducted during one week, and offer the 2 remaining days of the curriculum a few weeks later. Grant staff will need to evaluate the effects such a change will have on training outcomes and whether it enhances or detracts from the learning process.

Fourth, DDS personnel indicated that the original plan was for PIC to train 1,000 workers in a 6-month period; however, this proved to be an overly ambitious goal. They are now planning to provide 40 hours of training for at least 300 trainers and workers in six designated areas around the State.

Finally, the Grantees had trouble obtaining buy-in from provider agencies to participate in the training, and in particular, finding a provider agency in each of the six regions to host the first set of trainings. To resolve this problem, the Grantee instructed PIC to issue a Request For Qualifications (RFQ) to make the selection process competitive and available to any provider agency. The RFQ provided an incentive for provider agencies to host the regional trainings.

A.1.4 Assessment of Initiatives at Midpoint of the Grant Period

Grant staff and their partner organizations felt that their initiatives are on track for achieving their established goals. However, four unresolved issues need to be addressed. First, a DDS staff member indicated that they will likely request a no-cost extension in order to give PIC time to conduct a follow-up survey with individuals who called the toll-free phone number to inquire about whether they found a job as a result of the campaign.

Second, DDS personnel indicated that the training curriculum needs to be validated. While some validation might occur during the Grant period, additional funding will be required to fully refine and validate the curriculum. One State staff person noted that it will be important to assess whether the skills taught in the training foster retention of workers.

Third, for their goal to be fully achieved, DAAS personnel will need to obtain buy-in from provider agencies for using the State Plan as a resource document. Additionally, if the

recommendations in the State Plan require Medicaid policy changes, it may be more difficult to achieve the goal.

Fourth, DAAS' goal was to provide seed money for the planning stages of the worker registry. DAAS plans to write Grants to obtain funding to develop the worker registry.

A.1.5 Evaluation of the Initiatives' Success

DAAS and DDS personnel plan to conduct an evaluation of the public awareness campaign and the training curriculum. State personnel plan to evaluate the effects of the public awareness campaign by conducting a follow-up survey of workers at three different time periods. The results of the survey will be used to determine how many people called in response to the campaign, how many were viable employees, and whether the public awareness campaign had an effect on a caller's decision to become a worker.

DDS personnel discussed different types of evaluations that might be considered for the training component, such as a follow-up survey for provider agencies and workers. DDS personnel plan to follow up with training participants using mail surveys and possibly a web-based survey instrument. Grant staff might also conduct a consumer satisfaction survey to obtain consumer input on the quality of the training. Grant staff also plan to examine the effects of the training program and the public awareness campaign on worker retention by conducting a survey of workers who remain on the job after 90 days.

A.1.6 Recommendations for Other States Addressing the Same Problems

Informants had five recommendations for other States with similar problems or initiatives. First, State personnel suggested that other States should contract with a public relations firm that understands, or is willing to learn about, disabilities and long-term, community-based care.

Second, other Grantees should identify the desired outcomes from a public awareness campaign and how those outcomes will be measured. Outcome measures for evaluation should be designed while the initiative is being developed so that data collected during implementation is suitable for measuring the anticipated outcomes. In addition, Grantees should also develop an implementation plan for conducting evaluation activities.

Third, informants suggested that Grantees should not "recreate the wheel" for any activity being undertaken. Instead, conduct literature reviews, talk to technical assistance providers, and learn from prior efforts that are similar to proposed activities.

Fourth, Grantees should include consumers, family members, and workers in developing a training curriculum, to improve its relevance. These groups have helped develop Arkansas' training curriculum through their membership on an oversight committee. In addition, consumers noted that the Grantee plans to solicit comments on the curriculum from consumers and family members.

Finally, State personnel stressed that collaboration with sister agencies is important. One State staff person commented that "There is scarcely a family with a developmental disability

who is without a parent who is aging. The two agencies (DAAS and DDS) share some of the same problems.”

A.1.7 Products Developed That Other States Might Find Useful

Grant staff members have developed several products that other States might find useful. From the public awareness campaign, the State can provide a videotape of the television commercial, print advertisement materials, and lapel pins. The website associated with the public awareness campaign is located at <http://www.2beadsp.com/>. Training manuals for both workers and trainers also are available for review, and a copy of lecture materials can be loaned to other Grantees. Finally, the State Plan for addressing the workforce shortage can also be made available for review.

A.1.8 Sustainability and Enduring Change

The primary way State personnel envision assuring sustainability of the activities being undertaken through the Systems Change Grants is by linking the existing initiatives into other Grant activities within DDS and DAAS. State personnel will continue to look for ways to improve recruitment of workers, including the pursuit of other grant funds to further develop a worker registry.

DDS staff members believe that a waiver with funds set aside for training can provide funding to sustain the training curriculum, or that providers will pay to have workers trained using the training curriculum. Another potential way to sustain the training program is by asking workforce investment boards to fund training for workers.

Grant staff members are investigating the possibility of having the public awareness campaign become a public service announcement sponsored or funded by providers. Television stations may also air public service announcements free of charge.

DAAS staff members hope that provider agencies will buy into and use the State Plan as a resource document to guide the way workers are compensated and treated. They also hope the State Plan will increase workers' desire to remain on the job.

Finally, an informant from the DDS indicated that the State would like to be able to fund the project coordinator position after the Grant period ends. Maintaining the staff position will preserve the history and commitment to the initiatives the agency has undertaken. Another informant mentioned that the DAAS Grant staff and National Advisory Council have established a model of working together that will continue into the future.

A.1.9 Assessment

These Grantees have made substantial progress in achieving their goals to address the recruitment, training, and retention problems faced by the State. Although problems have occurred, those problems have not been insurmountable. Adjustments to activities and initiatives have been made where needed. Additional work remains on the refinement and testing of the training curriculum. The Grantee still needs to obtain provider buy-in for use of the training program and to identify ways to sustain it.

While the ACHI has identified ways in which insurance can be provided to low-income Arkansans, it will be important for DAAS to work closely with ACHI to refine their recommendations for direct service workers. The public awareness campaign has generated calls from individuals interested in becoming workers; however, it is still too early to determine whether those who called were hired, and if so, how long they will remain on the job. It will be important for the Grantee to conduct an evaluation to determine whether the public awareness campaign has been successful in achieving its stated goals.

A.2 CASE STUDY KENTUCKY REAL CHOICE

Date of Site Visit: July 9–10, 2003

Place of Site Visit: Frankfort and Louisville, Kentucky

A.2.1 Problems with the Long-Term Care Workforce

Kentucky, like other States, faces problems recruiting and retaining a high quality direct service workforce. Respondents identified three basic causes of these problems: low wages, inadequate training, and low job status.

First, providers and consumers identified low wages as the primary issue contributing to recruitment and retention problems. Although there were many unemployed people in Kentucky, one provider reported that wage levels were too low to entice people to take these jobs. A consumer advocate noted that people “can make more money flipping burgers.” One worker noted that low wages directly affect the quality of the long-term care workforce because people who are not qualified for other jobs may have to take direct service jobs. Many respondents expressed concern about Kentucky’s ability to provide high quality long-term care services if they do not have high quality workers.

Second, inadequate training contributes to high turnover and may result in inadequate care. In Kentucky, there is not a standardized amount of training or a certification process that assures adequate credentialing. Respondents contended that the State needed more extensive training opportunities to establish a pool of employees who are competent to assist consumers from the moment they begin to provide services. One provider stated that there is a lack of overall training and there are deficits in the type of training. Facilities often have to retrain new employees, but the content, length, and type of these trainings vary greatly. A major barrier for workers is having the time to attend training and to be paid for their time. The lack of training adds to a lack of on-the-job satisfaction. One provider noted that workers who haven’t been trained appropriately become frustrated when they don’t know how to handle a difficult situation.

Third, the lack of respect for personal care attendants creates problems with recruitment and retention. Low job status, which in part is caused by low wages and inadequate training, creates dissatisfaction, turnover, and lack of continuity in caretakers. Although workers have responsibility for a wide variety of tasks, their job status is very low. All respondents thought it was important for workers to feel valued and to feel that they are performing valuable services.

These problems of recruitment and retention are affecting the ability of Kentucky to expand home and community-based services. State agency personnel noted that Kentucky ranks near the bottom of States in expenditures for community-based services for people with mental retardation. The State recently won legislative support and funding for 250 more community placements per year through an expansion of Kentucky’s Supports for Community Living program, which is a home and community-based services waiver for people with developmental disabilities. These respondents noted that more workers are needed to support consumers in these new placements. In addition, recent deficits in Medicaid funding have caused Kentucky to

tighten functional eligibility standards, resulting in clients being more difficult to serve because they are more disabled. Thus, a more skilled workforce is needed to serve this target population.

A.2.2 Description of Grantee Initiatives

One of the goals of Kentucky's Systems Change Grant is to improve the stability and quality of services to individuals with disabilities or long-term illness through the development of a competent and dedicated workforce. The Grantee is conducting several activities to achieve this goal, mostly by improving the training of the direct service workforce. Although this strategy does not address the low wages of workers, raising Medicaid reimbursement rates was not likely to be approved in Kentucky's current fiscal environment.

The Kentucky Department of Mental Health and Mental Retardation Services (DMHMRS) worked with other State agency personnel and providers to develop a consensus on preservice and in-service training requirements for direct service workers. Long-term care staff providing supports and services to people with mental retardation or developmental disabilities (MRDD) must complete certain preservice training requirements before employment and another set of in-service training requirements within six months of employment. The preservice requirements, comprising approximately 40 total hours, include training in CPR, medication administration, medication-related seizures, MRDD basics, safety, record keeping, abuse indicators and reporting, and person-centered planning. The in-service training requirements, also comprising approximately 40 total hours, include courses in mental illness history and values, health and wellness, working with families, learning to listen, building positive relationships, and person-centered planning. DMHMRS staff hope that workers will remain in the field after completing training, and that the coursework will become more standardized and promote subsequent increases in job satisfaction. DMHMRS plans to link the training and credentialing systems by converting training hours into postsecondary credit hours that lead to a certificate or academic diploma or degree.

This training is currently provided by the DMHMRS, but new online pretraining courses are expected to be prepared by the Kentucky Community and Technical College System (KCTCS) and the Kentucky Virtual University (KYVU), the organization in the State responsible for developing, delivering, and managing all online training. The DMHMRS worked with KCTCS, consumers, and provider agencies to determine the competencies and functional skills of direct service worker jobs and to develop plans for online preservice training courses to prepare potential workers for employment in the field. The DMHMRS formed a consortium of stakeholders that included provider agencies, consumers, KCTCS staff, and other State personnel to guide training development and to develop a career path for direct service workers. The consortium identified four jobs for which competencies and functional skills would be identified and curricula developed over time:

- Direct service worker for community residential settings.
- Direct service day program worker who provides supports in day treatment and support settings.

- Midlevel supervisor who has direct supervisory responsibility over direct service workers.
- Case manager (basic competencies and skills regardless of funding stream or program).

The consortium decided to focus their initial effort on the two direct service worker job positions listed above. Personnel from the KCTCS asked some consumers to identify five to six providers to be models for the training development effort. KCTCS convened panels of direct workers and a panel of consumers to identify the responsibilities and tasks performed by workers.

The observations of the workers and consumers were recorded and used to develop a draft list of competencies and skills for the worker training courses. KCTCS personnel used the Developing a Curriculum (DACUM) process (developed by Ohio State University) to identify the functional skills of each job position and the WorkKeys® system (developed by ACT) to identify soft skills like listening and leading a team. KCTCS course developers gathered a smaller group of different instructors who had not yet seen this information to perform a “reality check” on the draft list. The approved list of competencies and functional skills for these jobs can be found in **Appendix B**.

KCTCS personnel then examined existing courses in the community college system that might satisfy the requirements and decided whether to modify existing courses or create new ones. The consortium decided that existing KCTCS courses covered the list of functional and soft skills identified, and that potential workers would need to take a total of four courses. These courses are Working with Disabilities in Human Services, Medicaid Nurse Aide, Values of Human Services in a Contemporary Society, and one of the following three courses: Introduction to Gerontology, Psychosocial Aspects of Death and Dying, and The Family. After these courses are developed for online use (they are already being taught in traditional classroom settings), KCTCS will consider using the same development process for the midlevel supervisor course. DMHMRS is also considering developing a basic training course on State regulations under one of the Supports for Community Living waivers for delivery in a traditional classroom setting.

If a minimum of 50 percent of the curriculum can be taught outside of a traditional classroom setting, these courses will be placed on the KYVU interactive web-based system to minimize worker travel time and costs. Worker access to computer equipment would probably be provided through the offices of provider agencies and other public resources, such as public libraries, etc. Providing the training via the web-based system will limit the need to pay for backup staff to meet ongoing consumer needs because workers will not have to travel to some distant location to receive training. DMHMRS, KCTCS, and KYVU are still working on the infrastructure to deliver the training and do not have a date set for full implementation, although they are hoping to begin during the Spring 2004 semester.

It is not known how well this mix of traditional classroom and online training will prepare workers for their jobs. Hands-on components of personal care are often taught on-the-job, and an assessment of the effectiveness of classroom and online training will be needed.

DMHMRS staff want to use the training to build a career path for workers who may want to pursue additional education. Workers will earn credits for courses taken that will apply to an Associate's Degree within KCTCS. Workers will receive a certificate from KCTCS' Human Services Program for completing the courses being designed. State officials hope that this training will result in more responsibility and higher wages for workers, but there are no specific plans to force provider agencies to recognize this additional training. DMHMRS plans to market these professional development opportunities among potential and current workers.

A.2.3 Problems Encountered and Addressed

In developing these training programs, Kentucky has had to address several issues. First, satisfying various organizational and stakeholder needs was difficult. State personnel suggested that finding the right leadership for the Grant was difficult. In addition, the proposed scope of work was too ambitious and had to be scaled down. They also worked hard to get past the "talking" stage and to figure out what was realistic and concrete. State staff also noted that although both the DMHMRS and KCTCS wanted to reform the training system, it took a while for DMHMRS to find the right people in KCTCS with whom to work. Moreover, each stakeholder had its own needs to meet. For example, KCTCS needed a minimum amount of enrollment to justify offering classes, the provider agencies needed workers to be billable immediately after completing the training, and the DMHMRS wanted workers who have the right values and the right commitment, to improve the retention rate.

Second, to develop a sense of legitimacy and sense of ownership in a product, State personnel suggested that Kentucky has to develop and run its own training courses for there to be enough buy-in rather than take something "off the shelf." Kentucky will not accept what other counties or States have developed. It is not that the State needs to reinvent the wheel, but it needs to be sure that the wheel fits, given Kentucky's services, educational system, culture, and geography.

Third, in recognition of the inability of workers to pay tuition, the consortium of provider agencies, consumers, KCTCS staff, and other State personnel was working with the Kentucky Higher Education Assistance Authority to help obtain tuition funds and stipends for trainees. State personnel were considering paying the tuition of the initial group of trainees through Systems Change Grant funds, noting that paying the tuition of the first group of trainees was the only way to get the classes started. DMHMRS staff said the training has to be directed to those not yet in the direct service workforce because provider agencies will not pay for it before they know the training will meet the needs of consumers. Provider agencies may also be reluctant to pay for it if embracing the courses implies that all workers are required to have the training and if there is no additional funding from Medicaid to pay for it.

Fourth, additional work needs to be done to establish competency-based wage incentives and policies for use by provider and funding agencies. A provider agency suggested that workers will want higher wages or a higher rung on a career ladder, if they are required to receive additional training. Given the short-term deficit in the State's Medicaid program, wage incentives or enhancements for completing the training are not likely to be adopted in the near term. In fact, Medicaid reimbursement rates have not increased for over 3 years and will go down next year.

Fifth, it appeared that consumers had not been consistently involved throughout the development process. Consumer involvement is needed so that worker skills learned through the training satisfy consumer needs. State personnel were working to get them involved more substantively to improve the relevance of the training. If consumers had a meaningful and powerful role, State personnel would feel more responsibility for making the project successful. Though provider agencies need trained workers, they cannot successfully champion the training alone because the effort would not have the same credibility as it would with more consumer involvement.

A.2.4 Assessment of Initiatives at Midpoint of the Grant Period

Stakeholders thought that the Grant project was on track. However, State officials foresee the need for a no-cost extension to finish development of the two courses scheduled for development.

KCTCS personnel said they will follow this development process again when they are asked to develop new courses for case management and supervision. These two courses may not necessarily lead to an academic certificate but may be a general course offering within KCTCS. DMHMRS will begin marketing the training to the provider community and obtain their buy-in by providing updates about the courses selected for online development. An obvious forum to communicate with providers does not exist.

Currently, there is no strategy for obtaining financial support from the Medicaid program in the form of increased wages for trainees who complete the coursework.

A.2.5 Evaluation of the Initiatives' Success

State personnel said that an evaluation strategy has not yet been developed, but that they have discussed potential elements that might be included. They plan to establish an evaluation subcommittee to begin laying the groundwork. They plan to review activities accomplished, whether the coursework was established, whether trainees were enrolled, and whether they found employment. They plan to incorporate end-of-term course evaluations and to assess the impact of the training courses on workers by asking trainees whether what they learned from the coursework was applicable to the competencies and skills needed for their jobs. They will also ask trainees to provide ratings of their new jobs.

Success of grant activities would partially be judged on how long trained workers remained in the field. As a result of the training, they hypothesize that direct service workers should be happier in their jobs, and the quality of the lives of consumers should be improved. State personnel reported that they are considering ways of gathering data on recruitment and retention. They have discussed a survey of provider agencies to collect data on salaries and turnover. They will also want to measure the satisfaction of clients served.

DMHMRS staff also want to evaluate the effects of any new training courses developed to teach case management and other professional skills. State personnel tabulate the number of postsecondary degrees granted in the human service sector annually with the hope that many of those graduates go into the public sector. DMHMRS experiences high turnover in case

management jobs, and a significant number of vacancies exist. The State hopes to decrease the number of vacancies over time as a result of the training.

A provider noted that success will be defined differently by different stakeholders. Provider agencies hope to have lower turnover and training costs. Consumers will measure success by whether they have the same caregiver for an extended period of time. Workers will feel well-prepared to do their jobs. One worker thought that success will be defined by an improvement in the culture of the work environment—how care is delivered, how the team works together, how the place looks, and whether supervisors have more time to give to employees.

A consumer noted that people with disabilities should be involved in the evaluation. They thought that there should be an overall improvement in performance as demonstrated by better worker habits. Important indicators of success would include transferring consumers correctly, arriving for work on time, responding to requests as directed, and interacting better with people with disabilities.

One consumer advocate and one State agency staff member wondered whether the four existing courses identified by KCTCS as reflecting the competencies and skills of providers would do so adequately. The consumer advocate suggested that the actual courses be discussed with consumers to determine whether or not they were going to include the skills that workers were going to need. If they do not, a source of funding will be needed to customize the courses.

A.2.6 Recommendations for Other States Addressing the Same Problems

All types of respondents said that the partnership among State government agencies, the KCTCS, and provider agencies was important, noting the link between the DMHMRS's desire to increase staff in the helping professions and KCTCS's teaching mission. Stakeholders have had a chance to provide input, which has created a sense of ownership. The project needs buy-in and communication at all levels, particularly with trade, professional, and provider associations. State personnel thought it would be important to gather data on worker readiness as a result of the training to show provider agencies the value of the training.

In addition to getting stakeholders involved early in the training development process, it also helped find visionaries who could lead. State personnel found it important to remind participants of the vision during the process. In a complicated effort where individual participants change over time, it was good to remind them “where you’ve been, where you are now, and where you are going.”

All respondents stressed the importance of getting individuals with disabilities involved in the process, both before and after the development of the curriculum. Consumers identified the tasks that should be performed by direct service workers so that KCTCS personnel could identify the competencies and functional skills needed for these tasks that should be part of the curriculum. It will also be important for consumers to be involved in the assessment of the success of the curriculum.

A.2.7 Products Developed that Other States Might Find Useful

A copy of the KCTCS assessment of worker knowledge, functional skills, and soft skills—called Direct Service Worker Duties and Tasks in Residential Settings—is shown in Appendix B. KCTCS also performed a similar assessment for workers in a supportive employment day program setting. Each of these two jobs had two assessments. The DACUM assessment identified the list of knowledge and functional skills needed for each job, and the WorkKeys® assessment identified a list of soft skills need for each job.

The outlines for the four preservice training courses KCTCS selected for workers are available from KCTCS for review by other States. As modifications to these outlines may be made over time, any State interested in obtaining them should do so from the Grantee. These outlines are for the traditional classroom courses. Once these courses are placed online by KYVU, the online courses will be accessible only by enrolling in the courses.

A.2.8 Sustainability and Enduring Change

According to KCTCS staff, the key issues for sustainability and enduring change are enrollment in the courses and a source of payment for the tuition of trainees. As long as enrollment is adequate and there is some source of payment for the tuition, KCTCS will continue to offer the courses. If provider agencies see that their employees need the training and that, after receiving the certificate, they are qualified and ready to work, provider agencies will support the training. Providers recognize that they will need to follow up the training with mentoring and coaching because new trainees would still need informal, incidental on-the-job learning. The DMHMRS is looking for tuition money for the first round of trainees and is preparing a larger marketing initiative to provider agencies.

A.2.9 Assessment

This Grantee's work to improve worker recruitment and retention through development of a training curriculum to prepare potential labor force entrants for a career in personal assistance services is beginning to take shape. Substantial progress has been made in identifying partners to aid in the development of the actual coursework, for which competencies, functional skills, and course outlines have been identified. After a period of further assessment and feedback from stakeholders, KCTCS should be ready to begin developing the online version of the courses and will offer some of the courses during the next year. The Grantee is developing plans to market the training to provider agencies to enlist their support. It will be more difficult for the Grantee to determine funding sources for student tuition and a wage enhancement from Medicaid or provider agencies for trainees who complete the coursework and receive their certificate.

The DMHMRS is also taking steps to develop case management training that would provide common knowledge and skills across all program types, regardless of population served, and to further enhance training needed by professionals. These efforts are just beginning, but they should provide needed improvements in training content and delivery that will improve the delivery of long-term care services.

A.3 CASE STUDY MONTANA CPASS

Date of Site Visit: June 16–19, 2003

Place of Site Visit: Great Falls and Missoula, Montana

A.3.1 Problems with Long-Term Care Workforce

Montana faces a shortage of long-term care workers, which is compounded by the State's very rural nature. With only six people per square mile, the pool of potential workers for its elderly and disabled population is smaller proportionally across the State than most States. In addition to the low supply of workers, this shortage is exacerbated by low wages and benefits, limited and inconsistent training requirements for personal assistance workers, and the stigma associated with the job.

First, wages and benefits are not high enough to either attract or retain workers. The average wage of a worker, derived from the results of a survey conducted by the Senior and Long-Term Care Division, is \$7.65 per hour. Informants agreed that workers are not compensated adequately given their responsibility of caring for aging and disabled consumers. Furthermore, informants agreed that workers do not receive a living wage.

Opinions about worker benefits differ. Consumers interviewed believed the absence of benefits is a problem and that workers would stay on the job longer if they had benefits and higher wages. However, other informants disagreed. One oversight committee member stated that wages are more important than benefits to workers. The value of the limited health insurance benefits that some workers can afford is offset by the relatively large deductible and insurance copayments required.

Second, inadequate training of workers contributes to the turnover rate. State law mandates that workers receive 16 hours of training before providing in-home care, but some informants believed that more hours of training are needed. Although workers do receive preservice training, several informants indicated that workers often get most of their training on the job. The quality of services is directly affected by inadequate training. One consumer dramatically noted, "Workers have hooked my hooyer lift up wrong, and I ended up on the floor."

Finally, the public has a negative perception of the field of personal assistance work. In Montana, direct service jobs compete with other low wage jobs, and the societal value of the job has not been emphasized. A provider thought that direct service workers were the most undervalued workforce in the nation. Currently, the State does not promote these jobs as a stepping-stone to other medical professions or as a career, nor is there an association that promotes workers already in the field. Informants generally agreed that changing the public's perception of workers is important to recruitment and retention efforts in the State.

A.3.2 Description of Grantee Initiatives

The Montana Choice Project has two goals for improving the State's long-term care workforce problems. The first goal is to educate the public about personal assistance programs and the workers in these jobs. The second goal is to increase the supply and quality of workers.

To achieve these goals, State personnel and their partners have undertaken five major activities. The Grantee is developing a public education campaign, conducting a wage and benefit survey, creating a training curriculum and related training center, developing a seniors helping seniors program, and funding caregiver support programs.

Public education campaign—Grantee staff reported that if members of the general public had heard of direct service jobs, they were unclear about the duties involved. Staff reported that some persons believed the job required lifting up to 150 pounds or mopping floors. To address these misconceptions, Grantee staff worked with oversight committee members to develop a public education campaign. State personnel then contracted with a marketing firm to develop television and radio advertisements to describe the activities of a worker. State personnel offered advice to the marketing firm to guide them in developing the advertisements, and oversight committee members provided input into the advertisements after initial development.

Actual workers, consumers, and/or family members were used to create the advertisements to depict the reality of the job and the relationship between caregiver and consumer. Participants in the advertisements were of diverse ethnicity, gender, and age. Since both elderly and disabled populations often use direct service workers, Grant staff included both populations in the television advertisements. The marketing firm also developed tabletop displays for State personnel to use at health fairs, as well as posters and flyers. According to State personnel, the print materials are designed to recruit in-home workers.

State personnel arranged to post information promoting direct service work on the Montana State University-Billings website (<http://www.msubillings.edu/jobs/Login.asp>). State staff believe that the university website postings are effective, producing calls from college students wanting to know more about direct service work. Print materials have been posted in grocery stores, libraries, and colleges, and advertisements have been placed in newspapers. Provider agencies and oversight committee members said the flyers have been displayed at their respective provider agencies and at Independent Living Centers to attract new workers.

A toll-free number is displayed prominently in all campaign materials. The Grant's project coordinator logs calls generated from the advertisements. Grantee staff noted that callers mention hearing and seeing the commercials, and several individuals have called to request an application. Interested applicants are directed to provider agencies in their area to inquire about job openings. Individual provider agencies are responsible for accepting and screening applications, interviewing candidates, and performing a background check.

State staff also developed two informational brochures. One brochure, "Let's Learn Together," targets workers and consumers who want to learn about personal assistance services, and contains information on duties performed by a worker. The second brochure, "Hiring In-Home Help, A Practical Guide for Consumers" focuses on information consumers in Montana need to know before hiring workers. Oversight committee members were given an opportunity to comment on the content of the brochures, and workers within at least one provider agency were also asked for input. These brochures were distributed to provider agencies and consumers to promote a shared understanding of what workers do.

Wage and benefit survey—The legislature directed the Senior and Long-Term Care Division to conduct a survey comparing wages and benefits across various direct service worker positions, to assist in decision making regarding wages, and to identify recruitment and retention problems. The grant project coordinator mailed surveys to provider agencies and also to different divisions within the Department of Public Health and Human Services. The Grantee compiled the results, which revealed that the average wage for a worker is \$7.65 per hour and average reimbursement to provider agencies is \$13.80 per hour. The Grantee asked for information in a consistent manner from each State agency and each provider agency so that comparisons could be made across types of workers. It was unclear whether the survey would be repeated in the same manner in future years, but the Grantee noted that it was a way to generate historical wage data. The survey provided a heightened sense of awareness of issues affecting workforce retention and provided useful information for the legislature and the agency.

Training curriculum and training center—The Grantee is working to create standardized worker training, increase the quality of workers, and improve worker access to training by developing a training curriculum and a training center called Project ACCESS (Attendant Center for Communication, Education and Support Services). Grantee staff conducted focus groups with workers to determine what needed to be included in the training program. A Grantee contractor conducted surveys with provider agencies to obtain their input into the curriculum. Additionally, they observed a Paraprofessional Healthcare Institute training session and gathered information that would be useful in developing the curriculum. Contractor staff also obtained information from nursing manuals, books, brochures, videos, and provider agencies throughout the State that have some form of training program. All informants agreed that the curriculum needs to use various instructional methods such as lecture, video, classroom observation, and hands-on training, and that consumers should be involved in the training to make it more effective.

The training curriculum consists of separate training modules for personal attendant services (PAS) workers, certified nursing assistants, and home health aides. The PAS and home health aide curriculums had not been finalized, but potential topics to be covered in the PAS training include responsibilities of the personal assistant, communication, safety, and homemaking services. The home health aide curriculum would be more home specific, potentially focusing on working with equipment seen in the home (as opposed to that seen in an institution), bathing, and soft skills such as working with combative patients. The certified nursing assistant (CNA) curriculum is currently being offered at the training center. Topics covered in the curriculum are mostly medical in nature and are most appropriate in the institutional setting. The curriculum covers the use of medical equipment, infection control, body mechanics, taking blood pressures, and making a hospital bed with the patient alternatively in and out of the bed.

The Grantee hopes that these three levels of training will create a career ladder for workers and make a career in this field of work more attractive. A worker would start with the PAS training and could progress to the home health aide training, and finally the CNA training. Currently, the Grantee does not plan to have wage increases associated with moving up the ladder by taking these courses. Wage increases will be at the discretion of each worker's provider agency.

A train-the-trainer module is being developed for the training curriculum. This train-the-trainer method, based on a Paraprofessional Healthcare Institute model, will result in a team of comparably trained individuals who will be available to provide standardized training to workers across the State. All informants agreed that using a train-the-trainer model would also make it easier to provide training to individuals in rural areas of the State. One of the provider agencies planned to send a nurse to be trained, who would then train the agencies workers.

All informants agreed that having a shared training center would increase training quality through use of the same curricula. The first training center has opened in Great Falls, with free classes being taught in space donated by a local hospital. The Grantee is also developing a training center model, which it hopes to replicate in five areas across the State because provider agencies are scattered across Montana and lack a nearby facility to train workers for tasks such as transferring patients and making beds. At this point, Grantee staff are uncertain if the space in the other centers will be rented or donated space.

The Grantee had also planned to provide online training to workers through a website, but the Grantee had difficulty developing the training module. Instead, the website is used to primarily provide learning resources for consumers and their families, but there are some useful worker-oriented links to associations that focus on caregivers and how they work, and information on how to avoid burnout. The website was originally hosted by an Independent Living Center under contract to the State, but it is in the process of being moved to the Long-Term Care Division's website.

Seniors helping seniors—The Grantee was developing plans to recruit seniors as direct service workers to assist consumers with cueing (e.g., providing reminders to take medications) and with their Instrumental Activities of Daily Living. Seniors would be trained and then paired with younger workers who would perform heavier tasks. Although at least one of the Area Agencies on Aging is using seniors in this way, no grant activities for this initiative were being pursued at the time of the interviews. However, the Grantee planned to form a task force to pursue this activity.

Caregiver support groups—The Grantee provided funds for a support group in Missoula that was operational prior to the grant and also released minigrants in May 2003 for nine other groups. These groups provide an opportunity for workers to obtain information and training, to voice their concerns, and to obtain support in handling the challenges of the job. Respite workers are available during the meeting time so that caregivers may attend.

The frequency, format, and location of the meetings vary. Typically, a facilitator makes a short educational presentation at the beginning of each meeting, but the format of the meeting remains flexible and depends on the topics or issues group members want to discuss during the meeting. For example, one group has monthly meetings for workers and includes an educational component during the meetings. Another group plans to meet on a quarterly basis and will include training sessions on various topics that will qualify as continuing education for workers. A third support group shares a meal together at a local restaurant, sharing information about care recipients and asking questions regarding care issues. Another group meets monthly at the local senior citizens' center after the midday meal to share the challenges and rewards of being a caregiver.

As a requirement for receiving funding, recipients of the minigrants were required to demonstrate how the support groups might sustain themselves when Grant funds expired. Grant staff will review the various support group models to determine best practices, which groups were successful, and which were not. Guidelines will then be in place for anyone wishing to establish a support group.

A.3.3 Problems Encountered and Addressed

The Grantee encountered four problems during the development of its initiatives. First, the marketing firm hired for the public education campaign needed education about the role and responsibilities of direct service workers and how to portray the work with sensitivity. For example, the marketing firm included a statement in a suggested editorial article saying “This job could be as simple as walking the dog.” To address this issue, Grantee staff carefully reviewed the content of the advertisements to ensure accuracy and acceptability.

The second problem arose when a person who also conducts CNA training learned of the grant’s Project ACCESS training program and felt the grant was competing for business. This person was teaching classes at the same hospital being used by the training center, and it has been difficult to coordinate use of the site. The problem will be solved when additional training space is secured.

Third, informants noted that supporting individuals in rural areas to obtain training will be challenging. Solutions to this problem have not yet been identified; however, the train-the-trainer program is a potential solution to the problem.

Fourth, the Grantee and two Area Agencies on Aging could not effectively implement the seniors helping seniors program as initially designed. Grant staff found that using nontraditional workers requires more effort to match them to consumers. They also determined that a training curriculum for these workers needed to be different (e.g., shorter days, longer training period to cover material, more one-on-one interaction) and include somewhat different topics (e.g., how to recognize problems associated with medications, when to call a nurse, and meal planning skills) than the traditional model. In addition, staff realized that trying to balance the skills and abilities of seniors and finding appropriate placements for them, while not affecting their benefits, would be challenging. After the first year, staff felt it would be beneficial to develop a regional training first and adapt it to seniors.

A.3.4 Assessment of Initiatives at Midpoint of the Grant Period

Oversight committee members and consumer advocates agreed that, while grant activities are generally on schedule, other sources for recruiting potential workers need to be explored, such as job services offices, Temporary Assistance for Needy Families offices, and high schools. State staff indicated they would like to visit the high schools to talk with students about becoming workers, but have not because they have not identified a method for doing so.

Development of the Seniors Helping Seniors program is not on schedule. Grant staff have had difficulty convincing provider agencies to participate in the initiative. Providers have indicated to grant staff that they already have seniors on staff. More time needs to be spent developing this initiative.

Caregiver support groups have been funded and are operational; however, convincing caregivers to attend support groups remains an issue. Determining how these support groups might be self-sustaining and replicated is also an issue that needs to be addressed.

A.3.5 Evaluation of the Initiatives' Success

The Grantee does not have a formal evaluation plan in place, and they anticipate contacting the TA provider to discuss ways the initiatives might be evaluated. Grant staff felt assessing the impact of the initiatives might be difficult because of the current economic situation in Montana. College graduates are accepting jobs for which they are overqualified that they would not accept under normal circumstances. State personnel felt these situations would make it difficult to determine whether the public awareness campaign is affecting recruitment or whether other factors are influencing individuals' decisions to apply for direct service positions. For example, a State informant said that individuals with master's degrees are looking for jobs in direct services because they are unemployed.

Grant staff are considering focus groups with workers and consumers to evaluate the training initiative. Workers would be asked whether they received the training they felt they needed. Consumers would be asked if the training program improved the quality of care received.

Grant staff do not have plans to formally evaluate the effect of the public awareness campaign, the training module, or support groups on worker recruitment and retention. They do plan to talk informally with partners, local providers, and regional staff about Grant outcomes and the successes and failures of the training center. One of the oversight committee members mentioned it would also be useful to conduct surveys of workers and consumers at some point in the future; however, this committee member had no recommendation on how these surveys might be conducted or if they would be done.

A.3.6 Recommendations for Other States Addressing the Same Problems

Informants suggested that consumers, not just consumer advocates, should be on the advisory board and help develop activities as appropriate. The Montana CHOICE staff made efforts to obtain consumer involvement in the initiatives by conducting focus groups. However, all informants agreed that had consumers and attendants been directly involved in the initiatives, the activities and the implemented activities might look different. One of the committee members commented that merging the consumer and agency perspectives produces better products.

Another recommendation was to solicit direct involvement and obtain buy-in of provider agencies early in the development of grant activities, especially those related to training. Conveying the message that the training curriculum will be standardized and available for all agencies to use is important. Informants felt the train-the-trainer module is an essential component of any training program to ensure as many workers as possible receive standardized training. Promoting or marketing the curriculum is also important to obtain buy-in from the provider agencies. Finally, committee members also noted that using best practices and building

on work done by others when developing Grant initiatives is important to identify potential solutions to problems and to save time.

A.3.7 Products Developed that Other States Might Find Useful

The Grantee identified three types of products that have been developed by the Montana CHOICE project staff that other States might find useful. One of the potentially most useful is the “Let’s Learn Together” brochure, which is designed to help consumers understand their relationship with workers and to help workers know how to provide quality services. Second, slogans, posters, and flyers from the public education campaign may also be useful. Finally, the training curriculum, which is based on best practices, will be an important resource for other States as well.

A.3.8 Sustainability and Enduring Change

Informants hope that the training initiatives will be sustained by provider agencies who understand the need for standardized training and pay for their workers to be trained, even though the training program would not be mandated immediately. Grant staff believe that developing the regional training centers across the State is also important in producing enduring change. In addition, oversight committee members believe that charging a fee to individuals for training will not only promote ownership and responsibility on the part of workers, but provide funding to sustain the training program as well. Because Grant staff felt they would be unable to fully develop all activities using Systems Change Grant funding, they will continue to apply for other grant funding to continue the training activities.

Funding of the caregiver support groups was contingent upon development of a sustainability plan. According to Grantee staff, most of the entities developing caregiver support groups have good ideas for sustaining the support groups. For example, one group has the support of an Area Agency on Aging to continue the support group. Additional details on sustaining the caregiver support groups were not provided during the interviews.

A.3.9 Assessment

Efforts to improve recruitment, retention, and training problems with Montana’s direct service workforce through public education and development of a training curriculum are progressing. The curriculum for personal assistance workers and home health aides still needs to be completed, but it is on schedule. For the career ladder to be successful, wage increases will need to be provided for workers as they complete the various training courses and move up the ladder. However, any wage increases mandated by the State will be dependent on legislative action and the willingness of provider agencies to pay workers more as they move up the ladder.

Further development of the seniors helping seniors program needs to be explored. Seniors and other nontraditional groups of workers are potential sources for recruiting additional workers. Providers who were interviewed indicated that older workers tend to be a more stable and reliable group of workers and, given the right circumstances, can be successful caregivers. The Grantee also identified high school students as a potential pool of future workers to whom promotional materials can be targeted.

A.4 CASE STUDY NEW HAMPSHIRE CPASS

Date of Site Visit: June 2–3, 2003
Place of Site Visit: Concord, New Hampshire

A.4.1 Problems with the Long-Term Care Workforce

Respondents in New Hampshire agreed that the workforce shortage is primarily the result of four causes: low wages and inadequate benefits, lack of enough agency-based providers, the demanding nature of the work, and the rural nature of the State. First, low wages and inadequate benefits make these jobs undesirable. Wages range from \$9.00 to \$10.50 per hour for personal care assistants. Low Medicaid reimbursement (\$16 per hour) makes it cost prohibitive for most provider agencies to offer benefits to workers.

Second, New Hampshire lacks sufficient capacity through traditional home health provider agencies to meet the demand for services. The State also lacks adequate backup support coverage. The State has two consumer-directed programs that could potentially help expand the labor force by drawing additional workers into the labor pool. The need for more workers potentially could be met if persons currently providing informal care were provided with skills training, education, and pay.

Third, the work itself is demanding. In addition to the physical demands of the job, workers feel isolated and may not receive adequate supervision and do not enjoy the regular support of coworkers. Workers perform their activities for long hours, and their hours may fluctuate, so they often cannot count on regular earnings. If the consumer is visiting family or is hospitalized, for example, the worker is not paid.

Fourth, the general workforce shortage is compounded by the rural nature of much of the State. Direct service workers might have to drive a half hour to see one client and then another half hour to the next client without being reimbursed for travel time. Because most care is provided in the mornings and evenings for short periods, workers may have to assist many clients to generate their desired income.

A.4.2 Description of Grantee Initiatives

New Hampshire is implementing two workforce initiatives under their Systems Change Grant. First, the Grantee is developing an effective model for providing backup coverage. Second, they are developing a package of health benefits and other incentives to better support the consumer-directed direct service workforce.

Models for backup coverage—As a first step, the Grantee surveyed consumers to determine the extent of their need for backup coverage (e.g. how frequently do they need coverage and for how many hours per week). Because consumers regarded backup coverage as the primary workforce problem, they had discussed ideas for a backup system before the State was awarded the grant. Consumers have continued to give feedback on how they want the backup system to work through their involvement in the grant's Consumer Advisory Council. The Consumer Advisory Council considered four potential backup models—volunteers from

faith-based organizations, pooled insurance, workers cooperatives, and pools of college and graduate students in social service fields using the federal work-study program.

The federal work-study model using students is now being implemented because the Grantee encountered problems designing the first three models. The work-study model required federal approval to implement because it involved paying students from two federal sources—the Medicaid program and the federal work-study program. Students receive Medicaid funds when they actually provide services, and work-study funds when on call.

Participating students receive individual schedules to provide backup coverage for consumers. When not providing direct assistance to consumers, on-call time is used to receive training or to do “volunteer” work for consumers such as chores. Project staff projected that students would spend about 20 hours on call and 5 hours working. Thus, work-study funds cover about 75 percent of the cost of the program and Medicaid about 25 percent. A consultant working with the Grantee anticipated that 30 to 40 students would need to be on call for 15 consumers who live geographically close to the students’ campus.

The Consumer Advisory Council is helping work out the logistics of the system, including how consumers can contact students who are on call on a given day; whether a roster of students should be created; whether every consumer would have the list or would have to call a central entity that would maintain the list; whether one of the work-study students should be in charge of linking consumers with backup workers; and how the lists should be updated.

Grant personnel planned to implement a pilot program in Fall 2003. The Council may develop a web-based registry that would work in conjunction with Granite State Independent Living’s (GSIL’s) existing help line and database.

Supports for the consumer-directed workforce—Project staff conducted focus groups and surveys with direct service workers in consumer-directed programs to assess their interest in health insurance products, credit unions, low-interest loans, educational incentives for career advancement, and worker cooperatives. Grant staff planned to help develop the desired benefits and arrange access to those benefits that were determined to be most important to consumer-directed workers. One respondent reported that the Consumer Advisory Council wanted flexible benefits workers could choose as needed and that workers did not want to have to choose between being offered higher pay or benefits.

Payment for a defined package of health care services. Grant staff worked to identify potential mechanisms for covering the costs of health care services for workers. Grant staff investigated successful health insurance products provided to service employees around the country that provide limited health benefits for monthly premiums of \$70. However, when project staff conducted a survey to see the level of premiums and copayments that consumer-directed workers could afford, responses for the worker’s share of the premium were from \$0 to \$50 per month, making this model unaffordable. Thus, respondents agreed that traditional health benefits were cost prohibitive because consumer-directed workers cannot afford health insurance premiums given their already low wages and the rising cost of health care insurance.

Grant staff investigated alternative models, such as using a lump sum employer contribution to pay for primary care through local community health centers (CHCs) by buying a package of services for workers. Services being considered for the package included primary care, preventive and wellness care, prenatal care, and laboratory tests. Employees would sign up with a particular CHC and would be eligible for covered health care services up to the amount paid by the employer. For example, for every worker, GSIL would pay a certain amount each month to the CHC, and workers would be charged for services based on a sliding scale, which will allow many individuals to receive services at a 50 percent reduced rate or less. Unspent funds at the end of the year would be shared between the CHC and the worker as an incentive for both parties to use the contributed funds wisely.

The Grantee was investigating a debit card system for use by workers in paying for these health care services provided by CHCs. To be eligible, workers would have to be employed for at least 6 months and work an average of 20 hours per week. Individuals would be issued a debit card with a \$250 balance upon issue of the card with an additional \$125 added quarterly for a total of \$500 annually. A \$5 per month administrative fee would be charged to the worker through payroll deduction. Enrollees could determine their remaining account balance via the Internet or by calling a toll-free number.

Credit union and loans. The Grantee was working on providing interested workers access to credit union services, such as a free \$1,000 life insurance benefit, no- and low-interest loans, direct deposit, free checking, and participation in group-sponsored car sales opportunities. Given that workers are transient, the Grantee was also assessing the potential for the debit card system above to be used to pay for these services. The no-interest loan program will allow workers to borrow up to a maximum amount to be repaid through payroll deduction. This idea is based on the popular loan program of Quality Care Partners, a worker-owned cooperative that operates a loan fund of limited dollars (\$3,000). If a worker needs a loan of up to \$500, Quality Care Partners lends it interest free. The loan contract includes weekly repayment, and a clause stipulates that any remaining loan balance is debited from the last paycheck of workers who become unemployed. The program is heavily utilized, and respondents agreed that it provides a strong incentive for retention. The Grantee is intending to test the loan program, and project staff anticipate that individuals will use this for emergencies, such as unexpected car repairs.

A.4.3 Problems Encountered and Addressed

Problems with backup models not chosen—The Grantee encountered problems in developing three of the potential backup system models. First, the faith-based model was not successful because of the lack of a central administrative structure in many faith-based denominations. The Grantee found that faith-based organizations already engaged in extensive volunteer work to help church members, but this assistance was not formally organized. The Catholic Church is the most organized in the larger cities, but more denominations with central administrative structures were needed to provide a critical mass of organized volunteers over large areas.

After the model was developed, most of the consumers did not call any of the volunteers. Those consumers who did found that some of the available volunteers could not handle the physical nature of the work and were not available during the hours when individuals needed

backup services. The volunteers interested in being workers tended to be older and were unable to perform many of the tasks required. Consumers also found that the amount of work involved in recruiting the faith-based volunteers was more time consuming than simply advertising for a direct service worker.

The worker cooperative backup model being developed by the Consumer Advisory Council was not successful because consumers did not want to share their workers. In this model, a group of consumers would share their workers so that workers who wanted more work could help consumers in the group needing backup services. Consumers were concerned about confidentiality issues, injuries to their workers while providing services for another consumer, and the chance that another consumer would “steal” their worker.

The pooled insurance backup model also was not feasible because consumers did not want to share one worker among so many consumers. This model entailed having a group of about 20 consumers contribute 25 cents per hour from the workers’ wages to a pool that would fund a backup worker on call. The model was also judged to be unfeasible for cost reasons.

Problems with the work-study backup program. Several respondents reported that the backup model affiliated with the federal work-study program also ran into a few obstacles. The first problem was getting approval from Medicaid to pool federal and State Medicaid funds and federal work-study dollars together for the pilot program. Issues related to third party billing also required resolution. Participants decided after checking with CMS and the State Attorney General’s office that there was no risk of fraud as long as the Medicaid payment did not exceed the current rate of \$16.00 per hour.

Determining how students would spend their on-call time was also difficult. Staff determined that students could receive phone call requests, maintain the program database, and perform other administrative activities to be productive when not providing services to a consumer. Students could also elect to perform chores for consumers while they were on call, like mowing the lawn or shopping. The Grantee, school personnel, and Medicaid staff also had to decide which organization’s workers compensation insurance program would be held liable if students were injured while performing volunteer chores for consumers while they were technically only on call. Staff decided that students would not perform chores voluntarily while on call in the pilot program.

Issues regarding student payment and the use of federal work-study and Medicaid reimbursement also had to be resolved. Grantee staff have determined that, on average, students would provide one hour of direct service work for consumers for every 3 additional on call hours they are not providing direct service work. In effect, the Medicaid program pays one-quarter of student wages over time and the federal work-study program pays the remainder. Students would be paid \$9.00 per hour whether they are providing services to consumers or only on call to help them absorb travel costs while serving consumers.

For every non-on call hour worked by a student performing direct service work for a consumer, the Medicaid program will pay \$16.00 to GSIL, who will receive \$7.00 to cover their administrative costs for the program. The balance of the Medicaid payment covers the portion of a student’s time spent providing direct services. A student’s on-call time is paid out of federal

work-study funds. The State wants the work-study funds to be held in escrow by the student's school to protect GSIL from the appearance of receiving two payments for services provided.

A potential barrier to replicating this backup model statewide is that most schools allocate work-study hours by academic departments. A school using that system would need to convince departments that the backup program is an important program to assure the allocation of sufficient work-study hours to fund it. The University of New Hampshire (UNH) allocates work-study hours directly to the students who choose what jobs they want, which makes it easier to recruit students for the backup program from a central source.

Problems in designing a health benefits package—The Grantee initially had trouble negotiating a common package of health services across all CHCs in the State. First, they originally started negotiating packages with each CHC. This approach became administratively burdensome because packages and services varied from center to center, which would have resulted in geographic inequities in benefits. Additionally, many CHCs were not interested in taking part due to the low volume of participants in their area. Grantee staff eventually decided that the debit card model was the best method because it provides access to the CHC structure already in place and affords flexibility to individuals regarding where services are received and what services they receive.

A.4.4 Assessment of Initiatives at Midpoint of the Grant Period

Project staff stated that they were well on the way to achieving their goals, having acquired knowledge about various backup models and workforce retention programs, such as the health benefit program, credit union, and no-interest loans. The Grant consultant's staff noted that the backup initiative is a little delayed because it took a long time to get approval and get started. However, they thought that it would be quickly implemented.

The Grantee has completed a survey of direct service workers and a technical assistance manual for provider agencies interested in providing consumer-directed personal care services. Six agencies are now providing this service through one of the State's two consumer-directed care programs. Enrollment is twice what had been anticipated and has proven to be very successful.

A.4.5 Evaluation of the Initiatives' Success

One of the project staff stated that the success of the backup program can be partially measured by high enrollment and by consumer satisfaction. After the pilot program is fully implemented, project staff will interview consumers and students to obtain their views on the program. This information will be included in a final report, along with utilization rates.

Another member of the project staff noted that it is not possible to say how any single initiative has addressed the State's workforce shortage problem because multiple issues need to be addressed to solve these problems. Even if the backup model is successful, many other issues related to workforce retention and recruitment will need to be addressed.

A.4.6 Recommendations for Other States Addressing the Same Problems

Respondents agreed that it is essential to determine the causes of turnover and address them. For example, if the major problem is the lack of benefits, then paid sick or vacation leave, according to one Grantee staff member, “could make all the difference in the world.” Several respondents advised that it is important to rule out what does not work. For example, ruling out the option of providing commercial health insurance if it is cost prohibitive due to rising health care costs and low reimbursement rates to provider agencies may be wise in States facing budget deficits. Other solutions may be easily replicated, such as the debit card model, depending on a State’s infrastructure.

A State staff person reported that what really helped the work-study backup initiative was the fact that the Grant’s subcontractor, the Franklin Pierce Law Center, prepared the legal framework. The Center went to the attorney general’s office and knew the legal questions to ask. They also anticipated every legal and ethical question and had considered a response. This same respondent also advised Grantees to consider all details of eligibility and reimbursement issues in advance.

One respondent noted that it is important to assess the need for backup among the target population and clearly define the model as backup only. Otherwise, due to the general worker shortage, it would be very easy to have the backup model become a primary system of recruitment that would be siphoned from the backup system into regular employment.

One member of the Consumer Advisory Council stated that the faith-based backup worker initiative did not work due to lack of interest and availability of capable workers. One of the lessons learned is that it can work within a congregation, but the impetus to do it must come from within the faith-based group, not from the outside. However, one of the Grant consultant’s staff noted that membership in faith-based organizations is correlated with charitable giving, and data show that charitable giving is quite low in New Hampshire. Consequently, a faith-based backup model might work in another State with higher charitable giving.

A State staff member noted that States must first have the infrastructure for a consumer-directed care option and an environment that is open to this type of change. New Hampshire was already in the process of change through the work of GSIL and the Franklin Pierce Law Center. This prior work, plus the Systems Change Grant, has opened minds to the possibility of systems change. One staff member noted that the Medicaid program would not have been receptive without the input of advocates and consumers already involved in systems change initiatives.

Several respondents discussed the resistance that States currently without a consumer-directed option for personal care may get from home health providers and the nursing board. Tasks performed under this program are not considered skilled nursing and do not require nursing oversight, and this may constitute a huge paradigm shift for some States. Provider agency staff may be more familiar with the medical model than the direct service worker model, and this creates a barrier when trying to sell the principle of self-directed care to provider agencies.

A State staff person stressed the importance of managing the political environment because States are always concerned about unmet need and induced demand swamping the system and raising costs. The same respondent warned that fiscal constraints may limit the funds allocated for home and community care, even though these programs are cost effective and allow individuals to have control over their services. However, if States adopt a Money-Follows-the-Person model, dollars can be shifted from nursing homes to community care, but States must be prepared for a fight from a strong nursing home lobby.

Several respondents noted that not everyone in the State is on board with the workforce initiative. One respondent commented that some legislators argue that the provision of home and community services is a disincentive for people to save for their own long-term care. Some legislators feel that “people are buying big screen TVs instead of LTC insurance.”

A.4.7 Products Developed that Other States Might Find Useful

GSIL has developed several products that may be helpful, although they are fairly State-specific. They include the following:

- Other Qualified Agency Certification Rules
- Start Up Manual for Other Qualified Agencies
- Consumer Survey
- Recruitment Brochure

Franklin Pierce Law Center has documented the direct service worker survey results and the legal analysis of the reimbursement issues under the work-study program. The work-study student backup model has the potential to be a viable method that other States could replicate.

A.4.8 Sustainability and Enduring Change

The Systems Change Grant has provided seed money that has enabled the State to move ahead incrementally with its current workforce initiatives. In particular, the work-study backup coverage project is designed to be self-sustaining once fully developed. The intention is to expand the program statewide at the end of the Grant by replicating it in other schools that participate in the work-study program. One State staff member reported that Grant staff have contacted a number of other colleges and nursing schools where students are looking for this experience.

A.4.9 Assessment

Grant and subcontractor staff have a tremendous amount of expertise, energy, and enthusiasm for the project and have successfully accomplished a great deal in terms of ruling out what does not work and pursuing more viable and very creative options. The input of consumers—both on the Grant’s Advisory Council and in the community—has been integral to systems change activities.

A.5 CASE STUDY NORTH CAROLINA REAL CHOICE

Date of Site Visit: July 15, 16, and 30, 2003

Place of Site Visit: Raleigh, NC

A.5.1 Problems with the Long-Term Care Workforce

North Carolina faces a shortage of registered nurse aides and nonregistered paraprofessionals, which can affect the ability of persons with chronic conditions or disabilities to receive quality services. The four most frequently mentioned causes of the shortage were low wages, lack of recognition, lack of career ladder opportunities, and lack of training.

First, almost all respondents in our interviews stated that low wages contribute to the workforce shortage. Some State agency personnel, provider agencies, and direct service workers said that many workers have to work more than one job to support themselves adequately. Many direct service workers leave the field because of low wages and a lack of health insurance, vacation, and sick leave benefits. Although the North Carolina Department of Health and Human Services (NC DHHS) has put forth expansion budget requests for labor enhancements that are consistent with a recommendation included in a North Carolina Institute of Medicine Long-term Care Task Force report and the Legislative Study Commission on Aging, the State's budget crisis has precluded action on implementing a labor enhancement for Medicaid-funded long-term care services.

Second, low recognition of workers by supervisors, the medical community, and the general public contribute to recruitment and retention problems. Often, workers and their roles are not respected, creating a mismatch between what is expected of workers, and how much they are paid and how they are treated. Workers said that some supervisors and administrators provide little support, and that they are not treated like important team members, which leaves them frustrated. Workers said that they would like their contributions to be recognized better by supervisors and medical staff.

Third, the lack of a distinct career ladder for workers also contributes to recruitment and retention problems. State personnel stated that workers in national studies sometimes cite lack of a career ladder and dissatisfaction with supervisors as being more important than wages. Potential recruits see little room for advancement given the low status of the job, and workers can be seen as unmotivated by administrators if they are not moving up a career ladder. Currently, few opportunities for advancement exist, unless one wants to become a nurse.

Finally, State personnel said that both consumers and providers report difficulty finding workers with adequate training, and that often supervisors do not receive the training they need to effectively supervise workers or direct programs. One direct service worker stated that workers who provide services in different places face a barrier in obtaining training because there is no one place or authority from which to receive training. Most workers are not able to attend training because they cannot find a replacement worker to meet the ongoing needs of consumers they serve. One worker said that some facilities train them to "get by" on certain tasks. Consequently, additional training beyond the skills required to do the job adequately is

often not available. When training is offered, workers may have to spend their own time and funds to attend.

A.5.2 Description of Grantee Initiatives

The State formed three new workgroups to carry out many of the workforce-related goals and activities of the grant. These workgroups are the Direct Care Worker Association Workgroup, the Public Education Workgroup, and the Consumer Directed Services Workgroup. Two other existing workgroups were using System Change Grant funding to finish developing training courses for two new jobs positions.

The Direct Care Worker Association Workgroup was established to provide input on developing a framework for establishing a statewide 501(c)(3) nonprofit, education-based association for direct service workers. The mission of the association is to “improve the quality of care provided to health and long-term care consumers and their families through the education, professional development, and public awareness of direct service workers.” The association’s founding board consists of 8 members, with plans to expand eventually to as many as 15 members. The bylaws of the organization stipulate that workers must constitute two-thirds of the board. The workgroup plans for the board and the association membership to have a diverse geographic and ethnic representation. Membership is open to workers and other individuals and organizations that share the association’s mission. A membership drive is beginning to expand the association and broaden its funding base. The association also wants to develop an annual Direct Care Worker Institute to provide training for workers.

The Public Education Workgroup focuses on general public awareness and recruitment of workers by conducting marketing activities to promote direct service careers. The Public Education Workgroup, in conjunction with representatives of the major long-term care provider associations in the State, developed television advertisements, informational brochures, recruitment packets, posters, display boards, and a website. The workgroup has developed three television advertisements that ran on an ABC local television affiliate, reaching 22 counties in central North Carolina. One advertisement features consumers thanking workers for providing them services. The other two advertisements focus on recruitment and feature workers sharing reasons for working in the field. The workgroup is running the advertisements to generate interest among the general public in becoming a worker and to raise the awareness of the general public regarding the important role direct service workers play in the delivery of quality long-term care services. The workgroup plans to air the advertisements in all the major television markets across the State.

The two recruitment advertisements display a toll-free telephone number that potential workers may call to receive information about the direct service field and potential job openings. State employees affiliated with JOBLINK, the State’s job information and referral program, respond to these inquiries. State staff do not evaluate the credentials of the caller because the JOBLINK program has a separate assessment process with links to vocational rehabilitation, job placement, and training services. Follow-up surveys are conducted with callers about a month after their initial call to ask what assistance the caller received, if they had begun training (if needed), and/or if they had found a job.

The workgroup also developed informational brochures to target the teenage and youth population, and other promotional and training materials for use in high school allied health programs that provide internships in the field. The website, located at <http://www.dhhs.state.nc.us/ltc/lcwf.htm>, is designed to provide information about job openings and the types of jobs available for potential workers.

The Consumer Directed Services Workgroup provides oversight for development of the grant's consumer-directed services option, which is being used in part to expand the labor pool of workers. The workgroup formally requested early on that DHHS seek a waiver from CMS to enable several Medicaid-funded Community Alternatives Program for Disabled Adults (CAP-DA) programs to participate in the consumer-directed pilot program to be implemented through the Real Choice Grant. The waiver will, among other features, enable CAP-DA consumers to choose a family member (other than a spouse), neighbor, friend, or other individual to provide personal care services. The waiver will also allow CAP-DA consumers to purchase equipment, such as a microwave, to reduce in-home aide time and allow a consumer to do things for themselves. Consumer-directed care pilots will also include agencies that administer non-Medicaid funded personal care services.

The pilot program is being designed to set up the infrastructure needed to help consumers identify needs and make financial decisions, including how to pay their workers. The workgroup plans to conduct training sessions with family members regarding supervision, benefit issues, and how to dismiss a worker when a consumer is not pleased with the services provided. The workgroup will design and conduct training sessions with care advisors to help consumers make decisions. The workgroup developed an employment agreement that addresses the hiring, firing, and supervision of workers. It identifies required tasks and acknowledges the consumer's responsibility for directing the worker. Four subcontractors have been selected for the pilot program to serve small geographical areas as fiscal intermediaries and case managers. The workgroup will assess both consumer satisfaction and the satisfaction of direct service workers in the pilots.

A career ladder is being developed to provide workers upward mobility within the system. The State has activities to develop job descriptions and training for two new job categories—a geriatric nurse aide position and a medication aide position. The geriatric nurse aide position was developed because the industry had cited a need for a specialized geriatric worker who could, for example, be assigned one-on-one care to a newly admitted agitated person for a day. The medication aide position was developed in response to a request from the nursing home industry as a means of better using available nursing staff. The requests to develop these job categories were consistent with the need to develop career advancement opportunities for workers.

The geriatric nurse aide position was initially discussed and developed for nurse aides in skilled facilities, but it is being designed to apply in community settings as well. The workgroup identified a list of skills for the position and is developing a training curriculum that will be taught in community colleges. The curriculum will be composed of several modules involving 120 to 140 hours of effort in one semester and will incorporate hands-on training with classroom learning. A certificate will be awarded upon graduation from the course.

The medication aide position is being developed through a joint effort of the NC DHHS and the NC Board of Nursing. The job category being developed will cross both health care and nonhealth care settings. The State developed a working committee to develop faculty requirements, curricula, and competency testing. A toolkit and video are also being developed to promote consistency of instruction. A registry will be developed to maintain a list of people who have completed the course and passed competency requirements.

Data from the nurse aide registry and the registries developed to maintain a list of people who have completed training and passed competency requirements for the new job categories will be matched with NC Department of Labor data to compare wages from competing employment sectors and to compare wages of active and inactive nurse aides. In addition, annual turnover data will be analyzed to identify trends over time. The data will also be used to analyze the stability and growth of the overall workforce and to track the stability of the direct service workforce on a setting-by-setting basis.

Grant funds are also being used to complement other workforce efforts. The Workforce Improvement for Nursing Assistants: Supporting Training, Education, and Payment for Upgrading Performance (WIN A STEP UP) program (initially funded by the Kate B. Reynolds Charitable Trust) provides a financial incentive for workers who participate and complete training and promise to stay with their current employer for a defined time period. CMS funds are being used to expand the approved array of courses and to develop an assistive technology curriculum. Grant funds are also being used to deliver a train-the-trainer course on coaching supervision training developed by the Paraprofessional Healthcare Institute. NC plans to develop a cadre of trained instructors to offer coaching supervision training through the community college system, Area Health Education Center programs, and other training venues.

A.5.3 Problems Encountered and Addressed

Respondents reported five issues that either have been or will be addressed. First, board members in the Direct Care Worker Association lack experience in running an association. State personnel have been and continue to be directly involved in the planning and operation of the association. After board members are able to function more independently, the State plans to serve in an advisory capacity only. While some workers on the board are paid by their employer for time spent in meetings, other workers have difficulty attending all meetings because they are not paid to attend them and backup workers are not always available to accommodate their attendance.

Second, participants in the Consumer Directed Services Workgroup have worked through several issues concerning the consumer-directed care activities in the grant. For example, a waiver from CMS is needed to enable CAP-DA clients to choose and supervise their own attendant. Also, the Division of Aging needed to make waivers to enable pilot sites using funding administered by the Division to incorporate consumer-directed care consistent with the framework developed by the workgroup. Workgroup members also vary in their acceptance of consumer-directed care and have needed education concerning payment and liability issues. The workgroup also had to decide whether family members would be eligible to be workers, eventually deciding to exclude spouses. A provider was initially concerned that the consumer-directed option would compete with agency-related business, but the State has suggested that the

use of the consumer-directed care option will only moderate the rate of growth in provider services over a 3- to 5-year period, as opposed to reducing their share of business. Provider agencies will be allowed to take on a fiscal intermediary or case management role in the provision of consumer-directed services.

Third, the Public Education Workgroup was getting a very low response rate for their follow-up telephone survey to potential recruits who called the toll-free phone number displayed in their advertisements. The workgroup was using the survey in part to assess the effect of the advertisements on recruitment for open direct service worker positions. They were in the process of determining how to improve the response rate to the survey.

Fourth, licensed personnel may be slow or unwilling to accept the new roles for the medication aide and geriatric nurse aide positions for fear they are ceding authority for areas in which they have borne sole responsibility. To improve acceptance of these roles, new legislation mandating training and competency testing for all medication aides to dispense medications is needed.

Fifth, the Medicaid program does not have funding to increase wages for workers who complete these or other training courses or move up a career ladder. Workers who receive training for these new job categories should be paid at a higher rate than those who do not, but the additional funding for increased wages is not available during the State's ongoing fiscal crisis. Provider organizations do not have funds available to pay for backup workers while other workers seek training as medication aides. One solution would be to have either CMS or a non-Medicaid source of State funds pay for any wage increase for workers who receive training.

A.5.4 Assessment of Initiatives at Midpoint of the Grant Period

Respondents from all workgroups noted that their initiatives were generally making good progress. The governing structure for the Direct Care Worker Association has been established, and the organization is making plans to enlist members. The board plans to promote membership in the association to individual workers, provider agencies, consumers and family caregivers, educational organizations, and corporations. They are also identifying private and public organizations and other associations to help them promote direct service worker careers through their conventions or other means.

The Public Education Workgroup is continuing to air the television spots and will analyze responses to determine which advertisements work better than others. They will also continue to distribute informational brochures, and recruitment packets/posters, and present the array of materials developed in appropriate venues.

One respondent noted that the Consumer Directed Care option is a huge shift conceptually and operationally for consumers, providers, and the State. It requires a different mindset for consumer satisfaction and regulatory compliance. It may not be sustainable unless there is an appropriate reimbursement and policy framework to sustain it. The CAP-DA waiver needs to be approved to make the option sustainable. Some consumers involved in this workgroup feel that changes in State policy may be needed to lower the age requirement for

workers under certain circumstances (for example, so that young neighbors could be employed) and allowing spouses to be reimbursed for providing direct services.

The State is beginning curriculum development for the medication aide and geriatric nurse aide courses and will be testing the medication aide curriculum soon.

A.5.5 Evaluation of the Initiatives' Success

The State said it would analyze turnover data derived from its nurse aide registry over time to determine the size and stability of a major segment of the direct service workforce. Using a uniform set of questions during the annual licensure renewal process, the State collects turnover data from home care agencies, adult care homes, and nursing facilities and calculates average annual turnover rates by setting. This data can be trended over time to determine whether turnover rates have declined, stabilized, or increased. The State also hopes to be able to determine whether positive responses to the toll-free phone line from the television advertisements increase the number of potential workers.

The State hopes to achieve the following additional outcomes as a result of Systems Change funding:

- The Direct Care Worker Association will be a legal, fully functioning, independent, nonprofit, education-based organization with workers, consumers, and corporations participating as members.
- Provider agencies will employ workers as medication aides and geriatric nurse aides.
- Workers will receive increased wages and better career advancement.
- Turnover data from the nurse aide registry will show increased stability in the direct service workforce, identify competing employment sectors, and track the wage differential between active and inactive nurse aides over time.
- A viable Consumer Directed Care option will exist, with consumers and workers expressing high satisfaction.

A.5.6 Recommendations for Other States Addressing the Same Problems

Respondents identified three types of recommendations for other States addressing the same types of problems that North Carolina is facing. First, respondents noted the importance of getting skilled and committed individuals involved in workforce efforts. State personnel worked to enlist dedicated workers whose priorities focused on the consumer and improving the quality of services. They also sought the backing of the highest person possible from the department in which the program initiative would be developed. (For North Carolina, this person was the Assistant Secretary for Long-term Care and Family Services who attended a majority of meetings of the workgroups. The Secretary of the Department also attended workgroup meetings pertaining to consumer directed care.) Many of the respondents said that it was important to have people from different disciplines involved to address all issues and to bring different perspectives to issues. They also thought it was important to get industry, legislative, and local community buy-in from the beginning.

Second, State personnel suggested that Grantees who want to develop television advertisements/Public Service Announcements should conduct research on the labor and training market in the viewing area before airing such advertisements to be sure that the market has potential recruits and the appropriate training resources needed to prepare them for appropriate openings. Job placement and training resources should be targeted directly to the selected markets to address the direct service workforce problem.

Third, many respondents mentioned the importance of having a professional facilitator not affiliated with any stakeholder group involved in meetings. In North Carolina, the same facilitator was used for the Public Education Workgroup and the Direct Care Association Workgroup. Since the Direct Care Association Workgroup was often used by the Public Education workgroup as a resource for obtaining direct input from an array of direct service workers on some items (e.g., posters, campaign slogan), this interaction was smoother as the facilitator was very familiar with both groups. Another facilitator staffed the consumer-directed care workgroup. Both facilitators skillfully allowed all viewpoints to be heard and helped broker compromise when needed. The facilitators also tried to have each meeting result in some tangible interim product so that participants felt they had accomplished something substantive by the end of each meeting.

A.5.7 Products Developed that Other States Might Find Useful

Respondents suggested the following products may be useful for similar workforce-related efforts in other States. These products are available by contacting the Grantee.

- By-laws of the Direct Care Worker Association.
- Document outlining the board composition of the Direct Care Worker Association.
- Promotional materials (television advertisements, informational brochures for recruitment, and recruitment packets).
- Educational materials targeted to high school students interested in the allied health professions.
- Course outlines developed for medication aide and geriatric nurse aide training courses.
- Employment agreement to be used in the consumer-directed care pilot program.
- Follow up survey used in conjunction with TV advertisement respondents calling into the toll-free number.

A.5.8 Sustainability and Enduring Change

At least four elements of the Grantee's activities will continue after the Grant funds end. First, the training courses developed as a part of the Grant could continue to provide training to future classes of potential recruits. Potential sources of funding are needed for the courses to be offered in the future. Nurse aide training is a reimbursable expense by the Medicaid program if a worker already is employed for a facility or has an offer to work at a facility. This option will make it easier for providers and facilities to pay for staff to attend training sessions.

Second, the fiscal intermediary and case management functions that have been created under the consumer-directed care pilot can be used in the future for those provider agencies who wish to incorporate consumer-directed care components into their operation. Grant funding has been used in part by the four subcontractors working on the pilot project to develop the infrastructure needed for conducting fiscal intermediary and case management activities. If the consumer-directed pilot proves successful, other provider agencies could also employ this same infrastructure to provide fiscal intermediary and/or case management services to consumers directing their own care.

Third, the State's long-term care website contains a link to information on workforce-related activities, which can serve as a means of publicizing the role of direct service workers and providing information to potential recruits. The State plans to maintain this website and the workforce link after Grant funding ends.

Fourth, the State's JOBLINK offices plan to keep the toll-free telephone line open throughout the airing of the television advertisements. In addition, the State's Careline number is listed on a number of recruitment materials and will continue to serve as a first point of contact for persons responding to recruitment packets and other recruitment materials that are developed.

Two other elements of the Grantee's activities may continue, but it is not certain yet how they will. First, the Direct Care Worker Association is in the process of obtaining its 501(c)(3) status, allowing it to collect donations from private foundations, provider agencies, corporations, etc. If the association develops a marketing plan for obtaining donations and is successful, it will be able to continue after grant funding ends. Board members said the nominal individual membership dues of workers would not be enough to sustain the organization. In addition, other venues for airing the "thank you" advertisement and two recruitment advertisements need to be developed.

A.5.9 Assessment

The Grantee is making good progress on its initiatives and is moving toward fulfilling its workforce-related goals for Systems Change funding. The development of a viable, well publicized Direct Care Worker Association with an active board and membership may improve the sense of professionalism among workers through training and other professional development initiatives and promote the importance of their work to the general public. It is uncertain if membership in the association will improve recruitment and retention.

The consumer-directed care pilot program will introduce consumers, provider agencies, and State personnel to this method of care delivery in a systematic way. The pilot program can be used to learn what works and what needs improvement in the delivery mechanisms. If consumers are more satisfied with the care they receive under the pilot and more consumers want to self direct their care across the State, then more provider agencies may be interested in participating as fiscal intermediaries or case managers. The Grantee plans to determine how consumer and worker satisfaction will be assessed in the pilot program. The Grantee expects to be able to determine the number of new additional workers serving consumers.

The public education campaign using television advertisements is running in its test market, and potential recruits are using the toll-free number displayed on the advertisements to obtain information about direct service careers. The Grantee is not sure how to evaluate the effectiveness of the public education campaign (i.e., how many new workers are employed as a result of calling the toll-free number displayed on the Public Service Announcement).

A.6 CASE STUDY VERMONT REAL CHOICE

Date of Site Visit: June 4–5, 2003
Place of Site Visit: Burlington, Vermont

A.6.1 Problems with the Long-Term Care Workforce

Vermont respondents described the State’s workforce shortage, attributing the lack of direct service staff primarily to two problems—low wages and benefits and problems in the work environment. State personnel thought the worker shortage was due more to retention issues than problems with recruitment. A State staff person noted that the turnover rate for Licensed Nursing Assistants (LNAs) in Vermont’s nursing homes is about 60 percent, and in some cases is as high as 130 percent. Although many felt that low wages and lack of benefits are always part of the reason for high turnover, they agreed that the work environment is equally important. Several felt that improving the work environment could perhaps do more to increase retention than improved wages and benefits.

First, higher wages and benefits are needed to help reduce the turnover rate. Many respondents noted that the State has pushed for higher wages and benefits, believing that people should get more than \$7 an hour for “backbreaking work,” and that “competing with McDonald’s for workers is a travesty.” Two years ago, Vermont used savings in the nursing home budget to increase payment rates for the consumer-directed option in the waiver program. A State staff person noted that agency workers and independent workers now earn about the same when taking benefits into account. The consumer-directed program pays \$10 an hour on average, after a year’s experience, and the agencies pay \$7 an hour plus health insurance, vacation, and sick pay. One person said that a livable wage was closer to \$13 per hour, but a provider representative felt that amount was an intimidating target.

Home health agencies (HHAs) have successfully fought efforts by the State to implement wage pass-throughs, stating that nurses and therapists would also want raises, even though the provider agencies would not receive an increase in reimbursement for them. The State enacted a wage pass-through twice for nursing homes, who have used it appropriately, but have yet to see any change in the turnover rates.

State personnel felt that benefits issues were more complicated than wage issues. Several noted that, even if a nursing home or HHA provided health insurance, the employee share of cost was too high for some workers. Research conducted by the State found that workers did not necessarily want the same benefits.

A provider representative stated that the Vermont Home Health Agencies Association has encouraged all their agencies to offer benefits to all employees and that most agencies do provide cafeteria-style benefit plans, including individual health insurance. However, health insurance is typically offered only to those who work a certain number of hours per week, and many workers do not qualify because they work fewer hours than required. When offered, sick pay and vacation pay is prorated.

Second, a number of respondents felt that the work culture and the way direct service workers are treated by provider agencies could be even more important factors influencing retention than wages and benefits. Several respondents noted that workers feel they are not really considered part of the health care team and that their opinion is not valued even though they are “the eyes and the ears of the nurses.”

A survey of direct service workers and input obtained at conferences found that basic communication and interaction with nurses was important to many workers. One provider agency representative noted that workers want to be thanked and acknowledged for what they do well. Additionally, it meant a great deal to them just to have a nurse or other worker help them if they were busy.

Other workers said they wanted to be part of the decision-making team, more continuity in assignments so they would not be assigned to a different client every day, and more supervision and guidance. Some workers wanted something as simple as a mailbox at work and a name tag. Some workers did not necessarily want to move up a career ladder, but after years of service, said they would like to be used in mentoring and training activities.

Some workers felt that negative perceptions about the type of work were a barrier to recruitment more so in nursing homes than in home care. One member of the grant’s Consumer Advisory Council noted that the general public needs to realize that direct service work is a legitimate occupation, that it is not performed by self-sacrificing persons doing an incredibly difficult job, or by persons who cannot get anything better.

Other factors that contribute to workforce issues—Respondents noted a number of other issues that they believed exacerbated the workforce problem. Several said that, in a rural State, it was difficult to find attendants who lived nearby. Another noted that people would be reluctant to drive long distances to work for a few hours when their travel time and transportation expenses were not compensated. Although this may be true in the consumer-directed program, a provider agency representative noted home health aides are paid for travel time between clients, apart from the first call of the day.

Several respondents stated that some agencies have policies that attendants cannot have a personal relationship with the client, but felt this was an unrealistic policy when a client and attendant spend so much time together on an ongoing basis in a client’s home. In the words of one consumer, “How can you expect someone to be in my house eight hours a day and not be my friend?” Some respondents noted that consumers have the least problems with workers when they find a few workers with whom they develop a good relationship; they felt that, without such a relationship, worker commitment may be lacking.

A provider representative noted that personality and cultural differences between consumers and workers is another factor that makes it difficult to retain workers. For example, one client had 40 cats and no one wanted to work for her, one client told off-color jokes and did not stop even when contacted by the agency, one client complained that home health aides were stupid and low class, and one client had a gun and would not keep it locked up and out of sight. This respondent stated that other issues are not so much conflicts as a mismatch between what the client wants and what the worker is able to provide. For example, one consumer wanted to

be lifted in a certain way, but when the staff tried to do it they started to have back injuries. This respondent felt that, in some situations, it was difficult to draw the line between consumer satisfaction and staff safety.

Several respondents felt that Vermont's consumer-directed option has been successful in bringing many people into the workforce who would not otherwise be a direct service worker and those who do not want to work for a provider agency. A consumer stated that while people using the consumer-directed option in the attendant care program are allowed to hire their spouse or parent, this option was not available in other programs. This respondent noted that it was very difficult to convince the legislature that it was inefficient to not pay the spouse or parent in all programs.

A.6.2 Description of Grantee Initiatives

Vermont is using its Real Choice Systems Change Grant to fund two initiatives to address workforce issues. The first is implementation of the recommendations of an existing Task Force on workforce issues. The second is the formation of a direct service workers' association.

Implementation of task force recommendations—Prior to receipt of the Real Choice Grant, the State created a Workforce Task Force in 1999 as a Department of Aging and Disability (DAD) initiative. DAD conducted a survey of administrators, direct service workers, and nurses to obtain their views on factors contributing to workforce shortages. The Task Force used the findings of this survey to guide their recommendations for addressing workforce issues.

The Real Choice Grant is being used to extend the Task Force's work. For example, the Task Force has been expanded to include the Division of Mental Health Services and the Division of Developmental Disabilities, and a facilitator has been hired to work with the Task Forces' four subcommittees. Three priorities emerged:

- Improving wages and benefits.
- Improving working conditions.
- Building public awareness about the workforce shortage, creating a sense of value for direct service worker jobs, and using public support to influence policymaking.

The Task Force initially formed three subcommittees to work on these areas: the Wages and Benefits Committee, the Work Environment Committee, and the Communications Committee. The facilitator's job is to enable the committees to build strategic work plans that cross the aging and disabled, developmentally disabled, and severe mental illness systems.

Another priority identified by the survey was the need to increase stakeholder participation and involve legislators. Although not an original recommendation, Task Force members agreed that they should create a legislative liaison committee that would take the recommendations of the other three committees to the legislature. Consequently, the Task Force now has a fourth subcommittee.

The Wages and Benefits Committee is in the process of gathering information about the three systems, which will include a wage and benefit survey. This survey will be conducted in

collaboration with the Community of Vermont Elders (COVE), which recently received a Robert Wood Johnson Better Jobs Better Care Grant. The purpose of the survey is to obtain baseline data on wages and benefits across the three service sectors, where workers perform comparable tasks even though the terminology used to describe these tasks differs across sectors.

The Work Environment Committee is reviewing existing data and talking to workers, administrators, consumers, and agencies. There is consensus that, because the State regulates provider agencies, it has tremendous power to change their behavior. Because the work environment issues vary considerably for those working in nursing homes compared to those working through HHAs, the committee has split into two groups—one for nursing homes and one for HHAs.

The *Nursing Home Group* includes representatives from the five nursing homes that have the highest retention rates in the State. To achieve buy-in and participation by the other nursing homes, the committee members will travel around the State to conduct structured group interviews with administrators and managers in five regions. The sessions will elicit views on what is needed to bring about changes in the work environment and reactions to the worker survey's findings, particularly their feelings that they are not respected and not valued. The results of these interviews will be compiled and presented at the annual nursing home conference.

The HHAs will have a similar initiative. The committee is also looking at ways to achieve staff recognition. The Franklin County HHA's staff recognition program uses very creative approaches to address morale issues and will be used as an example for other HHAs. Because consumer-directed workers are not employed by an agency, the committee is also working on a best practices agenda to identify how to create the same positive culture and incentives for the consumer-directed workforce.

One of DAD's major initiatives for improving the work environment, which existed prior to the grant award, is the Quality Award program for nursing homes and HHAs. The Task Force has been developing criteria to identify nursing homes and HHAs that are better places to work. Providers who agree to operate according to the established criteria will receive a public acknowledgment from the State, which will be published on the DAD website. One respondent compared the award to the "Betty Crocker seal of approval" and felt it would be used as a marketing tool.

The Quality Award already had four criteria identified, and the Real Choice Grant has enabled the department to extend the initiative to add a fifth criterion that will center on best practices for the direct service workforce. A State staff person observed that provider agencies will become more competitive, explaining that, even though there is not a lot of provider competition in Vermont, there are low occupancy rates. There is also an existing nursing home incentive award of \$25,000, and the Quality Award will become part of that award's criteria.

The Communications Committee is a small committee comprising a nursing home director, a representative of the licensing and protection agency, and the public relations director for the Alzheimer's Association. The initial recommendation for this group was very general, namely, to increase public awareness. Several respondents stated that public awareness is

absolutely necessary to achieve policy objectives. The committee's charge is to identify the different target audiences, from the legislature to the schools to the public at large, to create different messages for each audience to achieve the desired outcome, and to develop an action plan.

Their first idea was to generate interest in the field by developing outreach programs for public schools. The committee set up an agenda for a job fair day in middle schools to demonstrate what the opportunities are, provide a session on stereotypes, and create job shadowing activities. However, they have lacked the resources to do many of the things necessary to organize job fairs or to reach the broad range of target audiences already identified by the group. They are now planning to collaborate with COVE.

A grant consultant felt that the committee should not be addressing recruitment, because spending money on recruitment is pointless until the working conditions improve, and that the focus should be on activities to improve retention. Respondents agreed that communications strategies require professionals and that the timing of communication campaigns is crucial to their success.

Formation of a direct service workers association—The Grantee contracted with COVE in May 2003 to facilitate the formation of a direct service workers association. COVE is a 22-year-old nonprofit organization that involves consumers, caregivers, advocates, and provider agencies in policy development and advocacy. COVE is funded through a combination of grants, contracts with Area Agencies on Aging, membership dues, and support from the Administration on Aging (AoA). COVE will collaborate on other Real Choice Grant workforce activities, in addition to facilitating the creation of a direct service workers association.

To identify and describe existing approaches to long-term care workforce issues, prior to contracting with COVE, the Grantee, in collaboration with Maine's Real Choice Systems Change Grant staff, commissioned a report on direct service worker associations from the Community Living Exchange Collaborative. COVE sees its role as guiding LNAs and direct service workers to determine what they want the caregiver association to be. To this end, they are planning to conduct town hall meetings around the State to identify important issues. One role that a direct service workers' association can serve is to create a means for involving caregivers in systems change and career development. COVE will outline the various options for doing so and their cost.

The Iowa CareGivers Association (ICA), which is described in the report on direct service worker associations prepared by the Community Living Exchange Collaborative, is being considered as a possible model. ICA is a statewide association for certified nurse assistants, home care aides, patient care technicians, and other direct service/support workers who deliver care in nursing facilities, through home care agencies, and other settings. Formed in 1992, ICA provides education, information, support, and advocacy for direct service workers. Primarily funded through grants from the State, the organization also receives financial support from private foundations, membership fees, event sponsorship, and conference fees.

Another model that is being considered is one that would provide a cooperative structure for service provision, so that caregiving would be a service provided through the association.

One of COVE's representative's noted that having a service provision base can provide the revenue needed to continue statewide advocacy and systems change. The revenue would come from the workers' reimbursement, just as it does for an HHA's overhead.

Several respondents stated that direct service workers will ultimately decide what form the association will take. One of COVE's representatives noted that if there is agreement among the direct service workers that they want a voice and want to be at the table when decisions are being made, then they will choose to create an association. However, at some point, they may decide they do not want an association and that will also be an acceptable outcome.

COVE is trying different approaches because their objective is to guide the process, not drive it. They are currently recruiting members for a diverse Advisory Committee, which will decide who is to be involved in the association. Several respondents noted that there has been some debate about whether to include employers, but felt that if the association is going to have the money to continue when the grant ends, it is going to need support from employers.

COVE is also looking at using the association as a means to obtain group health insurance, particularly for those workers who are independent contractors, but several respondents noted that federal law requires nonprofit associations to be incorporated for 5 years before they can offer group health insurance.

A.6.3 Problems Encountered and Addressed

Implementation of task force recommendations—Before the Real Choice Grant, the Workforce Task Force was focused on elderly persons and those under age 65 with physical disabilities. Respondents reported that the Grant has provided an opportunity to partner with the Division of Mental Health Services and the Division of Developmental Disabilities, which have been working separately for decades. These systems have not traditionally communicated with the system serving elderly persons and those with physical disabilities, but they have had to work together under the grant, which has been challenging.

A respondent working with the Task Force said that the different systems have different philosophies, which determine how they view their workforce and how their workforce sees itself. Consequently, they are not used to sitting down and talking about workforce issues with the other systems.

Several respondents stated that, while there has been great cooperation in sharing and gathering information, a real sense of coming together has not yet developed. A Grant consultant noted that the skill set—both technical and interpersonal—for working with persons with developmental disabilities and serious mental illness is very different from that required for working with elderly persons and those with physical disabilities. Differences also exist in how the systems are set up with distinct funding streams for services and different philosophies and experience with self-directed care and self-determination.

One respondent who works with the committees said that the Wages and Benefits Committee members from the three sectors have shared information about their workforce issues, but it is not clear that they will be able to develop an effective joint strategic plan for addressing workforce issues in all three service areas. Respondents agreed that wage

improvement is not a realistic option, but there are many ways to improve benefits. A grant consultant noted that some benefits do not cost money, such as flex-time.

Formation of a direct service workers association—Many respondents reported that there are some tensions with regard to the association. Because the Grantee is encouraging the caregivers to determine for themselves what the association will be, the inability to influence the process is difficult for some people. Those persons in power want to talk to others in power. One respondent felt confident that COVE will be able to “finesse it,” and because Vermont is such a small State they ideally want everyone involved. The same respondent said that it is important for the people administering the Grant to be good role models and have integrity in the process, so that a win/win approach can be developed.

Most respondents agreed that the naming of the association is a big issue that has not yet been resolved and that lack of a common terminology is a definite barrier. There have been heated discussions about whether to call it the Paraprofessional Association or the Caregiver Association. Direct service workers did not like the term paraprofessional, because they believe it signifies that they are “less than” professionals. On the other hand, nurses see themselves as professionals, and do not believe it is appropriate for direct service workers to call themselves “professional caregivers.”

One State staff person explained that the choice of a name has legal implications if the members are deemed “professional.” If people misunderstand the level of care provided, liability issues arise. Another noted that use of the term professional could create issues with boards and licensing bodies. The same respondent pointed out that there is already a group called professional nursing services, which includes licensed nurses, and a similar name could create public confusion. Most respondents agreed that word choice is very important, that there is a need to balance recognition for the work with an accurate description of the job. One commented that trying to get all participants in this group to understand these issues is a daunting task.

Another area of tension is whether to include employers in the association. At the same time, employers are “apprehensive” about possible unionization. A grant consultant explained that the union that organized the nurses at the biggest hospital has also targeted direct service workers, so there is fear that workers also may be unionized. COVE talked informally to some of the union representatives about the distinction between a professional caregiver association and a union, and there are now plans to involve the labor entities under the Better Jobs Better Care (BJBC) Grant because a lot of labor policy is involved.

Respondents agreed that the major challenge is working with a heterogeneous group that could be at odds about what the association can do for them. A grant consultant noted that most people who are doing this work really value the work, but there could be divisions down the road in terms of entrenched identities. Differences could develop between developmental disabilities workers, where families hire workers to take care of a child, and aging and disability and mental health service workers. COVE is encouraging them to focus on the commonalities and is trying to make the association equal for nursing home employees and consumer-directed workers.

A.6.4 Assessment of Initiative Mid-Grant Period

Although the caregiver association initiative has only been underway for one month and is, therefore, not technically at the midpoint, the Task Force activities have generated a lot of information about workforce issues, and there have been several conferences to address recruitment and retention issues. Several respondents felt that the State had a good sense of the problems, and several initiatives are underway to address them.

At the same time, a provider representative noted that certain workforce problems will always be difficult to solve, such as finding people who will commit to providing personal care services at 8:00 p.m. and on weekends. There was agreement that the cash and counseling program could help address this issue, but that it would only work if a client requires a small amount of care.

A.6.5 Evaluation of the Initiative's Success

The Grantee has a formative learning process to determine which activities are being implemented successfully and which are not. A Consumer Task Force provides ongoing monitoring, and Grant staff informally evaluate whether something is working. With regard to measuring the success of a given initiative, the Grantee is measuring intermediate outcomes but not long-term outcomes.

For example, an intermediate outcome for the direct service workers association initiative is how many workers become involved in the association. If they reach 75 percent of the States' workers, that would be a measure of success. However, even if the worker association is operational and self-sustaining at the end of the Grant period, it would take several years to determine its impact on recruitment and retention of workers. Additionally, the research design would have to account for many other variables that affect retention, such as the strength of the economy, if workers retire, or if a worker changes careers.

One respondent stated that the success of the association initiative will be measured by the development of a sustainable business plan, but they will not know until much later whether that in itself has successfully addressed workforce issues. Similarly, if the State implements the nursing home and HHA Best Practices program, it is going to take a while for the culture to change, and then longer to see if it leads to a reduction in turnover.

Despite the difficulty in measuring the success of specific initiatives over the long term, there was agreement that it would be possible to get some data to gauge how well the State was doing. A provider agency representative reported that, 2 years ago, the Vermont Association of Home Health Agencies (VAHHA) did a recruitment/retention survey, which they are currently updating. The HHAs conduct annual surveys and could restructure them to take account of the grant's workforce initiatives. Agencies also keep data on covered hours. The VAHHA keeps data on retention rates and is in the process of collecting information on the current benefits package from the agencies.

A.6.6 Recommendations for Other States Addressing the Same Problems

A Grantee staff member stated that, when designing workforce initiatives, the most important thing is to actually listen to the caregivers to find out what needs to be done to make their work more rewarding. Good data are needed to identify specific workforce issues, and having a survey is very helpful as a starting point. However, a provider agency representative felt that there is no need to reinvent the wheel and that enough research has been done to know what works. It is more efficient to use the research that is out there, to find out what works, and to find out why people stay in the job. This respondent pointed out that, for every aide that is gone in a month, there are some who have worked in the field for 15 years, and it is important to find out why.

A number of respondents believe it is essential to involve all stakeholders, especially those who have influence but are not sympathetic to the goals. It is also important to spell out the different points of view of the various communities that are involved and to understand the history of what brings everybody to the table. One respondent felt that it is very helpful to sponsor an event, or series of events, to begin to build understanding about the different philosophies of the stakeholders, and to address differences, so that all stakeholders feel they will benefit to some degree.

Several respondents stated that, once the problems are understood, all the stakeholders must be willing to sit down and identify what they hope to have in place in 5 years. They have to create a work plan based on realistic goals and reach consensus. Members will then be able to focus, prioritize objectives, and build work committees. Each committee should come up with their own individual action plan to determine how to achieve goals.

One respondent noted that it is very helpful for States to have access to staff or consultants who understand research and who can design outcome measures that are easy to understand.

One respondent recommended that agencies that administer grants should get the funds into the hands of Grantees as soon as possible. Vermont could not designate a subcontractor until half way through the 3-year Grant period because the State took that long to authorize the expenditure of Grant funds. The delay was due to the timing of the State's legislative sessions.

A.6.7 Sustainability and Enduring Change

Several respondents agreed that the grant activities most likely to produce enduring change are the Quality Award program for nursing homes and HHAs. These programs will generate culture changes in the industry and the creation of the direct service worker association, which will be intricately tied to the various partnerships within the State long-term care system. One respondent noted that there are plans for educational opportunities and career ladders in the nursing homes, some functions of which could be centralized through the workforce association.

A State staff person noted that the State could reward the culture changes through the reimbursement systems, for example, by reimbursing providers for time spent collaborating in team meetings, which is how the PACE model operates. For example, speech therapists are paid to attend a team meeting but not direct service workers.

Another State staff person felt that the important thing about the grant is that seed money develops synergy around initiatives, which is invaluable. Also, the workforce association is considered a crucial investment that might not have happened without the vehicle of the Real Choice Grant. Another noted that getting people to work together builds relationships that can be used to support change.

A Grant consultant noted that enduring change could be brought about through the State's consumer-directed initiative. The State is planning to offer a consumer-directed option in two waiver programs. One of the programs has already submitted an 1115 Waiver application that will create a consumer-directed option. The State is working with CMS on approval of this waiver and is in the process of planning for implementation of this consumer-directed option for individuals needing long-term care. A consultant has been hired to research and plan a consumer-directed option for individuals with developmental disabilities.

A.6.8 Assessment

Grant activities so far have focused on gathering data, prioritizing issues, forming work groups, and facilitating communication among all stakeholders involved in the two workforce initiatives. The subcontractors are working to move things forward in terms of strategic planning, while exercising sensitivity in addressing perceived barriers. A genuine commitment exists within the State agencies and the provider agencies to collaborate to bring about systems change, and there is considerable input from consumers and caregivers. While there was sober awareness among interviewees of the challenges and difficulties that lie ahead, there was also a robust optimism and a determination to succeed.

The process of implementing the worker association initiative should provide information that will be useful to other States interested in this approach. The ability of such associations to successfully address recruitment and retention issues needs to be evaluated.