

NORTH CAROLINA -- 2001 Real Choice Systems Change Grant

Identified Problems with the States' Long-Term Care System

- Information and assistance, service coordination, and service delivery systems are not as well developed, integrated, or coordinated as they need to be.
- Services and service delivery options are not as responsive to consumer needs and preferences as they should be.
- Inadequate direct care workforce.

Perceived Strengths

- The state has historically covered many optional Medicaid long-term care related services, for example, it provides personal care services in adult care homes (“assisted living”) through the state Medicaid program. The state also has four HCBS waiver programs.
- The state has also maintained a low ratio of nursing home beds to the 65+ population compared to the national average.
- State funding is available for the health and long-term care needs of non-Medicaid eligible individuals who cannot afford the total cost of the services they need.
- The state recently expanded Medicaid eligibility for the aged, blind, and disabled to 100 percent of the poverty level.
- The state recently developed common standards for key services funded by multiple public funding streams (e.g., four levels of in-home aide services, respite care, adult day care, and home delivered meals).

Primary Focus of Grant Activities

- Improve service delivery by standardizing policies for home and community services across the departmental divisions responsible for their provision.
- Design, pilot, and implement a consumer-directed care model option.
- Address the inadequate supply of direct care workers.

Goals, Objectives, and Activities

Overall Goal. Reduce institutional bias, provide opportunity for consumer service direction, and improve the size, stability, and quality of the state’s direct care workforce to address the current workforce crisis, and expand this workforce to better meet the personal care and home management needs of persons with disabilities now and in the future.

Goal. Reduce institutional bias and standardize policies across departmental divisions.

Objective/Activities

Policy Review. Identify, recommend, and implement changes to reduce institutional bias in eligibility, service, and coverage policy, and in rate setting methodologies (with a primary focus on Medicaid Personal Care and attendant care services).

Goal. Provide option for increased consumer control of services they receive.

Objectives/Activities

- Design a consumer-directed care model, which addresses accountability requirements, reimbursement policies, and fiscal intermediary policies.
- Develop an RFP to pilot new model of consumer-directed care, test new job categories, training curricula, and other products developed through grant activities.
- Fully implement consumer-directed care option.

Goal. Improve the size, stability, and quality of the state's direct care workforce in home and community settings.

Objectives/Activities

- Develop career ladder for direct care workers in home- and community-based settings.
 - C Develop competency-based training models with related wage recommendations that recognize incremental development of specialized competencies (e.g., working with persons with complex medical needs or cognitive impairments; and mentoring, supervisory, and effective communication skills).
 - C Perform a classification analysis of current state job categories for direct care workers and recommend any changes needed, including changes in payment levels based on the competency level of workers.
 - C Develop curricula, in-service, and continuing education programs for core and specialized training (including supervisory training and mentoring) and develop appropriate training outlets, and opportunities for distance learning through web-based training.
 - C Examine options for making health insurance coverage and other benefits more accessible to direct care workers.
- Improve recruitment and retention of the direct care work force through public awareness and education activities to improve the image and appreciation of direct care workers.
 - C Work with the Department of Public Instruction to provide information about direct care worker opportunities (paid and volunteer) focused on home and community care, in part through the development of promotional and training materials for use in high school allied health programs.
 - C Convene a Task Force of direct care staff and other partners/stakeholders to obtain input on recruitment, retention, and marketing efforts.

- C Develop public service announcements, video spots, feature articles, flyers for use with the media, general public, high schools, Hispanic and non-traditional populations, and other groups; and conduct job fairs to address the image and importance of direct care workers, provide information about the variety of employment opportunities available, and develop promotional materials in multiple languages.
- C Promote the development of a state direct care worker association.
- C Develop a web site on work force issues, and compile and disseminate information about innovative strategies to address worker recruitment and retention.
- Improve data capability to track the direct care workforce over time and use this information to inform workforce policies and programs.
 - C Collect, compile, and analyze direct care workforce data for NC using a uniform methodology (via insert to licensure application). Use this data to track the workforce over time and inform workforce policies and programs. Specific activities include:
 - C Compile turnover data and determine the size of the workforce (and trends over time) through the collection of data from home care and assisted living providers on an annual basis. Assess the costs and outcomes of turnover and identify ways agencies could share such costs.
 - C Conduct an annual analysis of Nurse Aide Registry data in conjunction with Bureau of Labor data to identify trends in this workforce, identification of competing employment sectors, wages, and job stability.
 - C Determine which data are needed to conduct a rate-setting methodology analysis for existing direct care worker services.

Key Activities and Products

- Standardization of policies for home- and community-based services across departmental divisions and implementation of policy changes to reduce institutional bias.
- Workforce analysis.
- Core and specialized direct worker curricula, in-service, and continuing education programs.
- Creation of career ladder.
- Consumer-directed care model.
- Public education and awareness activities.

Consumer Partners and Consumer Involvement in Planning Activities

- A Consumer Advisory Committee oversaw the development of the grant application. The Committee includes representatives from the developmental disabilities, mental health, independent living, and aging fields, and has a consumer community-chair. The Committee met three times over a 6-week period and several members of the committee attended the first annual Systems Change Conference.

- After the Consumer Advisory Committee agreed on the major focus areas for the grant, it divided itself into workgroups to address specific issues (e.g., workforce, housing). The workgroups also included agency staff and various outside partners. The workgroups were co-chaired by a consumer and an agency staff person with expertise in the particular area.

Consumer Partners and Consumer Involvement in Implementation Activities

- Consumers will assist in the development of curricula, training materials, and the project web site to assure that they are accessible and meet their needs.
- Consumers will participate in the policy review, plan development, and in formulating recommendations for changes.
- Consumers will be members of the workgroups for the grant’s activities (e.g., public education and awareness/recruitment workgroup, consumer-directed care workgroup, nurse aide association workgroup).
- Consumer Advisory Committee members have been asked to serve on one or more of the workgroups being formed to address major components of workforce-related grant activities. Other stakeholders/partners will also be invited to serve on one or more workgroups based on their particular interest.

Public Partners

Multiple state agencies and entities with an interest in direct care workforce issues, including:

- North Carolina Board of Nursing, Department of Public Instruction, Department of Community Colleges, NC Center for Nursing, and Department of Health and Human Services Divisions impacted by direct care workforce issues, and .
- University of North Carolina Institute of Medicine, which will assist with data analysis.

Private Partners and Subcontractors

Over 20 key groups will be included in workforce-related activities, including:

- Provider associations such as the NC Association of Area Agencies on Aging, and the NC Statewide Independent Living Council.
- Consumer associations such as the Arc of NC and the NC Alzheimer’s Association, and United Cerebral Palsy of NC; and other stakeholders.

Public and Private Partnership Development/Involvement in Implementation

- Partner organizations reviewed the original Real Choice proposal, provided input as appropriate, and were invited to submit letters of support. Partner organizations will be invited to participate in one or more Real Choice workgroups based on their particular interest. Other individuals and representatives of several regional/local groups working on workforce issues will also be invited to participate on workgroups to collaborate as appropriate.

- The DHHS will collaborate/partner with a broad array of consumers; advocates; other stakeholders (including direct care workers); and educational, provider and service delivery related agencies and organizations with an interest in direct care workforce issues. The purpose of these partnerships is to build consensus and political support among partners for specific workforce strategies to address identified needs.

Oversight/Advisory Committee

- The Consumer Advisory Committee was convened to give direct input on developing the scope of activities included in the original Real Choice proposal. The Committee is an ongoing separate entity throughout the Real Choice grant, and will monitor and evaluate grant activities. To assure broad representation, additional consumers from under-represented populations will be invited to join the Committee. The Committee will be periodically apprised of workgroup efforts to provide additional input and serve to monitor and evaluate grant activities.
- The NC Long-Term Care Cabinet comprises the Secretary of the Department of Health and Human Services, the Deputy Secretary, two Assistant Secretaries, and all Division Directors who are involved in long-term care and Olmstead issues. This Cabinet meets on a monthly basis and will be responsible for making all departmental policy to further grant activities.
- At the end of each year of the project, the NC Institute of Medicine will be asked to reconvene the state's Long-Term Care Task Force and to include the Consumer Advisory Committee members to review progress and provide feedback to the department.

Formative Learning and Evaluation Activities

- All activities will be monitored using a system of ongoing review, evaluation, and improvement.
- The Consumer Task Force will monitor grant activities on a quarterly basis and identify any barriers to achievement of key milestones.
- Project status reports will be provided and updated regularly on a project web site to keep consumers and project staff informed. The web site will have a mechanism for visitors to e-mail questions and comments to the Assistant Secretary of Long-Term Care.

Evidence of Enduring Change/Sustainability

- The state level collaborative partnerships, local partnerships, policy and legislative changes, and educational efforts will all continue after the grant period.
- A number of initiatives undertaken through this grant can be sustained without additional resources. One key initiative is the policy analysis to reduce institutional bias.
- A consumer-directed care model will be developed and institutionalized during the grant period.

- Other activities will produce products that will be able to be used after the grant period, such as the job classification analysis and competency training modules, the core and specialized direct worker curricula, in-service, and continuing education programs.
- The Institute on Aging has agreed to continue workforce-related data analysis after the grant ends.
- At the end of the grant period, DHHS hopes to submit proposals to expand the budget for long-term care and to authorize funding to replicate successful grant activities, contingent upon the state's economic recovery.

Geographic Focus

Statewide, with one or two local areas to serve as pilot test sites for several grant activities.