SHORE IT UP: Strengthening the LTSS Workforce
Service Delivery System in Tennessee

- TennCare managed care demonstration began in 1994
- Operates under the authority of an 1115 demonstration
- *Entire* Medicaid population (1.4 million) in managed care since 1994
  - Including dual eligibles and people with disabilities
- Three health plans (MCOs) operating statewide
- Physical/behavioral health integrated beginning in 2007
- Managed LTSS began with the Statewide *CHOICES* program in 2010
  - Older adults and adults with physical disabilities *only*
- 3 Section 1915(c) waivers and ICF/IID services for individuals with I/DD carved out; operated by State I/DD Department
  - People *carved in* for physical and behavioral health services
- New Statewide MLTSS program for individuals with I/DD began July 1, 2016: *Employment and Community First CHOICES*
- Managed care and fee-for-service LTSS
Quality Improvement in LTSS (QuILTSS)

- A TennCare initiative to **promote the delivery of high quality LTSS** for TennCare members (NF and HCBS) **through payment reform** (at the provider level) and **workforce development**
- Part of the State’s broader payment reform strategy (episodes of care and primary care transformation—patient centered medical homes and behavioral health homes)
- **Quality is defined from the perspective of the person receiving services and their family/caregivers**
- Creates a new payment system (aligning payment with quality) for **NFs and certain HCBS** based on performance on measures most important to members and their family/caregivers
- **Transform the system** by aligning incentives around the things that most impact the member’s experience of care and day-to-day living
- Includes **workforce development** as a core foundational aspect of building capacity to deliver high quality LTSS
Value-Based Purchasing Initiatives for Nursing Facilities
• Medicaid reimbursement for Nursing Facility (NF) services based in part on resident acuity and quality outcomes that most impact residents’ experience of care
• Goal to reward providers that improve quality of care and quality of life by promoting a person-centered care delivery model
• Revised reimbursement approach for Enhanced Respiratory Care (ERC) services in a NF based on the facility’s performance on key quality outcome and technology indicators

Value-Based Purchasing Initiatives for Home and Community Based Services (HCBS)
• Align incentives with person-centered individual and program outcomes across HCBS programs and populations including:
  o Employment and Community First CHOICES MLTSS Program
  o Section 1915(c) waivers
  o CHOICES MLTSS Program
  o Behavioral Health Crisis Prevention, Intervention and Stabilization Services for Individuals with I/DD

Workforce Development
• Invest in the development of a comprehensive competency-based workforce development program and credentialing registry for individuals paid to deliver LTSS
• Value-based incentives for providers employing better trained and qualified staff
# LTSS Workforce Development

## 7 Key Tenets

- Competency-Based (knowledge, skills, abilities, and intellectual behaviors)
- Require Demonstration
- Micro-Credentialing System
- Portability through Registry
- Faculty, Coach and Mentor Support
- Clear Career and College Pathways
- Credit-Bearing Framework

## Structure of Online Learning Modules

- Reading material
- Videos with examples and non-examples
- Voiceover videos with stop effects
- Pre- and post-simulations
- Journal entries
- Decision trees
- Coaching sessions
- Range of learning activities
- Formative assessments throughout*
- Summative assessments for demonstration of competency (application of knowledge)

*Include interactive videos, simulations, work-embedded activities supported by behavioral tools
LTSS Workforce Development

- Developed in consultation with National Subject Matter Experts
- Corresponds with CMS DSW Core Competencies released in 2014
- Worked with Tennessee Board of Regents to award college credit and create a post-secondary credential (certificate) for completion
- College credit also applied toward new degree program*
- Rollout through State Community Colleges and Colleges of Applied Technology
- Leverage *Tennessee Promise* and *Tennessee Reconnect* funds
- Support achievement of Governor’s *Drive to 55* Initiative
- Added pre- and early service learning component (also developed with National SMEs under a contract with TASH) and Dr. Lisa Mills
- Pilot in Fall 2018; statewide rollout in January 2019

*In development
But then…

The train we didn’t see coming
The Workforce Challenge

• Escalating challenges with recruitment and retention in longstanding Section 1915(c) waivers
  – 51% based on 2018 Staff Stability Survey (NCI)
• Most significant factor impacting implementation of MTLSS program for people with I/DD
• To provide high quality services and supports, must have competent staff to deliver them
  o Recruitment
  o Retention
  o Consistent assignment
  o Training and competency
  o Wages and benefits
  o Satisfaction of workforce and people receiving services and supports
Understanding Workforce Challenges

• Pay is only one piece of the solution to the workforce crisis. It is certainly an important piece but challenges with recruitment and retention are not just about pay.

• Reimbursement rate increases are not guaranteed to result in increased wages and benefits for DSW.

• DSWs that leave agencies aren’t always leaving the field. They may be moving to another agency, often for reasons other than pay.

• If we do not have good data on workforce challenges, at both the individual provider and systems level, we will not accurately and fully understand the problem. Good data are essential to guide our efforts and to enable us to evaluate the efficacy of those efforts over time.
Understanding Workforce Challenges

President’s Committee for People with Intellectual Disabilities: *Report to the President 2017 – America’s Direct Support Workforce Crisis*

- Practices that would address the workforce crisis include:
  - Using competency-based training models that lead to credentialing or certification of staff and yield wage increases
  - Teaching business and organization leaders skills to improve their ability to recruit, select and retain direct service employees

Phase One: Build Provider Capacity to Achieve Desired Outcomes

**NON-RECURRING INVESTMENT IN CAPACITY-BUILDING SUPPORTS**

- Technical Assistance
- Training/Train the Trainer
- Expert Consultation
- Community of Practice
- Peer Mentoring
- Verifying Adoption of Required Practices

**FINANCIAL INCENTIVES FOR ADOPTING SPECIFIC PRACTICES**

- One-time payment to establish ongoing provider workforce data collection and reporting processes
- QuILTSS: Financial incentives for adopting evidence-based and best practices

**Phase Two:** Move to incentives for specific outcomes once practices that result in these outcomes have been effectively adopted
Addressing Workforce Challenges

A Multi-Prong Approach (in addition to competency-based training):

• Establish processes for collection/use of workforce-related data at provider and system levels to target and measure improvement efforts over time
  — Comprehensive statewide data analysis to target investments, track improvement over time
  — Provider-specific analysis and training/technical assistance to providers in analyzing and using their own data to guide/evaluate their organization’s efforts to address workforce issues

• Engage national experts and leverage/invest MFP Rebalancing Fund to provide training and technical assistance to providers to support adoption of evidence-based and best practices that have been shown to result in more effective recruitment, increased retention, and better outcomes for people served
Addressing Workforce Challenges

A Multi-Prong Approach
(in addition to competency-based training):

- Incentivize practices that will lead to desired outcomes:
  - Data collection, reporting, and use at the provider level
  - Adoption of evidence-based and best practice approaches to workforce recruitment/retention and organization culture/business model changes
  - Ensure DSP wages are increased as they increase their level of training and competency and upon completing the certification program
Incentivize Evidence-Based and Best Practices

<table>
<thead>
<tr>
<th>Recruitment</th>
<th>Retention</th>
<th>Organizational Culture and Business Model</th>
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<tbody>
<tr>
<td>• Hiring Strategies</td>
<td>• Competency-based professional development, credentialing/badging</td>
<td>• Is associated with greater retention of DSPs, higher rates of satisfaction for DSW/persons served</td>
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<tr>
<td>— Targeted Marketing</td>
<td>• Career ladder/wage differential pathways</td>
<td>• Results in measurable improvements in quality of service delivery and opportunities/outcomes</td>
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<tr>
<td>— Realistic Job Previews</td>
<td>— Reward advanced training/certification and tenure</td>
<td>• Supports the delivery of more individualized HCBS</td>
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<tr>
<td>— Structured Behavioral Interviewing</td>
<td>— Align incentives at the DSW level</td>
<td>• Has strong focus on facilitating/sustaining independence, natural supports, valued social roles and access to/use of community resources</td>
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<tr>
<td>— Minimum entry/starting wage</td>
<td>• Effective support/supervision</td>
<td></td>
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<tr>
<td>• On-Boarding Strategies</td>
<td>• Employee engagement/satisfaction</td>
<td></td>
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<tr>
<td>— High-quality, competency-based pre/early service training</td>
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<td>— Mentoring and coaching</td>
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Value-Based Payment: Phase 2

- Transition to financial incentives for specific workforce and quality-of-life outcomes once practices expected to result in the outcomes have been effectively adopted
- DSP career ladder is essential outcome
  - Includes wage increase for worker tenure and completion of WFD program
- Outcomes for persons served will be ultimate measure