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To: Interested Parties
From: Erika C. Robbins, Assistant Deputy Director
Office of Ohio Health Plans (OHP)
Re: MFP Planning and Advisory Group Meeting
Date: July 17, 2007

MFP Planning and Advisory Group Meeting
Date: July 24, 2007
Time: 2:00 to 4:00 pm
Location: Lazarus Building, 50 W. Town Street, Columbus 43215
Conference Room C407

Videoconferencing available at:

Franklin County Department of Job and Family Services
West Community Opportunity Center
314 North Wilson Road
Columbus, Ohio 43228
Room A
Phone Number: 614-308-1212
Contact Number: Robert Mack

Stark County Department of Job and Family Services
225 East Fourth Street
Canton Ohio
Phone Number: 330-451-8511
Contact Name: Steve Bradshaw

Montgomery County Department of Job and Family Services
1111 South Edwin C. Moses Blvd
Dayton, Ohio
Phone Number: 937-225-5967
Contact Name: Miriam Johnson

We are going to attempt videoconferencing again and have coordinated an additional site in Franklin County for those of you who may not want to deal with traffic and parking downtown. If there are additional administrative issues preventing your participation, please let us know and we will attempt to find alternative arrangements.

I have attached the following items for your review:

- Agenda
- Draft operational diagram (a high level visual overview of transition)
- Recommendations from the Workforce Workgroup
- Recommendations from the Housing Workgroup

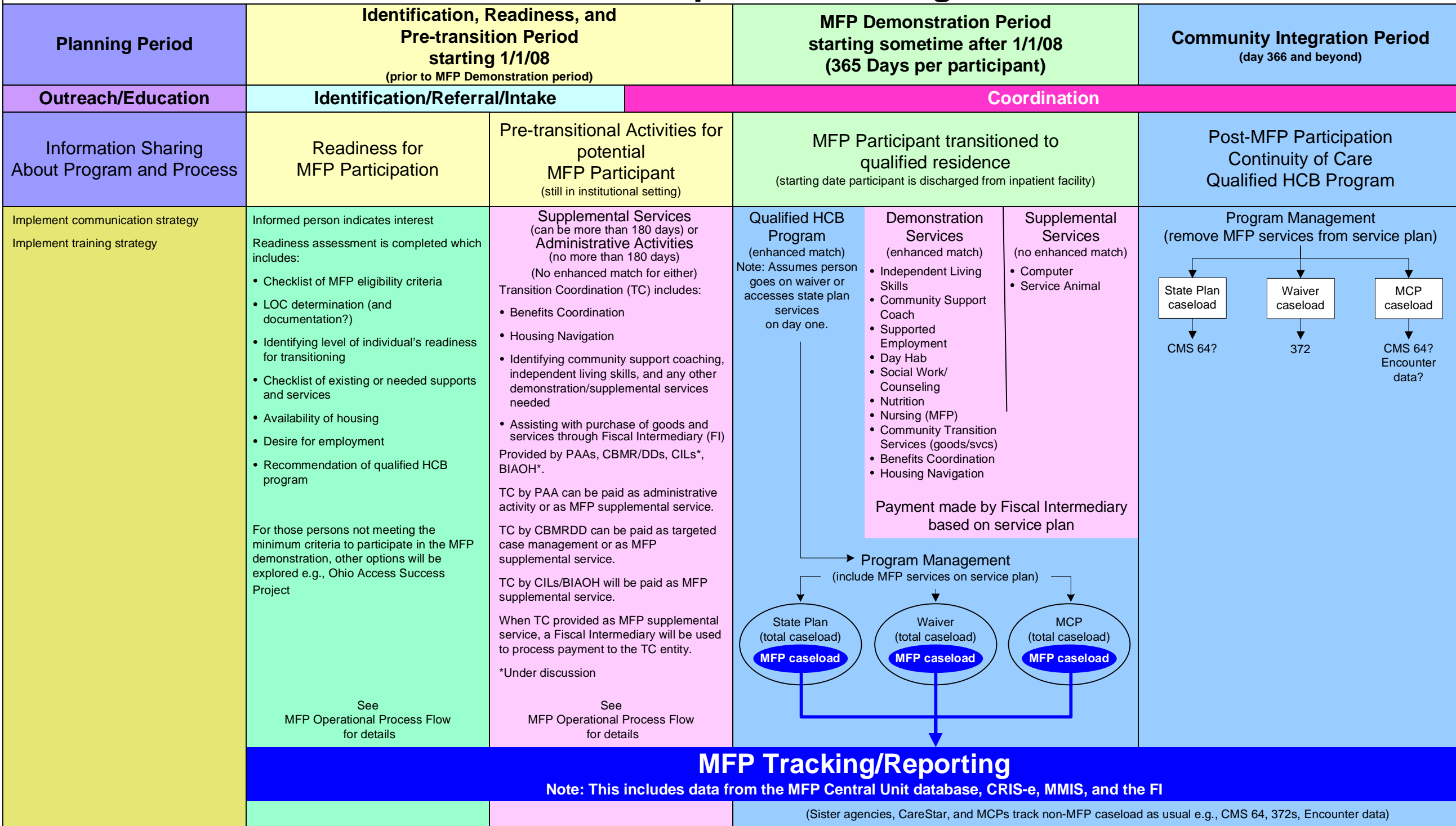
If you are unable to attend the meeting, but have feedback to share, feel free to send an e-mail to me directly at robbie@odjfs.state.oh.us or call 614-752-3738. We always welcome your feedback.

Please note that the next MFP Planning and Advisory Group meeting is scheduled for 8/28/07 from 2:00 to 4:00pm. Remove the following hold dates from your calendar – 7/31/07 and 8/31/07.

See you on the 24th!

DRAFT MFP Operational Diagram

DRAFT 07/06/2007



MFP Housing Work Group

Short Term Strategies (targeted toward the goal of re-locating 2200 MFP participants)

1. *Educate local Public Housing Authorities on MFP and encourage inclusion of MFP participants as preferences on PHA waiting lists.*
2. *Explore changes to Medicaid financial eligibility requirements:*
 - a. *To allow MFP participants, prior to their re-location, to keep a portion of their income in order to save for housing expenses.*
3. *Provide information and support regarding local housing resources to agencies providing housing navigator service:*
 - a. *Actively recruit property managers and landlords throughout the state to register and populate the Housing Locator website.*
 - b. *Provide education and technical assistance in the use of Ohio's web-based housing locator.*
 - c. *Make information and technical assistance available 1:1 via the ODJFS Housing Coordinator.*
4. *Educate elected officials at the local, state and federal level about MFP and the crucial role housing plays in the success of the project.*

Long Term Strategies (targeted towards long-term systems change)

State:

1. *Maintain a collaborative state level housing committee under MFP to address barriers to affordable, accessible, integrated housing for MFP recipients and to support disability focused regional collaboratives.*
2. *Explore development of a tenant based rental assistance program for MFP participants.*

Potential funding sources could include:

 - *Converting Ohio's Medicaid match savings to a rental assistance payment*
 - *Ohio Department of Development (ODOD) HOME Funds*
3. *Advocate for extended housing options as part of a unified long term care budget.*
4. *Explore changes to Medicaid financial eligibility requirements:*

a. To allow individuals entering a NF or ICF/MR who expect to return home within 9 months to keep a larger portion of their income in order to maintain their home.

Local:

1. Strengthen and sustain disability-focused regional collaborative efforts to address barriers to integrated community and housing services for persons with disabilities. Through partnership with a state level committee these collaboratives will be empowered to improve access to services and housing that are integrated, accessible and affordable.

Pending Issues

- 1. Examine ways of supporting shared living arrangements (i.e. roommates) for interested MFP participants as a way of reducing living expenses and service costs.*
- 2. Explore potential partnerships with USDA/Rural Development.*
- 3. Explore ways to strengthen and support Ohio's Residential State Supplement Program.*
- 4. Address the affordability barrier in Ohio by looking at ways to lower rents in tax credit properties*

MFP Workforce Development Workgroup Recommendations

Draft 7/12/07

Introduction and Purpose

The Workforce Development Workgroup was convened to identify issues, develop recommendations, and design processes/protocols for the implementation of Ohio's Money Follows the Person (MFP) Demonstration related to Workforce Development. This workgroup was responsible for two core tasks:

Goal 1.) Engage stakeholders in a discussion regarding the availability of skilled and non-skilled home care workers.

Goal 2.) Enhance opportunities for individuals with disabilities to find and maintain employment to maximize independence, contribute to their communities and impact Ohio's workforce.

Participants

Stakeholders that participated on this work group include individuals representing: Ohio Association of County Board of Mental Retardation and Developmental Disabilities, Association of Philanthropic Homes of Ohio (AOPHA), SEIU 1199, ODMRDD, ODMH, PATHS, RSC, ODADAS, ODA, Brain Injury Association of Ohio, Goodwill Easter Seals of Miami, Advocacy and Protective Services Inc., Ohio Developmental Disabilities Council, Ohio PATHS (Professional Advancement through Training and Education in Human Services), Visions Center of Ohio, Ohio Self Determination Association – Dynamic Pathways, LEAP (Linking Employment, Abilities and Potential) Cleveland, Ohio Health Care Association.

Process

Since this group was responsible for two separate goals that were in effect very different from each other, one of the first decisions made was to focus on each goal separately and not break into subgroups. One of the first clarifications the group addressed was the definition of provider when addressing **Goal 1**. The workgroup determined that we were essentially focusing on the direct service worker. Additionally, we clarified that employment is not a pre-requisite for participation in the MFP initiative.

Outcomes

For **Goal 1**, the work group developed 6 recommendations for how to sustain a sufficient workforce at the direct service level to support individuals who leave institutional care to live in their own homes and communities. For **Goal 2**, the workgroup focused on identifying all existing employment assistance services. The workgroup will be presenting a guidance packet for case managers and individuals to use during pre-transition, transition phases and while on demonstration services to assist consumers find employment if they want to work.

Important Issues for further consideration

It is recognized that the adequacy of Ohio's home health care workforce is an ongoing public policy issue that MFP alone cannot solve. The solution will require a multifaceted strategy including education and training, development of a career path for these workers, and an adequate minimum wage both within Ohio and at the Federal level. This workgroup also identified that transportation is frequently a barrier and obstacle to both consumers and direct service workers in terms of employment. This workgroup highly recommends that transportation issues be identified and addressed as part of the overall MFP initiative.

Recommendation 1:

Implement the Nurse Career Lattice model developed by the Council on Adult Education and Learning (CAEL) incorporating HHA's using WIA dollars. The lattice model should be customized for Ohio with input from ODMR/DD, ODMH, ODA, RSC, ODJFS and other appropriate stakeholders. The RFP should be designed by JFS/OWD, BOR, ODE, and OBN.

Source

Governor's Ohio Workforce Policy Board Healthcare Task Force Recommendations October 16, 2006 stated as "career progressions" (p 13) & Jobs Cabinet Healthcare Workforce Shortage Committee Final Recommendations April 27th 2006 stated as "healthcare career pathways" (p 8 in report, p 11 in .pdf).

What is the issue

Direct service work is viewed as a dead-end job that is not aspired to. Not just by the employees but by the workforce, healthcare, and education systems in Ohio. This is a significant contributor to the high-turnover and vacancy rate experienced by this industry. Recruitment of new DSW's has been somewhat difficult due in part to not being able to evidence a career path to applicants.

What needs to occur

DSWs need to have career options that include work-based learning models and that include upward and lateral mobility. Providing for specializations within the DSW workforce will allow increased professional recognition and retention which should (emphasis on should) equate to greater compensation. Examples of specialties within the DSW field include but are not limited to Nurse Extender, Certified Medication Aide, Geriatric Care, Dementia Care, Restorative Care, Frontline Supervisor, Job Coach, Training Specialist, and Cognitive Support. Additional career movement steps may include LPN, RN, Program Manager, Services Support Administrator, and Behavior Support Specialist.

What is recommended

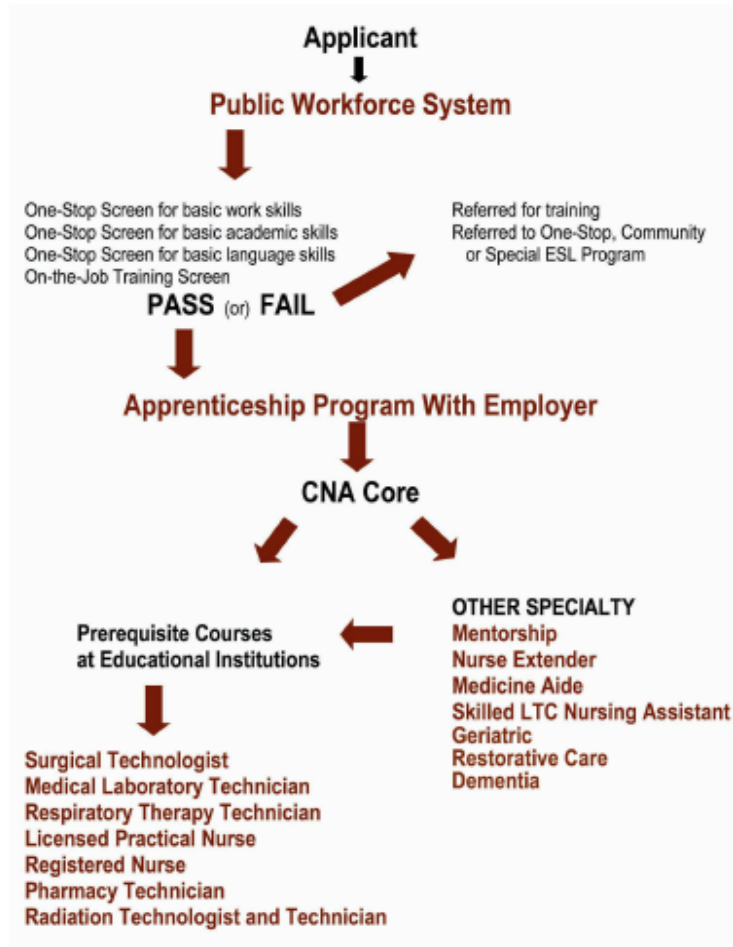
The Governor's office will convene and coordinate appropriate state partners to implement the lattice model on a state-wide basis ensuring that work-based learning credits are awarded at all appropriate institutions within the next steps. See attached documentation on implementing of a nurse lattice model for instruction and more elaborate explanation.

What are the anticipated results

Recruitment into the field of direct service work will increase dramatically as marketing efforts occur at the appropriate juncture. Seeing career-path potential will cause a significantly greater number of applicants to pursue direct care work. Some will move on to health fields outside of direct service. However, many will remain in direct service through specialization and still more will be attracted to the field as a result of seeing growth possibility. Further, the workforce system will view direct care as a more viable

employment sector in which to provide training. These results are projected based on the outcome data presented by CAEL from their Chicago pilot.

This is an **example** of a lattice participant flow taken from CAEL's documentation.



Recommendation 2:

Convene a study group to review and compare Medicaid reimbursement rates and determine whether there is a correlation between the rate and the direct service worker wages and benefits. The purpose would be to inform and affect state policy related to Medicaid reimbursement to increase direct service worker wages and benefits.

Source

Consensus of Money Follows the Person Workforce Development Workgroup.
Paying for Quality Care: State and Local Strategies for Improving Wages and Benefits for Personal Care Assistants by Dorie Seavey, Ph.D, Vera Salter, Ph.D. AARP Public Policy Institute.

Quote PQC, p. 5, "1. **Wage rates received by agency workers:** The wages received by agency PCS workers are generally agency-determined, but are influenced by the reimbursement rates which provider agencies receive from Medicaid."

What is the issue

The thesis is that increasing Medicaid reimbursement rates will increase wages and benefits for direct service workers. The goal is to increase the overall labor force through increased wages and benefits.

What needs to occur

Data needs to be generated that will determine the effect of Medicaid reimbursement amounts on the wages paid and benefits offered to direct service workers.

What is recommended

ODJFS in partnership with appropriate sister agencies will review Medicaid reimbursements to identify potential linkages to wages and benefits. If such linkages are identified steps should then be taken to raise reimbursement rates ensure direct service workers are adequately compensated in order to affect retention and recruitment.

What are the anticipated results

In the event that reimbursement rates are directly correlated to direct service worker wages, then steps should be taken to adjust reimbursement rates to a level that will increase DSW wages enough to draw new labor into the industry. In the event that reimbursement rates are shown not to be directly correlated to DSW wages, then further analysis of potential factors influencing wages will be recommended.

Recommendation 3:

Establish a consistent statewide system to include access, oversight, and adequate payment for family and community members to become approved individual providers.

Source

State Strategies to Support Family Caregiving. Rutgers Center for State Health Policy. April 10, 2007

What is the issue

The availability for family and community caregivers is often decreased due to the need for income through jobs outside of the home. As consumers exit institutions for home-based care, these family and community members will be the first line of front-line workers.

What needs to occur

Amend state rules to ensure that the systems identified for the MFP consumer have imbedded a reasonable reimbursement capability designed to ensure family and community members providing care, can be monitored and supported, and can be compensated at a reasonable amount related to the care they provide. This should be accomplished in an easily understood manner with as few bureaucratic entanglements as possible.

What is recommended

ODJFS in partnership with appropriate sister agencies will review Medicaid reimbursements to identify the conditions under which this type of reimbursement and monitoring is occurring now. Further analysis will allow replication throughout the system where possible. Time and effort will be spent to determine what level of un-reimbursed care should be expected from a family member in order to determine what level of care is non-traditional and thus reimbursable.

What are the anticipated results

The primary result is the inclusion of the informal caregiver into the workforce calculation. Given the enormous challenges of increasing this workforce, this recommendation affords a quick stop-gap measure. Further, continuity of care will be increased as the effect of formal staff turnover issues are mitigated through this monitored and supported involvement of family and community. A secondary benefit is increased consumer satisfaction and decreased likelihood of entry or re-entry into institutional care. An additional benefit would be the bridging of communication and cultural barriers.

Recommendation 4:

Provide funding opportunities to increase recruitment and retention of direct service workers for communities to identify and address healthcare and direct support workforce needs.

Source

Jobs Cabinet Healthcare Workforce Shortage Committee Final Recommendations April 27th 2006 recommendation A-II (p 11 in report, p 14 in .pdf).

What is the issue

Many low income and disadvantaged individuals, including incumbent healthcare workers, do not pursue additional education opportunities due to a variety of factors including but not limited to a lack of financial support or life circumstances beyond their

immediate control. Included in this population are the numbers of workers who have been laid off, possess ill-defined transferable skills or non-credentialed work experience for demand jobs, and lack the financial means to retrain. These scenarios have led to the overall decline in on-going education and consequently contribute to the lack of health care workers. Initiatives that are locally designed and demand driven will answer the wide range of needs that currently exist at all levels in the health care community. Capacity building grants that provide funding and educational opportunities will facilitate the career ladder or lattice growth and provide an economic incentive for those who participate and provide an economic stimulus for the local community.

What needs to occur

Regional workforce leadership needs to coordinate employers' needs with educational offerings and provide an economic stimulus to attract individuals to the healthcare workforce. When coupled with implementation of the career lattice work-based learning model, a flow of new healthcare workers is established thus ameliorating the recruitment difficulties in finding and hiring direct service workers.

What is recommended

A Request for Proposal (RFP) should be written that will encourage regions to identify the overall need for DSWs and develop strategies to increase the DSW workforce. Further analysis of the capacity of the training and placement system for the regions' health care workforce should also be undertaken.

The RFP, utilizing WIA dollars, could be prepared by the ODJFS, Office of Workforce Development (OWD) in partnership with ODJFS Office of Ohio Health Plans and released to the public workforce systems and their respective community partners to respond to the various regional needs regarding the lack of direct service workers. The Office of Workforce Development will work with local Workforce Investment Boards (WIBs) to provide guidance regarding available local resources to respond to the RFP accordingly. The OWD would allocate funds to facilitate the funding of multiple projects.

What are the anticipated results

By providing financial incentives, local regions will be able to identify and direct individuals whose interests and basic skills lend them to the field of direct service. Additionally, providing these funds will ensure regions view direct service as a driving economic force that needs continued attention in order for unemployment to be abated.

Recommendation 5:

Establish a Health Care and Direct Service Workforce Center to ensure ongoing state leadership and facilitate public-private initiatives to alleviate health care & direct service workforce shortages and prevent future crises.

Source

Governor's Ohio Workforce Policy Board Healthcare Task Force Recommendations
October 16, 2006 (p 3 in report p 6)

What is the issue

State and regional workforce development, planning and subsequent plan implementation has not occurred on a consistent or efficient basis. The overall economic impact of healthcare employment has not been consistently viewed by policy makers as an area requiring attention and resources. Instead, this industry has been quite literally taken for granted. For example, significant attention has been paid to keeping failing automotive industries afloat and retaining as many of their jobs in Ohio as possible. However, very little substantive effort has been made to support the healthcare and direct service industry and its workforce in Ohio. Further, this industry is vital to the health and well being of Ohio's citizenry under normal circumstances but absolutely critical during times of emergency. For the purpose of statewide physical and economic health Ohio must pay greater attention to its healthcare and direct service workforce.

What needs to occur

Ohio must clearly and visibly support community, regional and consortia plans that positively impact the health care & direct service worker supply. Continued centralized state leadership is essential to convene multiple, diverse and competitive stakeholder groups. Current state leadership is spread across multiple departments and is inadequate to provide the focused, comprehensive leadership required.

What is recommended

It is recommended that the state of Ohio establish a *Health Care and Direct Service Workforce Center*, under the auspices of a state entity such as the Department of Health. The Center would provide a coordinated plan and focused leadership to address future demands; target career outreach; provide financial assistance to students and educational programs; design and maintain an accurate health care and direct service workforce data system; develop statewide credentialing processes, and more. It should drive action-oriented strategies to address Ohio's short and long-term health care and direct service workforce challenges and would also maintain a public-private advisory council to inform and oversee its work. The Health Care and Direct Service Workforce Center should collect and analyze consistent health care and direct service workforce data, including demographic information, type and place of employment, educational background and other information about workers in health care professions. This Center should have the authority to establish methods that combine existing data sources, including the new licensing renewal data collection, and incorporate new data-collection mechanisms from postsecondary education institutions, health care institutions, employers and others. Once compiled and analyzed by the Center, the data can be used to generate public reports, track progress, measure accountability, forecast demand and plan initiatives, as well as guide state policies, program development, workforce training programs and expenditures for education.

This Center would be tasked with providing best-practice information to the industry in order to increase retention and reduce time-to-fill vacancies. This Center would also maintain a computer-based registration and referral system for home health aides and other self-employed care/support providers.

(Best practice from CMS report December 2006)

Anticipated Results

Better data to support state decision making.

Recommendation 6:

Developing an effort to bring those with disabilities and those 55 and over into the DSW field.

Source

CMS Direct Service Workforce Demonstration—Promising Practices in Marketing, Recruitment, and Selection Interventions, December 2006.

What is the issue

Individuals who are disabled and those who are 55 years of age and older have not been viewed as a potential source of labor for the direct service industry. However, recent projects in other states and Ohio have shown that direct service work is a viable work option for both these cadres. The percentage of unemployed disabled citizens far exceeds the state's overall unemployment numbers. The demographic growth of those 55 and over is several times higher than Ohio's overall population growth. Therefore both groups present a large pool from which to draw new direct service workers.

What needs to occur

The state needs a focused initiative to bring the option of direct service to the attention of these two groups. Concurrently, demonstration projects should be engaged to evidence success, sustainability, and the effect on the supply of direct service worker FTE's regionally

What is recommended

The JFS Office of Workforce Development will organize a team including representatives from ODA and RSC to work to design and implement a project to recruit, train, and retain both these groups for work in the direct service industry. This group should draw heavily from the recent experience of Arkansas' Community Care Attendant Resource and Education Project. A meeting with Arkansas' key partners with the team from Ohio would be in order to understand what works and what potential pitfalls exist.

What are the anticipated results

Formal benchmarks will be set at the point of project development. However, it can be anticipated that significantly more DSW FTE's will be available and providing service in each region that utilizes this effort.