

# How MCOs can Improve Outcomes and Reduce Costs of Care for Older Adults and Members with Disabilities

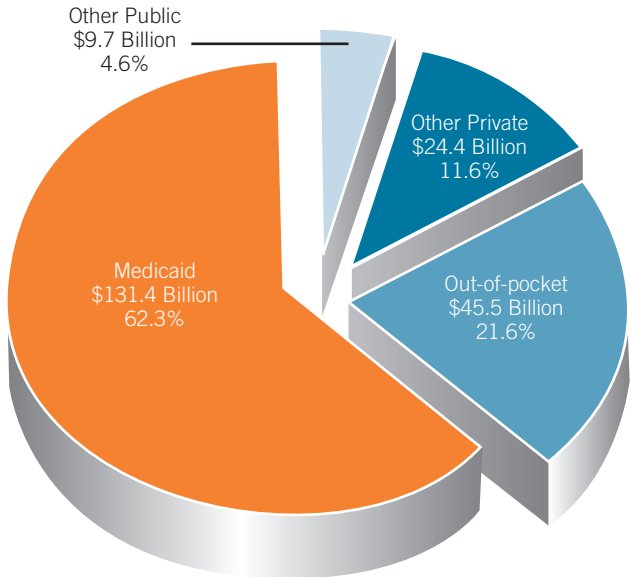
The high impact of competency-based training is being recognized throughout the industry

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## INTRODUCTION

As noted by the National Council on Disability, there is a growing consensus among health experts and government officials that high-cost Medicaid recipients – including seniors and people with disabilities and chronic diseases – can be served more effectively and at lower costs through managed care plans. According to research from the Kaiser Family Foundation, the 39 states now contracting with Managed Care Organizations (MCOs) to serve at least some of their Medicaid beneficiaries are increasingly expanding managed care to include higher-need populations.<sup>1</sup>

This is supported by Centers for Medicare & Medicaid Services (CMS) statistics, which show that the number of states with Managed Long-Term Services and Supports (LTSS) arrangements for the elderly and people with disabilities stood at eight in 2004. By 2012, that number had doubled. Today, nearly two-thirds of the cost of LTSS is financed by the federal and state governments through Medicaid.<sup>2</sup>



Source: National Health Policy Forum, based on data from 2011 National Health Expenditure Accounts

## Summary

Helping people with disabilities and older citizens to build and enjoy rewarding lives in their communities is an important pursuit. As MCOs continue to take on responsibility for disbursement of related services and funding under Medicaid, they must look for the best ways to fulfill that mission.

A primary goal should be insistence on the creation and maintenance of well-trained direct support staffs with the full range of knowledge and competencies required to create an environment of superior, sustained care for these higher-need populations.

By requiring staff education specific to the environment in which these members are served, MCOs can put in place a system that helps them meet their own goals while contributing to the U.S. healthcare’s “Triple Aim” of improving the experience of care, improving the health of populations and reducing per capital costs.

<sup>1</sup> Medicaid Moving Forward, Jan 06, 2015, <http://kff.org/medicaid/fact-sheet/the-medicaid-program-at-a-glance-update/>

<sup>2</sup> Report to Congress, Commission on Long-Term Care, September 30, 2013 <http://www.gpo.gov/fdsys/pkg/GPO-LTCCOMMISSION/pdf/GPO-LTCCOMMISSION.pdf>

As MCOs provide services to this new group of beneficiaries, they are presented with the opportunity to make significant contributions to the lives of individuals within the group while expanding market opportunities.

As with any worthwhile venture, this migration of responsibility is not without its challenges. One major concern is staffing, as supporting people with disabilities requires skills, competency and a person-centered planning approach. In fact, new regulations from CMS, effective as of March 2015, specify that “service planning for participants in Medicaid HCBS [Home and Community-Based Services] programs under section 1915(c) and 1915(i) of the Act must be developed through a person-centered planning process that addresses health and long-term services and supports needs in a manner that reflects individual preferences and goals.”<sup>3</sup>

### AN UNDERVALUED WORKFORCE

The shift of the population receiving paid LTSS from institutional to home and community-based care (“de-institutionalization”) has had the greatest impact on care for the under-65 population in need of LTSS.

Today, direct care workers serving all populations represent 70 to 80 percent of the hands-on long-term care and personal assistance delivered to the elderly and individuals with disabilities and chronic conditions in the United States.<sup>4</sup>

This workforce is also one of the fastest growing the country, with personal and home care aides and home health aides ranked as the third and fourth fastest-growing detailed occupations in America and placed second and fifth in the category of projected job growth, according to the Center for Economic and Policy Research.<sup>5</sup> The Center also predicted that paraprofessional jobs in healthcare would grow three times faster than all other occupations in the years to come.

“This workforce is also one of the fastest growing the country.”

<sup>3</sup> Fact Sheet, Home and Community Based Services, Centers for Medicare & Medicaid Services, January 20, 2014, <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Downloads/final-rule-fact-sheet.pdf>

<sup>4</sup> Direct Care Worker Contributions to Rebalancing Health, Support, and Long-term Care <http://www.idph.state.ia.us/IDPHChannelsService/file.ashx?file=BB8B2E60-107A-457B-B5BC-B1A14CBE7E6E>

<sup>5</sup> Improving Job Quality: Direct Care Workers in the US (Appelbaum and Leana) Center for Economic and Policy Research, September 2011 <http://www.cepr.net/documents/publications/care-work-09-2011.pdf>

As shown in the table below, these occupations also account for large concentrations of pre-baccalaureate workers.

Top 10 Healthcare Occupations with High Concentrations of Pre-Baccalaureate Workers, Top 100 Metropolitan Areas, 2009-2011 <sup>6</sup>					
SOC Code	Occupation Title	Number of workers	Share Pre-BA	Number of Pre-BA workers	Rank by size of Pre-BA workers
31-1010	Nursing, psychiatric, and home health aides	1,341,000	90%	1,209,000	1
29-1141	Registered nurses	1,750,000	39%	680,000	2
39-9021	Personal care aides	618,000	88%	542,000	3
29-2061	Licensed practical and licensed vocational nurses	364,000	94%	343,000	4
29-2050	Health practitioner support technologists and technicians	322,000	81%	262,000	5
31-9092	Medical assistants	281,000	90%	253,000	6
31-9091	Dental assistants	183,000	90%	165,000	7
29-2030	Diagnostic related technologists and technicians	194,000	74%	144,000	8
29-2010	Clinical laboratory technologists and technicians	231,000	45%	101,000	9
29-2041	Emergency medical technicians and paramedics	104,000	83%	86,000	10

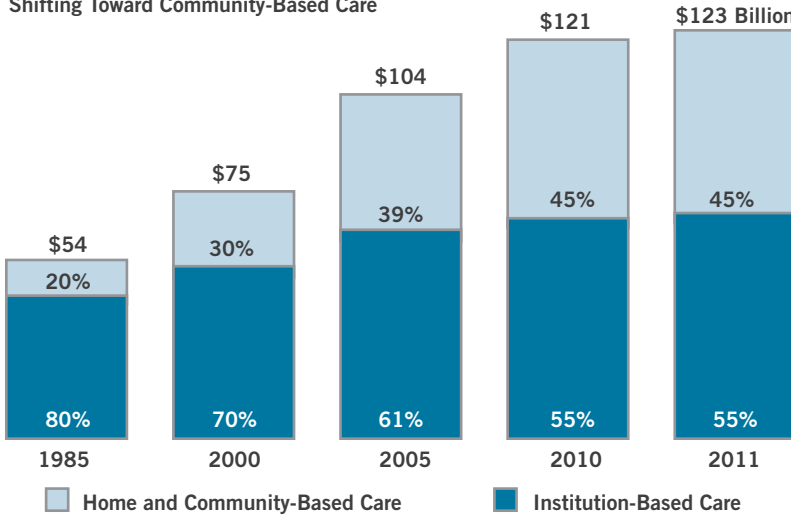
“The Center also predicted that paraprofessional jobs in healthcare would grow three times faster than all other occupations in the years to come.”

<sup>6</sup> Drawn from Part of the Solution: Pre-Baccalaureate Healthcare Workers in a Time of Health System Change, Svajlenka and Williams, Metropolitan Policy Program at Brookings, July 2014 <http://www.brookings.edu/research/interactives/2014/healthcare-workers#/M10420>

In addition, the occupation of personal care aides alone represents the sector with the greatest growth in numbers of pre-Baccalaureate workers in the top 100 metropolitan areas, with an astonishing 277 percent change between 2000 and 2009.<sup>7</sup>

The Federal government has recognized the increasing demand for this workforce, as shown in the Commission on Long-Term Care’s Report to Congress, which noted that “federal and state spending has shifted from primarily supporting institutional care to a more balanced mix of institutional and non-institutional care. Several initiatives have been funded aimed at increasing access for individuals with functional limitations to a choice of LTSS that can provide assistance with daily living toward the goal of maintaining their independence, self-determination and dignity.”

**Medicaid Spending on Long-Term Care Has Been Shifting Toward Community-Based Care**



Source: Kaiser Commission on Medicaid and the Uninsured and Urban Institute analysis of CMS data

There is no doubt of the importance of direct care workers, whether providing services in residential settings or private homes. Direct care workers are often the persons most familiar with the individual and his or her needs, and are best able to provide services and support in a person-centered way.

As the shift to in-home and community-based LTSS for persons with high levels of disability and complex health conditions continues, there will be even greater demand for these front-line workers.<sup>8</sup>

Unfortunately, experts are concerned that direct care workers serving consumers with increasingly complex care needs do not receive adequate training, according to the Commission on Long-Term Care. Further, the Commission reports, low levels of compensation and a remuneration rate that has not increased over the past decade make it difficult to attract and retain experienced direct care workers.

“The training and skills of healthcare workers in supportive and assistive roles are central yet often overlooked in generating quality care and patient satisfaction.”<sup>9</sup>

<sup>7</sup> Ibid

<sup>8</sup> Report to Congress, Commission on Long-Term Care, September 30, 2013

<sup>9</sup> Reconfiguring Health Workforce Policy So That Education, Training and Actual Delivery of Care are Closely Connected, (Ricketts and Fraher) Health Affairs 32 (11) (2013): 1874-1880, <http://www.ncbi.nlm.nih.gov/pubmed/24191074>

<sup>10</sup> Center for Economic and Policy Research, September 2011

Though highly valuable, these workers are often underpaid, unappreciated and unprepared, leading to job dissatisfaction and high turnover. In fact, according to the Center for Economic and Policy Research, many of these jobs “are treated as unskilled work, with little regard for the knowledge, communication skills and emotional requirements of providing quality care. Training is mostly informal and on-the-job.”<sup>10</sup>

The Paraprofessional Healthcare Institute (PHI) has indicated similar concerns, noting that “there is evidence to suggest that some direct-care workers may not be receiving the training they need to serve effectively a growing population of elders and people with disabilities.” The article also cited a study that reported “little consistency in the training that direct support workers receive across the United States and within the individual states.”<sup>11</sup>

The search for solutions continues, with some experts advocating credentialing as a way to establish consistent professional standards. This currently is being carried forward by the National Alliance of Direct Support Professionals (NADSP), which has developed a national credentialing program based on the Community Support Skills Standard, incorporating a group of 12 broad range knowledge and skill sets needed by direct-care workers. By completing courses online through the College of Direct Support, workers can advance through the stages, becoming a support professional assistant, licensed support professional, certified direct support professional and, potentially, supervisor while earning an associate’s and then a bachelor’s degree.<sup>12</sup>

The NADSP states that a goal of its credentialing program is “to provide national recognition for the contributions and competence of Direct Support Professionals who apply for and meet the credentialing standards.”<sup>14</sup>

Fortunately, MCOs are in a position to make a tremendous difference in the future of direct care and its staffing. In their capacity of setting standards for their providers, they can establish network-wide qualifications, encouraging competency-based training for the benefit of those giving and receiving care, as well as the MCO itself.

## BENEFITS OF A WELL-TRAINED STAFF

Issues related to staff competency, as well as the industry’s historically high turnover rate, create a dangerous situation for both beneficiaries and MCOs. A constant flow of new, and perhaps inexperienced, staff can create liability issues and impact enrollees’ service and experience.

This has led some MCOs to look at direct support staff training, documenting qualifications and creating standards these employees can carry with them throughout their work history.

<sup>10</sup> Center for Economic and Policy Research, September 2011

<sup>11</sup> Ibid

<sup>12</sup> The Role of Training in Improving the Recruitment and Retention of Direct-Care Workers in Long-Term Care, Workforce Strategies, No. 3, Paraprofessional Healthcare Institute, January 2005

<sup>13</sup> Ibid

<sup>14</sup> <https://www.nadsp.org/dsp-credentialing/about-dsp-credentialing.html>

“One theory is that improving pre-employment training and continuing education reduces turnover by giving workers the competence and confidence they need to do the job well.”<sup>13</sup>

As recommended by the Commission on Long-Term Care: “Competency evaluation should ensure that front-line workers have the knowledge and skills they need to meet the assigned needs of individuals in their care.”

Those MCOs that are taking steps to rectify system weaknesses now will be best positioned to prosper and provide optimal services to a growing population as U.S. healthcare evolves.

As explained in a report by the Metropolitan Policy Program at Brookings, multiple forces, including cost pressures, technology and new payment and delivery models, are pushing to restructure the delivery of healthcare into less acute settings and according to the mantras of “coordinated care” and “team-based care.”<sup>15</sup> This, the organization stated, “creates an opportunity to upgrade the skills and increase the responsibilities of pre-baccalaureate workers to improve both the nature of the jobs and the performance of the healthcare system.” Based on that conclusion, the organization recommended that “there should be standard scopes of practice for pre-baccalaureate healthcare workers aligned with professional competencies that states could adopt.”

Direct service workers spend more time with service recipients than any other Medicaid long term services and supports provider type, and yet have the least education and training. Competency-based training is a tool that states can use to ensure that workers have the knowledge and skills to meet the unique needs of service recipients. Direct service worker competency development can lead to greater quality, reduce costs, and promote the development of career ladders and lattices industry-wide.

#### Centers for Medicare & Medicaid Services

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There's a lot at stake, and the benefits of training have a tremendous impact on those receiving services, those providing it, and those responsible for it. For instance:

- Sustained staff development creates more qualified employees, which works to promote better service and outcomes for beneficiaries through a more knowledgeable and skilled staff. In fact, a study by the University of Minnesota showed that direct support professionals who participated in a competency-based intervention study developed skills twice as fast as the control group.<sup>16</sup>
- Cost savings in administrative and operational expenses also can result in areas such as decreased turnover and training to reduce occupational injury, according to the CMS. In the University of Minnesota study referenced above, organizations with the training intervention had 16.4 percent lower staff turnover.

<sup>15</sup> Part of the Solution: Pre-Baccalaureate Healthcare Workers in a Time of Health System Change, Metropolitan Policy Program at Brookings, July 2014

<sup>16</sup> How a Strategic Approach to Training DSPs Enriches Lives, The Research and Training Center on Community Living at the University of Minnesota Institute on Community Integration, January 2014, <http://directcourseonline.com/directsupport/files/2014/01/CDSInfographic3.pdf>

“Competency-based training is a tool that states can use to ensure that workers have the knowledge and skills to meet the unique needs of service recipients.”

- An appropriately trained staff is more likely to meet the rigors of compliance and added public scrutiny that comes with the transfer of public dollars, helping preserve the reputation and financial viability of the MCO and generating the good outcomes that enhance incentive payments and spur business growth.
- A stable staff translates to greater knowledge of both the organization and the individuals being served, while creating a stable environment for members. This is especially important for organizations that support people with disabilities, who can be traumatized by change.

To put such training in place, MCOs can access funds available through the state, if applicable, or dictate that mandatory training be completed before payment is made to the downstream agency involved, among other options.

### MAKING A QUALITY CHOICE

When deciding on the right education for caregivers and direct support staff, organizations should first look for coursework designed specifically for the workforce that supports the social, emotional and employment needs of people with disabilities. Other parameters include:

#### Authoritative, Competency-Based Content from Expert Sources

Content should be competency-based, and all coursework should emanate from nationally recognized research and training centers for individual topics. It is imperative that the training source has expertise in the delivery of eLearning. When such self-directed courses are combined with professional measures for skills and performance, the result is cost-effectiveness not achievable with traditional computer or classroom coursework. A powerful learning management platform also is key to efficient use of anytime/anywhere education.

The organization creating the coursework should have a reputation for superior editorial quality and an extensive editorial process, with review by respected industry experts for both programs and content.

Ideally, each curriculum should be developed through a university-based research and training center that has been recognized by the National Institute on Disability, Independent Living and Rehabilitation Research – as well as peers in their field – as being a leader of thought, study and discovery.

#### Consistency and Cohesiveness

Curricula should be made up of content developed specifically for each course, preferably from a single source per discipline. Consistency in format, terminology and methodology from lesson to lesson and course to course enhances the learning experience far more than collections of disparate materials. Curricula also should be delivered in a cohesive manner, with individual courses developed to combine with others to create a solid foundation of knowledge and building blocks for the future.

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While this is important for all staff, it is critical for individuals without previous knowledge, experience and training in the field, as a fragmented collection of courses from different sources with diverse approaches, points of view and jargon can stand in the way of learning. Not only will staff absorb less from this disjointed approach, but they also could become confused and apprehensive on the job. This could increase incidents and raise the risk threshold for individuals receiving supports, the provider agency and the service system.

### TRAINING IN ACTION: A CASE STUDY

Cardinal Innovations Healthcare Solutions is an MCO currently covering 1.4 million individuals in North Carolina. It manages all Medicaid, state and local funding for mental health, intellectual and developmental disabilities and substance use/addiction services in 16 North Carolina counties.

The behavioral health MCO reports an eight-year track record of proven success in the operation of a Medicaid Managed Care waiver which, it reports, has resulted in “significant savings to taxpayers, positive consumer outcomes and reinvestment in additional services for the people and communities” it serves. In addition, the North Carolina General Assembly has endorsed the Cardinal Innovations model as the basis for the statewide expansion of the Medicaid Managed Care waiver.

To help sustain and build on this success, the MCO made training available to its providers, choosing DirectCourse training from Elsevier to do so. After 18 months of its availability, 40 of Cardinal Innovations organizations and 1,700 individuals are utilizing the system, which is an approved state curriculum.

Benefits continue to accrue, said Bill Rankin, Cardinal Innovations’ director of special projects.

For instance, the implementation of easy-to-use training that can be accessed at the staff member’s convenience has translated to minimal disruption in day-to-day workloads, he explained, and tracking features enable administrators to follow staff progress.

Staff retention “is much better” in the organizations using the training, he said, as “they aren’t losing people who feel overwhelmed,” and grievances have been reduced as quality of care has increased.

Having seen the value of targeted online training, Rankin said, Cardinal Innovations already has included use of Elsevier DirectCourse in a Request for Information for eligibility to bid. The MCO intends to extend the requirement to other bids, depending on the service.

“Benefits continue to accrue, said Bill Rankin, Cardinal Innovations’ director of special projects.”



## ABOUT ELSEVIER DIRECTCOURSE

The DirectCourse online curricula, including College of Direct Support, College of Employment Services, College of Personal Assistance and Caregiving, and College of Recovery and Community Inclusion, are designed to train the direct service workforce that supports persons with disabilities to remain in home and community settings and assists them to be employed. The curricula have been developed through a collaboration between Elsevier and various nationally recognized research and training centers, including the University of Minnesota's Research and Training Center on Community Living; the Institute for Community Inclusion at the University of Massachusetts, Boston; the Community Living Policy Center (formerly the Center for Personal Assistance Services) at the University of California, San Francisco; and the Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities.

All DirectCourse curricula are delivered on Elsevier's industry-leading learning management system, "Elsevier Performance Manager," a learning management system trusted by more than 1,500 organizations and 2.5 million learners worldwide.

All content is delivered with the support of 150 years of healthcare expertise from Elsevier.

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