

Links

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An **ANCOR** publication of private provider practice and federal policy issues.

Public Policy Update

ANCOR CEO Summit on Medicaid Reform Shapes Public Policy Recommendations

Nearly 50 ANCOR leaders came together on June 10-11 in Baltimore, Maryland, to discuss Medicaid funding and reform. Included in the leadership group were twelve ANCOR Board members and four state provider association executives. The purpose of the summit was to begin an active process of crystallizing recommendations regarding federal Medicaid reform. Conference attendees received an extensive notebook of resource and reference documents.

Maryland Governor Robert Ehrlich keyed the summit. As a member of the National Governors Association Medicaid Reform Task Force, Ehrlich emphasized that “Medicaid can-

not be sustained in its present form,” referring to how the program is currently financed. He reported that the governors were striving to solidify common ground in addressing reform, which includes:

- State option to opt into “capped” funding approach
- The need for more flexibility to the states
- Resolution of dual eligibles, which account for one-third of current state spending for Medicaid.

Ehrlich’s comments were interesting in light of the dissolution of the task force later that week for a failure to reach consensus.

Expert speakers from the Kaiser Family Foundation, Mercer Consulting Group and the Georgetown University Institute for Health Care Research and Policy agreed that financing was key to making Medicaid work for the long-term. Other common themes were the importance of Medicaid’s entitlement and guarantee to services, importance of so-called optional services to people with disabilities; Medicaid’s evolution over the



Governor Robert Ehrlich receives Certificate of Appreciation from ANCOR President Fred Romkema following Ehrlich’s presentation to summit attendees.



Cindy Mann, research professor at Georgetown University Health Policy Institute, emphasized

that publicly funded coverage for low-income populations was at risk in today’s financing and access environment.

past four decades and its success in providing health and long-term supports to people with disabilities; and concerns regarding flexibility, funding caps and block granting, and workforce challenges.

One issue that was stressed repeatedly was the lack of understanding by state and federal policymakers about what Medicaid is and how it works. We need to dispel the myth that Medicaid is primarily a low-income children’s program. At the same time, we must educate policymakers regarding the importance of Medicaid as an economic force bringing jobs and business opportunities to states and fueling their economies.

Centers for Medicare and Medicaid Services (CMS) Director Dennis Smith stated that access and choice in the form of

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Diane Rowland, ScD, of the Kaiser Family Foundation and executive director of the Kaiser Commission on Medicaid and the Uninsured, presented a comprehensive overview of Medicaid spending and financing trends.

ANCOR

The American Network of Community Options and Resources (ANCOR) was founded in 1970 to provide national advocacy, resources, services and networking opportunities to providers of private supports and services. *Links* provides a nexus for the exchange of information, ideas and opinions among key stakeholders.

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Bully Pulpit

Renée Pietrangelo

A great deal of time and effort have gone into the development and introduction of Resolutions 94 and 21 into both houses of Congress. The introduction of the "Direct Support Professional Recognition Act," is the important first step toward establishing



a foundation for future legislation directed to workforce development.

The sad news is there are only eight sponsors to date and very little

demonstrated activity among ANCOR members to lobby their congressional representatives and senators to sign on to the resolution. This, despite a recent "Dear Colleague Letter" distributed to ANCOR members that makes the process easier and more likely to succeed.

In light of our recent success with procurement of an additional \$20 million in FMAP funding, it would seem a "no brainer" that if we can grease the skids further, we may be able to achieve additional success in the coming year or two. We've all heard the adage that it's not worth helping someone who makes little to no effort to help themselves. These resolutions should by all considerations easily achieve 100 percent sign on in both houses of Congress. The fact that we have not achieved this is a direct reflection of the apathetic response we've received from ANCOR members.

In my recent *Bridges* column I spoke about the importance of exercising courage as a leader, particularly in today's challenging environment. I think I've done that in writing this bully pulpit appeal. Now it's your turn as an ANCOR member to do the same and get 100 percent sign on by your representative and senators. To do less is a poor reflection of our level of commitment toward addressing the workforce crisis crippling supports and services for those to whom we've pledged our support and commitment.

Bottom line—Just do it! ■

Setting Goals in a Changing, Stimulating Environment

Fred Romkema, President

The Third Annual ANCOR CEO National Advocacy Campaign (NAC) Summit (June 10-11, 2003) in Baltimore was a rousing success! Having recently come away from the summit, I



was struck by the apparent misunderstanding of Medicaid by the general public and, more important, by elected officials; the fact that Medicaid will be changing

and the lack of clear focus as to how it should change; that out of 50 million low-income people relying on Medicaid for long-term health care, 8 million have disabilities; that most spending in Medicaid is optional; that states' fiscal concerns are contributing to the impetus for change; and that the Administration has proposed capping federal payments to states.

Maryland Governor Robert Ehrlich keynoted off the summit by describing his New Freedom Initiative for Maryland and discussing his role on the National Governor's Association Medicaid Task Force. Among other items, his bottom line was that states should have the choice to opt in for the new block grant program, or to remain with the existing Medicaid program.

His address was followed by the richest compilation of Medicaid facts assembled under one cover and discussed by a premier and knowledgeable panel of experts who analyzed and forecasted the past and future of Medicaid. Among these presenters was Dennis Smith from HHS Centers for Medicare and Medicaid Services (CMS) who gave an overview of the Administration's vision for the future.

Salient points garnered from the summit included: 1) the need to educate the public (including, most important, elected officials) about Medicaid; 2) the emerging need to move to community based services (or at least to move away

from an institutional bias; and 3) the need for choice.

These facts give even more credence to the appeal that ANCOR members need to get on board the NAC express as the Medicaid train is leaving the station and we need to participate in the journey . . . to guide the way to the ultimate destination.

Consensus from all presenters was that Medicaid *will change*. The manner is still up for debate, and a spirited one at that, given the dissolution of the Governor's Task Force and the divergent opinions offered upon its demise.

It was also the consensus of ANCOR members in attendance that aspects the summit meetings should be repeated, perhaps at the GAS Conference to be held in Washington, DC, on September 8-9. This is indicative of the quality and success of the summit. Indeed, it represented the best, most current information and featured a panel of renowned leaders in the field dissecting and discussing the future of Medicaid . . . while conducting an educated and systematic environmental scan to ascertain the future and how ANCOR fits in.

In keeping with the information presented at the summit, it is incumbent on the members of ANCOR to arrive at our own vision of the future and influence those who have the power to change the structure. The upshot of all this is that business, as we know it, will most certainly change. So that we may have a voice in this sea of change, we need additional members of ANCOR to support the National Advocacy Campaign (NAC). The future is in our hands . . . Don't miss the train! All aboard!!!

P.S.: Contrary to recently published information (my previous column), I have not relocated to North Dakota. ■



ANCOR CEO Summit

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expanding service alternatives are and will continue to be drivers for reform.

Summit attendees participated in three discussion groups, the objective of which were to develop public policy recommendations for ANCOR's Public Policy Division and Board of Directors to further develop and advocate as Medicaid reform continues to take shape. Discussion group topics were selected by the summit development task force as reflective of key areas of focus with regard to Medicaid reform and included: reimbursement design, consumer-directed services, and home- and community-based services and waivers.

It was planned that each discussion group would make two public policy recommendations. However, the scope of discussion was such that each of groups reported

in greater depth. In the following summaries for each group we have attempted to reflect the depth and breadth of discussion. As noted, the primary recommendations will be reviewed and considered by the ANCOR Public Policy Division and Board of Directors and will be part of ongoing discussion at the September 7-9 ANCOR Governmental Activities Seminar in Washington, D.C.

Discussion Group 1: Consumer-Directed Supports and Services Discussion Group

Public Policy Recommendations

- The Centers for Medicare and Medicaid Services (CMS) must work



ANCOR Vice President for Membership Ken Lovan and Norm Davis of Mercer Consulting Group lead discussion group on reimbursement design.

through operations procedures for consistency to remove barriers for Intermediary Service Organizations (ISOs) to enter the marketplace.

- ANCOR should advocate for factor(s) that excludes the Nurse Practice Act from interfering with consumer direction.

Other Policy Issues, Recommendations and Observations:

- Need incentives to states and providers.
- Amend Section 1905 of the Medicaid statute to include fiscal/employer agents and service brokerage services for state plan services.
- CMS must move to reimbursement principles that foster competitive wage sustainability for direct support professionals (DSPs) based on competitive market factors.
- CMS should go to consumers/self-advocate groups to define quality and develop meaningful tools to measure quality.
- Recognize providers as businesses.
- The Internal Revenue Services (IRS) must work through operations procedures for consistency to remove barriers for ISOs to enter the marketplace; encourage CMS and IRS to work together to do this.
- Allow cost of room and board under Medicaid.
- CMS must articulate the policy under which parents/relatives provide in home supports via a written state Medicaid director letter.
- CMS should issue guidelines that consumer interests—not just parents—are present (welfare & safety of person, quality and protections).

ANCOR Announces Partnership with Full Service National Recruiting Organization

ANCOR is proud to announce a new benefit for members. A partnership has been established with White Coat Staffing/Global Employment Solutions, a full service national healthcare recruiting organization, now offering special discounts to ANCOR members.

Recruitment Fees will be discounted by 25% and employment guarantees extended to 60 days. ANCOR members need only identify themselves. *Details are available by calling 1-866-822-2026 and asking for Joe Feldman.*

With seven locations throughout the U.S., White Coat Staffing/Global Employment Solutions is a leading provider of global business support services. Clients include private providers, large national healthcare networks, regional hospitals and long-term care facilities. They are committed to finding excellent candidates in all areas of human services delivery and healthcare, including service providers in the disability field. As a contingency search organization, it costs your organization nothing to utilize their services. Once they have assessed your needs, you can stay in touch through their "Top Talent Notification" program, whereby you'll be contacted as suitable candidates are identified.

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You'll be able to learn more about this partnership by calling White Coat Staffing at the toll-free number listed above. Please be sure to identify yourself as an ANCOR member.

Discussion Group 2: Home and Community Based Services/HCBS Waiver

Public Policy Recommendations

- Establish an array of services—not optional—as a mandatory service(s) in Medicaid state plan. The purpose of this recommendation would be to create a level playing field with institutional long-term service mandatory requirement, and eliminate institutional bias. (NOTE: One of NGA's reform principles is, to the extent possible, all current waivers should be replaced with clear statutory authority.)
- Establish statutory authority to provide an incentive/disincentive for state HCBS expansion over a three-year period: bonus of 5% enhanced FMAP for states that invest 50% or higher of LTC in HCBS and a penalty of 5% reduction in FMAP if state is below 20%. The purpose of this recommendation is to address institutional bias with a rebalancing of state services through incentive.
- Give statutory authority to provide enhanced FMAP to states for:
 1. Workforce development;
 2. Reduce/eliminate waiting list;
 3. Quality enhancement; and/or
 4. Enhanced package.

Other Policy Issues, Recommendations and Observations:

- Require service delivery begin within 60 days (promptness and access)—no waiting lists.
- Remove institutional bias.
- In considering reform remember what we learned in our experience with de-institutionalization whereby we've continued the state/federal relationship based on regulations, but not the relationship with cost.
- Balance consumer choice vis-à-vis safety.
- Relax barriers to workforce by creating portability of training across service/funding silos—home health, MR/DD.
- Infrastructure issues—we need to create a system in community that monitors/oversees healthcare of people with disabilities.
- Enhanced administrative match for training of workers, media, technology, and increased wages.
- Enhanced match for quality improvement/enhancement, tracking of abuse and neglect.

- Quality should be measured the same across choice of options and based on consumer satisfaction.

Discussion Group 3: Reimbursement Design

It is not possible to address reimbursement design without engaging in a two-tiered discussion on both federal and state levels. The following recommendations reflect that dichotomy.

Public Policy Recommendations:

Federal

- Optional choice to states must be maintained.
- Consensus that block granting *is not* the best approach.
- If block-granting approach does move forward, the following safeguards must be included:
 1. Minimum standards
 2. Investment incentives for states
 3. Make it user-friendly
 4. Separate acute/primary care from long-term care
 5. Provide ICFs/MR transition support
 6. Reimbursement follows the individual
- Earmark revenue streams
- Employ data-based modeling of demand for services
- Ensure complementary regulatory reform
- Commitment to workforce development/compensation equity
- Federal government must address revenue enhancement; DoL as a revenue source

Public Policy Recommendations: State

- Optional choice to states must be maintained.
- If state opts for proposed “capped” funding system, there must be some form of means/readiness test for the state regarding (1) utilization; (2) cost and (3) equal access
- States must ensure predictability and stability of funding through:
 1. Benchmarking
 2. Legislative mandates
 3. Wage enhancements
- States must address revenue enhancement; DoL as a revenue source
- Incentives for providers and users of services must be incorporated into reimbursement design: reward quality, innovation, etc.

Other Policy Issues, Recommendations and Observations:

- Concern with block grant/capitation approach to reform
- Must consider point of entry; unfair starting points
- Lack of predictability/stability in state reimbursement of providers
- Currently no incentives built into reimbursement for states, providers, and users of services
- Continued emphasis on workforce.
- Need to educate policymakers about true costs of doing business; risks.
- Recognition that Medicaid began as an acute/primary care program and has evolved into a long-term care program. We must recognize this distinction in reinventing Medicaid.
- Incentives across the board and tied to values; philosophy of consumer-direction. ■

ANCOR Calendar

2003

- July 16** **Audio Conference**
Fiscal Employment Agents and Agency with Choice ISOs: Key Elements and Issues
Speaker: Susan Flanagan
- July 23** **Audio Conference**
Opportunities for People with Disabilities in the President's New Freedom Initiative
Speaker: Thomas Hamilton, Center for Medicaid and State Operations
- Sept. 7-9** **ANCOR's 2003 Governmental Activities Seminar**
Washington Court Hotel
Washington, DC
- Sept. 17** **Audio Conference**
Making the Shift to Proactive Behavior Management
Speaker: George Sues, The Arc of Delaware County

2004

- March 14-16** **Management Practices Conference**
Sheraton Hotel
New Orleans, LA



PHI Publishes Workforce Strategies and Other State Solutions on Workforce

The Paraprofessional Healthcare Institute (PHI) is producing a series of papers—*Workforce Strategies*—that explore public policies and industry practices that affect the long-term care direct-care workforce. The papers are developed through funding by the U.S. Department of Health and Human Services as part of a broader project (National Initiative to Improve Recruitment and Retention of the Paraprofessional Workforce in Long Term Care) to support the recruitment and retention of direct-care workers in long-term care.

In 1999, the median wage of direct-care workers was \$7.97 per hour, one-third less than the median wage for all workers across all occupations (\$11.97). In 2000, the median wage for direct-care workers increased slightly to \$8.21 per hour. The paper points out that these wages hover near federal poverty levels.

The first issue, published jointly by PHI and the Institute for Aging Services, examines 21 states that have implemented *wage pass-through* programs with the stated expectation that doing so will help address the shortage of direct-care workers employed by long-term care providers. (A wage pass-through is an additional allocation of funds provided through Medicaid reimbursement for the express purpose of increasing compensation for direct-care workers.)

An analysis of wage pass-throughs finds that there are two methods commonly used by states to calculate the amount to be allocated: (1) identifying a set dollar amount to increase

worker wages *per hour or per patient day* within the Medicaid reimbursement rate and (2) requiring providers spend a percentage of a specific rate increase on higher compensation. A 1999 survey of states found that 10 of 16 states implementing wage pass-throughs used a set dollar figure, with amounts ranging from 50 cents to \$2.15 per hour or up to \$4.93 per patient-day.

According to PHI, within the past three years, formal evaluations of wage pass-through programs have been conducted in only three states—Michigan (2000), Massachusetts (2001), and Kansas (2001)—and the results of these evaluations are ambiguous. However, as one state legislative leader said, a wage pass-through is a *down payment*—the first step toward a more comprehensive effort to sustain a competent and stable long-term care workforce.



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States have encountered a number of design issues as they have implemented wage pass-throughs that include determining the following:

- The size of the salary increase;
- To whom it will be targeted;
- The amount of flexibility providers have in its implementation;
- Whether provider participation will be optional or mandatory;
- The type of accountability to be required;
- Whether the wage pass-through will be integrated into the ongoing wage structure; and
- How and when to educate providers about the program.

PHI makes the point that the political process, however, may be too uncertain to guarantee that provider funding will keep up with actual labor costs and competitive market wages. Medicaid funding is subject to the state budgetary process. State Medicaid budgets for all programs and services are set through annual or biennial legislative appropriations. Since both provider rates and pass-through amounts are set within the context of the state budget process, provider payments—and thus, indirectly, wages to workers—are dependent on overall budget availability and on the political choices governors and state legislators must make between competing spending priorities.

New Peer Mentoring Paper

Introducing Peer Mentoring in Long-Term Care Settings is the second in the

series of PHI *Workforce Strategies* papers. It introduces long-term care providers to peer mentoring—an innovative strategy that has been shown to significantly improve retention among direct-care workers. Drawing on PHI's experience implementing peer mentor programs at home care agencies and in nursing facilities, the paper identifies the benefits of mentoring programs, defines the peer mentor role, discusses critical mentoring skills, and outlines the key design elements that long-term care organizations need to consider when developing their own peer mentor programs.

Research suggests that much of the constant churning of direct-care staff takes place during the first three months of employment. In addition, seasoned staff are also lost because their jobs offer few opportunities for growth and advancement. Peer mentor programs can help solve both of these problems, reducing turnover among new employees and providing opportunities for advancement for committed workers.

PHI has identified nine key program design elements that organizations need to address before any selection and training begins:

- Job design;
- Mentor compensation;
- Management buy-in;
- Organizational orientation to the mentor's role;
- Mentor selection;
- Mentor training;
- Mentor oversight and support; and
- Mentor to mentee matching. In

today's labor market, long-term care employers need to think smart about how to keep direct-care workers. Too often, these workers give up on their jobs because they are offered too little support, too late. Shifting resources from filling vacancies to supporting workers can be an effective strategy to stabilize the workforce. Peer mentor programs often offer employers a double benefit—providing a career path for experienced employees while nurturing new employees as they adjust to the culture of the workplace, the demands of their consumers, and the stress of balancing family and work responsibilities.

Other recent publications issued by PHI, include the following:

- *The Personal Assistance Services and Direct-Support Workforce: A Literature Review* (prepared under subcontract to the MEDSTAT Group for CMS' project *Research on the Adequacy and Availability of Personal Assistance Services for Persons of All Ages with a Disability or Long-Term Illness*)
- *Finding and Keeping Direct Care Staff* (prepared in association with The Catholic Health Association)
- *Michigan's Care Gap: Our Emerging Direct-Care Workforce Crisis*
- *Pennsylvania's Care Cap: Finding Solutions to the Direct-Care Workforce Crisis* ■

INFORMATION LINK A copy of the papers *State Wage Pass-Through Legislation: An Analysis and Introducing Peer Mentoring in Long-Term Care Settings*, and other PHI publications, visit the PHI National Clearinghouse on the Direct Care Workforce at www.directcareclearinghouse.org.

ODEP Offering Grants to Support the Employment of Adults and Youth With Disabilities

The Department of Labor's Office for Disability Employment Policy (ODEP) has recently announced several grant opportunities to support the employment of adults and youth with disabilities in the community. Grant applicants include states, local workforce investment boards (WIBs), non-profit community-based intermediary organizations, as well as consortia that may include private providers. ANCOR members are encouraged to consider applying for applicable grants as well as working with their state and local WIBs to apply for these grants.

A listing of the available grants, including a summary of the grants, eligible applicants, and application deadlines are below. Applications and additional background information for each grant is available at <http://www.dol.gov/odep/programs/program.htm>.

• **Center for Faith-Based and Community Initiatives; Intermediary Grants for Mentoring Youth With Disabilities**—Three competitive grants (funded up to \$150,000 each) are available to eligible intermediary organizations that will assist faith-based and community organizations, particularly smaller organizations, in pro-

moting positive employment and transition outcomes for youth with disabilities through mentoring activities. *Intermediary organizations are non-profit, community, and/or faith-based organizations with existing connections within the community.* Grant funds may be used for activities that establish, implement, or support a mentoring program for youth with disabilities between the ages of 16 and 24. *Application Deadline:* July 28, 2003 at 4:45pm (EDT). *Additional Information:* <http://www.dol.gov/odep/regs/faith.htm>.

• **Customized Employment Program**—\$2.5 million is available to award up to



five competitive grants ranging from approximately \$500,000 to \$750,000 for strategic planning and implementation activities designed to improve the employment and career advancement of people with disabilities through enhanced availability and provision of customized employment services through the One-Stop delivery system established under the Workforce Investment Act of 1998 (WIA). *Eligible applicants are local Workforce Investment Boards, working in a consortium/partnership of public and private entities, to build the capacity in local One-Stop Centers to provide customized employment services to those persons with disabilities who may not now be regularly targeted for services by the One-Stop Center system. Application Deadline:* July 21, 2003 at 4:45 pm (EDT). *Additional Information:* <http://www.dol.gov/odep/regs/custom.htm>.

• **High School/High Tech (HS/HT) State Development and Implementation Grants**—The purpose of these grants is to assist states, working in partnership with the State Workforce Investment Board, in implementing a statewide HS/HT program, in integrating the HS/HT program into youth services funded under the Workforce Investment Act. ODEP expects to award up to eight competitive grants in the amount of approximately \$225,000 to assist states in implementing the HS/HT program on a statewide basis. Eligible applicants for these grants include State Workforce Investment Boards; State Departments of Education; State Departments of Labor; State Developmental Disability Councils; State Departments of Vocational Rehabilitation; or State Committees affiliated with the National Governors' Committees for People with Disabilities, and other similar state agencies. *Consortia of state agencies and not-for-profit organizations (including community and faith-based organizations) are also eligible to apply. Application Deadline:* July 21, 2003 at 4:45 pm (EDT). *Additional Information:* <http://www.dol.gov/odep/regs/hsht.htm>.

• **Home Modification Program**—ODEP will award up to ten competitive grants in the amount of \$50,000 to \$100,000 each to provide home modifications as a means of further expanding the community integration of individuals with disabilities, and particularly those seeking

employment. Funding will be provided for local organizations to purchase materials, analyze accessibility, and build the necessary modifications. These organizations are encouraged to seek donations of materials and labor from local businesses, labor organizations, and community associations.

Eligible applicants include faith-based and community organizations that are non-profit that also: (1) Have social services as a major part of their mission; (2) Are headquartered in the local community to which they provide these services; and (3) Have a total annual operating budget of \$300,000 or less, or have six (6) or fewer full-time equivalent employees. (Note: Affiliates of national social service organizations are not eligible to apply.) *Application Deadline:* July 14, 2003 at 4:45 pm (EDT). *Additional Information:* <http://www.dol.gov/odep/regs/home.htm>.

• **Innovative State Alignment Grants for Improving Transition Outcomes for Youth With Disabilities Through the Use of Intermediaries**—ODEP will award up to 6 competitive grants in the amount of approximately \$500,000 to assess their youth service delivery infrastructure. Grant funds will be used improve transition outcomes for youth with disabilities through blending of Federal, State, and community resources and the use of local intermediary organizations and to conduct local pilot demonstrations to determine how, through community partnerships, intermediary organizations can best be used to ensure that youth with disabilities obtain transition services. Eligible applicants include State Workforce Investment Boards or the functional equivalent State entities. *Possible intermediaries include, but are not limited to, community-based non-profit organizations, faith-based and community organizations, employer organizations, community colleges, and community rehabilitation programs. Application Deadline:* July 28, 2003 at 4:45 pm. *Additional Information:* <http://www.dol.gov/odep/regs/state.htm>.

• **Working for Freedom, Opportunity and Real Choice through Community Employment Action Initiative**—ODEP plans to award six competitive Working for Freedom, Opportunity and Real Choice through Community Employment (WorkFORCE) Action Grant Initiative grants (ranging from approximately \$400,000 to \$625,000) to continue its sup-

port for increasing and improving employment opportunities that allow individuals with disabilities to live, work, and fully participate in their communities. These WorkFORCE Action Grants will develop and/or expand the capacity of communities to provide individually determined, customized employment, in partnership with the workforce development system under WIA. *Eligible applicants for these demonstration grants are non-profit organizations (including faith-based and community organizations) who must indicate their intent to register as eligible training providers in their states with their local One-Stop Career Center(s) and not utilize certificates authorized under section 14(c) of the Fair Labor Standards Act in their implementation of project activities. Application Deadline:* July 14, 2003 at 4:45 pm (EDT). *Additional Information:* <http://www.dol.gov/odep/regs/workforce.htm>. ■

ANCOR Honor Roll

The following agencies have submitted the names of homes that have succeeded in having deficiency-free surveys, which qualifies them for appearance on the ANCOR Honor Roll.

ANCOR congratulates all of the staff who make these honors possible. Send your submission for the Honor Roll to: Attn: Barry Noel, ANCOR, 1101 King St., Suite 380, Alexandria, VA 22314.

Please send supporting documentation of the surveys.

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Report to Congress on Long-Term Care Workers

In the FY 2002 Senate Appropriations Subcommittee for Labor-HHS-Education and the Conference Committee Report for the FY 2002 Labor-HHS Appropriation, Congress requested that the Secretaries of Health and Human Services (HHS) and Labor (DOL) identify the causes of the *shortage of front-line workers in long-term care settings*. The Committee also requested that the two departments make comprehensive recommendations to the respective committees to address the increasing demand of an aging baby boomer generation.

The results of those efforts were presented in a unified Report to Congress in May. In addition, HHS and DOL included information from the following activities:

- HHS's recent meetings with state and local policy makers, long-term care providers, direct care workers, researchers, and labor economists on recruitment and retention of direct care workers in long-term care. Topics included: (1) extrinsic rewards and incentives such as wage and fringe benefits; (2) workplace culture (organizational structures, social factors, physical settings, environmental modifications and technology), and (3) expanding labor pools of direct care workers.

- Survey data from both departments on the supply of and demand for direct care workers in long-term care settings.

- Research and practice literature related to the shortage of long-term care workers, including information from surveys of direct care workers, and a review of state-sponsored efforts and provider surveys.

Assuring that supports are available will depend in part on there being enough indi-

viduals, including paid workers, as well as unpaid family members, neighbors and volunteers to provide the supports needed. The report states that the need, however, is not simply for a sufficient number of workers in long-term care, but includes the need for high level of skills, knowledge, and compassion which require high quality initial and continuing training as well as work environments that provide respect and dignity for the workers.

One of the challenges facing the U.S. in the 21st Century will be to ensure that individuals throughout their life will have the supports they need and will be treated with dignity. For the growing population of the elderly and people with disabilities, ensuring the adequacy and availability of direct care workers is key to meeting this ideal. As this report shows, the aging "baby boomer generation" will be the most significant factor increasing the demand for long-term care services over the next half century. The number of individuals using either nursing facilities, alternative residential care, or home care services is expected to increase from 15 million in 2000 to 27 million in 2050.

paraprofessional workers accounting for 8 percent of the estimated increase. In addition, about 3000,000 jobs for direct support workers in long-term care settings will be created due to attrition, as some workers leave their jobs permanently to work in other occupations or retire.

These projections indicate that it is critical to retain existing long-term care workers and attract new ones. Since many industries will be competing for the supply of workers, pay

and working conditions will play a key role in attracting new workers and consequently influencing the supply of long-term care services. Providing adequate levels of high quality supports will require a sustained effort at many levels.

HHS and DOL Recommendations.

HHS and DOL identified a set of recommendations to address potential imbalances between the future demand for and supply of direct care workers in long-term care settings. These recommendations were geared to address key issues relating to:

- Finding *new sources* of workers;
- The initial and continuing *education* of workers;
- *Compensation, benefits, and career advancement*; and
- *Working conditions and job satisfaction*.

The future demand for long-term support services is expected to increase for both the elderly and people with disabilities in both institutional and community-based settings. The report points to the U.S. Supreme Court decision in *Olmstead* and its integration mandate as an important factor in the future increase in the demand for home and community-based services. However, the aging of the baby boomer generation will be the most significant factor increasing the demand for long-term care services over the next half century. By the year 2050, an estimated 27 million Americans will need long-term supports and services.

The HHS and DOL recommendations to Congress include the following:

• National Dialogue with Employers:

Engage employers and employees as well as medical professionals and state and local government, in a dialogue on issues relating to improved pay, benefits, career ladders, and working conditions in long-term care.

- **Outreach to Faith and Community-Based Organizations:** Explore with faith and community-based organizations their potential roles in addressing shortages in labor imbalances through strengthening

While the Federal Government has an important role to play, much of what needs to be done will require action on the part of current and new employers who will expand and alter the market itself and shape new solutions. Other solutions will inevitably be crafted by state and local governments, health care providers and industry associations, education and training institutions, workforce investment systems, faith-based organizations, and workers themselves.



Heads Up!!

Beginning in October, *LINKS* is being distributed only in electronic (PDF) format. Electronic transmission ensures that you receive news concerning critical national developments on a timelier basis.

(Questions? Contact Catherine Dunkelberger cdunkelberger@ancor.org or 703-878-3581)



relationships with the workforce investment system, and in recruiting volunteers for respite care for family members, *back-up* services, and home-based support.

• **Enhanced Use of Technology:**

Explore use of new technology in recruitment, education and training, recordkeeping and patient care. Expand and work with industry to market CareCareers.net.

• **State and Local Initiatives:**

Encourage and support state and local efforts, involving both the private and public sectors to explore use of business partnerships with individual employers or consortiums of employers, training providers and public agencies.

• **Enhanced Training and Education:**

Support multiple initiatives including implementation of the newly passed Nurse Reinvestment Act, expanding efforts to leverage private sector funds similar to DOL's Partnerships for Jobs, encouraging states to expand training slots

for nurses and paraprofessionals, promoting registered apprenticeship training programs to paraprofessional occupations, and others.

• **New Sources for Workers:** Seek ways to broaden the supply of frontline long-term care workers by reaching out to older workers, former Temporary Assistance for Needy Families (TANF) recipients, military personnel transitioning to civilian life, individuals with recent experience providing care to family members, dislocated workers from other industries and young people.

• **Support for Informal Caregivers:** Continue efforts to support informal caregivers, such as through tax incentives and grants to state and local organizations, provide information and referral resources, and explore the effectiveness of respite care demonstrations.

• **Regulatory Changes:** Explore areas for potential federal and state regulatory

changes, which could include enhanced information sharing and policy coordination among states, and possible federal requirements on patient recordkeeping.

• **Worker Safety:** Continue to support worker safety education and outreach to employers, such as through DOL's National Emphasis Program, and through enhanced safety training within schools of nursing and within the paraprofessional training curriculum.

• **Research Efforts:** Continue to support research and evaluation activities on such subjects as wages, benefits, worker characteristics, and workplace culture.

DOL and HHS Efforts Already Underway

The Centers for Medicare and Medicaid Services (CMS) have made grant funds available under the *Real Choice System Change Grants* to states that are designing systems of supports in the

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community to people with disabilities. More than 15 states have initiated state-based or provider-based initiatives designed to improve and develop the long-term care workforce capacity in community-settings. Under the Ticket to Work and Work Incentives Improvement Act of 1999, CMS has established a grant program to support state efforts to enhance employment options for people with disabilities. Several grants have been awarded to states to build the adequacy and availability of personal assistant services in community-based settings in order to enable more individuals with disabilities to become employed. CMS has also developed a project entitled *Understanding the Adequacy and Availability of Community-Based Personal Assistance Services*. The purpose of this technical assistance project is to evaluate the size and scope of the shortage of personal assistance and community workers, and to explore policies and practices that influence the recruitment and retention of qualified personal assistance services workers. CMS announced on June 20th, the availability of \$6 million in demonstration grants to improve the direct service community workforce. The deadline for applications is August 12th. (ANCOR members have regularly received alerts on these funding and project activities.)

The Department of Labor has several federally initiated activities underway that are aimed at developing a committed and quality direct support worker pool in a variety of long-term care settings. These include:

- **Apprenticeship Programs:** DOL administers a national system for registered apprenticeship training programs that consist of structured on-the-job training and related academic, theoretical instruction tailored to industry requirements. An apprenticeship program for Direct Support Professionals providing supports to people with disabilities has been developed in Missouri and Wyoming, with ANCOR members involved in both training programs.

- **One-Stop Career Center System:** The One-Stop System, created under Title I of the Workforce Investment Act (WIA), is one of the pivotal areas that could be mobilized to address potential shortages in long-term care at the state and local levels. These systems provide a range of services such as career information and job training through 605 local workforce areas managing over 1,900 local One-Stop Career Centers.

- **Pilot and Demonstration Projects:** DOL has provided demonstration grants to local Workforce Investment Boards (WIBs) under WIA for a number of local *sectoral* efforts that merged economic development with workforce development. Twenty of the 39 sectoral grants focused on health care, though not long-term care in particular. DOL is developing a *Health Care Sector Initiative Primer* to provide local workforce areas under WIA with step-by-step, *how-to* guidance on replicating sectoral approaches.

- **Senior Community Service Employment Program:** DOL administers over \$400 million in grants to non-profit organizations and states to provide part-time community service employment, training, and job placement to low-income workers 55 years of age or older.

- **Youth Programs:** DOL administers a number of youth programs, all of which could allow for training young people to fill health-related occupations in the long-term care field. Formula-funded youth services are administered by local WIBs to provide a variety of services targeted to at-risk youth. Job Corps, the nation's largest residential education and job training program for at-risk youth, has over \$20 million invested in health-related training. Nearly all of the 120 Job Corps centers offer at least one health training program.

- **Adult and Dislocated Worker Programs:** One-Stop Career Centers offer specialized services specific to the needs of dislocated workers and low-income adults. One-Stop Systems administer training and other services provided to trade-impacted workers under the recently re-authorized Trade Adjustment Act. These services may also include health care training, including long-term care worker training and job referral as related to workers dislocated as a result of international trade.

- **Welfare-to-Work:** A component and partner in local One-Stop Systems are Welfare-to-Work (WtW) grantees that receive formula funds and competitive grants to provide placement, transitional employment, and other support services targeted to the hardest-to-employ custodial and non-parents under TANF and other low-income families. A number of local competitive and formula-funded projects placed recipients in health care occupations, though not necessarily for long-term care settings.

HHS and DOL have also come together in a new initiative to address

workforce shortages in long-term care settings. The two-year research project includes developing a *toolkit* to enable state agencies, long-term care providers, and worker groups to assess the impact of policy and practice changes designed to reduce vacancy and turnover rates among direct care workers, and to improve workforce quality. ■

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15 Keys to Job Retention

Peter Callstrom

A close friend of mine was laid off recently. He successfully and creatively directed a program that provided quality vocational training and placement for adults with developmental disabilities. The program had to be closed due to something completely out of his control: reduced state funding. Despite results-driven, outcomes-based work and an important service, my friend is now experiencing the very difficult reality of scouring the classified ads and competing with many other qualified individuals in a very tight job market. As an employer in a state (California) with an unprecedented and ongoing fiscal crisis, I have recently had to deliver the awful news of layoffs to staff members. These experiences have been a personal and painful reminder to me that job security today is more tenuous than ever.

The economy is struggling, jobs are scarce, and the security of *all* positions are in question. Retaining employment in difficult times can be very stressful and terribly uncertain. This article deals with some important strategies and key qualities for not only helping to retain jobs for the individuals we serve, but for securing our own jobs.

For the following 15 keys, score yourself on a scale from 1 (poor) to 5 (excellent), or better yet, ask a trusted colleague to score you. At the end of the article, assess your own job security. How do you measure up when things get tight? Is your job as

secure as you think it might be?

1. The Boss: Egad, not the boss! Yes, this person is key. In most cases, we have one direct supervisor. This person is undoubtedly the single most important person when it comes to job security. The boss is the one individual with whom you must develop a strong relationship. If there is one area that can be considered more important than any other, this is clearly it.

An all too common mistake is expecting the boss to figure you out and adjust to your style. When you have a good relationship with your boss, he/she will go to bat for you and be supportive. If you haven't connected with your boss, you could be an infallible and brilliant superstar in all other categories, but the boss will not see your star qualities because they will be clouded by their own perception of your shortcomings. Work hard to develop a good, open, respectful, collaborative working relationship with your boss.

2. Communication: How well do you communicate? Are you stronger with your verbal skills or writing skills? What about your nonverbal communication? Rolling the eyes in a key meeting, smirks, and any variety of other tics send a loud and clear message. What area(s) needs more improvement/attention? Do you wait for others to communicate with you first, or are you proactive in reaching out to others and ensuring that issues are addressed in a timely way? How long does it take you to respond to email and/or voice mail? Do you respond thoroughly to issues and copy all necessary individuals in your response? Do you really expect the same of your-

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self as you do of the staff you supervise? Do you ask for help, or plow ahead until you figure out the problem (no matter how long it takes)? How much communication is enough, too little?

3. Fundamentals: Attendance, punctuality, hygiene, and attire. When you arrive and leave speak volumes for your commitment. If you work with an exempt schedule (40 hours minimum with no overtime), do you stick to the 40 minimum or consistently put in extra hours? Minimum hours, minimum results.

4. Attitude: Attitude is everything? Well...attitude goes along way—especially in times of rapid change, uncertainty and stress. Nothing is more poisonous, contagious and ultimately self-destructive than negativity. And nothing more stress relieving, hopeful and progressive than a positive attitude. Who wants to work with a naysayer, a complainer, a whiner a contrarian? We've worked with all of these folks, and maybe been one ourselves at times. A 'can-do' attitude, not surprisingly, leads to not only a better vibe, but greater productivity as people are focused on working through problems instead of wallowing in them and making problems worse.

5. Quality: There are countless ways in which *any* organization can and should continually improve. How much do you implement the concepts of quality on a daily basis? Do you wait for an accreditation review to near before dusting off the necessary items, or are you tweaking and improving daily? Any employer will value highly an employee who is looking for ways to improve and benefit the organization. How have you improved the quality at your place of employment lately? What is the level of quality in your own work? Is 'good enough' what you strive for, or do you strive for excellence? Do you like the status quo, or are you always looking for ways to improve? How willing are you to share what you have learned with your work team, or do you hoard the information for yourself?

6. Productivity: Balancing a high quantity of work output can sometimes seem counterintuitive to quality. How well do you produce at work? Do you thrive on multi-tasking and knocking out high quality on numerous tasks, or do you work best when you focus on fewer things at a time until you reach closure? Any approach can be effective in the workplace. When you get 'stuck' on something, do you reach out for help or leave it stuck until it is brought up again. How does your productivity measure up?

7. Skills: Acquiring new skills is crucial to both your current job security and your long-term marketability in the event you are looking for work. An excellent opportunity for acquiring new skills is to volunteer to take on new projects. When you are given a new or additional project, do you look at it as an opportunity to add to your skills or as simply more work that no one trained me to do. If there are no projects, time or opportunities at work, look into enrolling in night or weekend classes. It takes time, commitment, and motivation to stay sharp, qualified and ready for the unexpected.

8. Creativity: Most employees have many ideas on how to benefit the company they work for. However, too many employees withhold their ideas for a variety of reasons—believing they won't be recognized or taken seriously or insecurity that the idea may be bad and they will lose credibility. All reasons are valid, but in the end, keeping quiet won't get you anywhere. If you are uncertain how viable your ideas are, run them by a trusted co-worker. Their opinion may help shape the ideas you have and make them even better. Proactive teamwork is a welcome quality to any supervisor.

How can you save the organization resources or money? What ways can the organization potentially maximize revenues or create new revenue streams? Do you have a new 'big' idea for a new service, program or product? The 'little' ideas (e.g., revised form, procedure, process, etc.) can also be invaluable. The day-to-day issues are



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oftentimes more critical than dreaming up the next killer-whopper idea. Working more efficiently can save countless hours and dollars. Think through the idea and how it will alleviate the workload or produce a better result. Share the idea at the right time with the right people. Don't look for credit; it comes with results.

For the enlightened boss, the only bad ideas are the unspoken ones. Ideas not only provide the employer with something productive to consider, but it also send a very important message that you are focusing on proactive, positive things.

9. Flexibility: As companies downsize, roles/responsibilities can change overnight. What will you do if tomorrow morning your boss says that you no longer need to work on the project you've spent the past six months on, but rather you need to get up to speed quickly on a completely new area; one that you don't enjoy or have little or no experience in? You should be adept at rolling with the changes, be thankful for continuing to be employed, and actually look forward to opportunities to develop skills in new areas. What is your reaction/receptivity to change, especially the unexpected/unwanted kind?

10. Initiative/Self Starting: At times, you may hit a point where your workload is slow, lessening, or boring. Use the opportunity to take an honest reassessment of whether you have done all you can to improve the quality of anything and everything in your work environment. There are few, if any, work environments that have it so completely together that there is little to do. If you believe that there is room for continuous quality improvement in every single facet of your work, then you'll never have a slow day. When time allows for more breathing room in the work pace, use this as an opportunity to implement new ideas or undertake special projects.

11. Resourcefulness: The boss comes to you with a new task and little or no guidance. This is a project or new direction that you have no experience with and honestly no clue on how to go about. What to do? Do you take the new task with a comment such as, "This sounds very interesting and I look forward to working on it. I'd like to check in with you after I do a little research and get started so that I can be sure we are on the same page. Thanks for the opportunity to work on this project?" *Remember the importance of attitude.* We send messages to our bosses every day, whether we speak or not.

12. Leadership/Followership: Can you be an effective follower *and* leader at the same time? To be both is oftentimes just as critical as being one or the other. As a follower, do you listen to those around you? Do you take direction well and provide thoughtful, respectful and timely feedback? You may lead many staff or an entire organization, but can you take direction effectively? When the boss or your board asks you to do something that you may not agree with, how well do you handle the conflict?

As a leader, are you able to lead others to achieve the overall goals of the organization? Do you understand the big picture; and are you able to convey that to others and ensure that everyone works towards the ends that will produce success? Do you have a clear vision of the challenges/solutions at hand, or do you need/want others to tell you what to do? Do you act before problems exacerbate, or do you wait, process too much and look to others to show you the way? Do you have the ability to get others to work together to accomplish the goals in the most efficient and effective manner? For those who won't work together, do you tolerate poor performance too much, or do you appropriately show certain employees the exit door before it's too late? How well do you score as a leader and effective follower?

13. Team Work & People Skills: What does it *really* mean to be a good team-player? Think of it as the four Cs: cooperation, communication, collaboration and commitment. Do you *cooperate*, even if not completely in agreement with all ideas or methods and gently reintroduce your ideas if you still feel they are better when the time is right? Do you *communicate* with your co-workers/team as much as you do with your supervisor? Is your communication always respectful, professional, and focused on results? Do you work through the bumps and *collaborate* with your co-workers? Are you as *committed* to the project/team/agency as you should be? Does your commitment show in extra hours, as needed?"

We must all work well with a wide variety of people. Do you easily adjust to different people you are dealing with, or do they have to adjust to you? Do you have the good judgment to know what to say, when to say it and how to say it? How carefully do you think things through before you speak?

14. Ethics: Most ethical questions are not of the magnitude experienced by multi-billion dollar empires; however, the ethical slide can be just as insidious when it doesn't hit the headlines. How do your personal and professional ethics rate? When were you last confronted with an ethical dilemma? Are you willing to risk your job to do the right thing, or will you do whatever is asked of you? Are you comfortable with how you and your company are dealing with the choices you've made? Do you operate in private the same as you express publicly? Do you express your ethics to others without being preachy and haughty?

Does your organization have a code of ethics that really means something, or is it a pretty posting in your lobby and on your web site? A cohesive and clear code of ethics can and should help any organization maintain a strong and meaningful ethical barometer. A strong code is an important benchmark to return to when presented with the inevitable ethical predicaments that many organizations face.

15. Results: Do you *clearly* know what is expected? Are you really producing the results expected? Does the boss see/appreciate your results? Do you have the same priorities as your boss, or are you focusing on what YOU think is important? What have you done recently that has made a significant difference? Achieving solid results is the sum of our work and evidenced in many different ways. How many jobs have I found for the clients I serve? How many jobs have I saved? How strong is the bottom-line, and what did I have to do with achieving that outcome.

That's all folks... It is time to take an honest assessment of your likely retention status. What's your score? Good luck. ■

- 70 +: Time for a serious reality check. Rescore/count mandatory.
- 65 – 69: Retention likelihood looks good. Is this what your colleague(s) thinks?
- 60 – 64: Looking good; don't take it for granted. However, make a plan today to improve.
- 55 – 59: Some strong areas, but weaker areas can undo you easily.
- 55 – 54: Do NOT Pass Go. Get to the help wanted section immediately.
- <50: Any pink sheets of paper find their way to your desk today?

AUTHOR LINK Peter Callstrom has been the Executive Director of PWI since joining the agency in 1990. Contact Pete via phone at (619) 681-1999 or e-mail at pcallstrom@pwiworks.org.

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