

PHI Urges New York State to Renew the Medicaid Managed Long Term Care Workforce Investment Program

Summary

Building from lessons learned from the Medicaid Managed Long Term Care Workforce Investment Program, New York State should fund a renewal program (“WIP 2.0”) that retains foundational elements of the original program while introducing improvements related to engagement, timing, flexibility, measurement, and sustainability.

Introduction

More than half a million direct care workers, including personal care aides, home health aides, and nursing assistants, provide critical daily supports to older adults and individuals with disabilities across New York.¹ By pledging up to \$245 million over the past three years to recruit, train, and deploy direct care workers (and other long-term care workers) through the Medicaid Managed Long Term Care Workforce Investment Program, New York State recognized the importance of providing these essential workers with the tools they need to provide quality care in a rapidly evolving field.² Given the imminent conclusion of the Workforce Investment Program (March 31, 2021), this discussion paper recommends that New York State develop a renewed workforce development program as soon as possible, and provides input about how the program should be designed and implemented.³

The Value of the Medicaid Managed Long Term Care Workforce Investment Program

New York’s Workforce Investment Program was designed to improve the recruitment and retention of direct care workers, improve client health outcomes, address changing training and employment needs, support home and community-based services, and reduce the Medicaid costs of long-term care, among other goals.⁴ To achieve these goals, the Workforce Investment Program has supported entry-level and incumbent worker training and career advancement through approved Long Term Care Workforce Investment Organizations (WIOs).

PHI, which is a Bronx-based research, consulting, and advocacy organization, serves as a WIO for the New York City region. As one example of impact, PHI worked with over 15 providers as a WIO, reaching over 1,000 long-term care workers. In our role as a WIO and through engagement with other WIOs and long-term care providers across the state, PHI has seen firsthand the value of the Workforce Investment Program and the critical need for additional funding to continue meeting long-term care workforce development needs. Prior to the COVID-19 pandemic, long-term care providers reported that WIOs provided critical support in addressing their workforce development needs, particularly with regards to meeting value-based payment goals—enabling providers to offer training programs that they

¹ Cook, Allison. 2020. *New York’s Direct Care Workforce*. Bronx, NY: PHI. <https://phinational.org/resource/new-york-states-direct-care-workforce/>.

² New York State Department of Health. “Managed Long Term Care Workforce Investment Program.” Accessed March 1, 2021. https://www.health.ny.gov/health_care/medicaid/redesign/2017/mltc_invest.htm.

³ The Workforce Investment Program was implemented through New York’s Medicaid Section 1115 Medicaid Redesign Team (MRT) Waiver. Although this program will expire in March 2021, Governor Cuomo indicated in February 2021 that the state will likely submit a future Section 1115 Waiver State Plan Amendment to address workforce development needs. Cuomo, Andrew. 2021. “FY 2022 Executive Budget Briefing Book.” Cuomo, Andrew. 2021. *FY 2022 Executive Budget Briefing Book*. Albany, NY: New York State Governor. <https://dingo.telicon.com/NY/library/2021/20210119ZY.PDF>.

⁴ New York State Department of Health, 2020.

did not have sufficient funding, capacity, or expertise to offer otherwise.⁵ In the context of the pandemic, WIOs provided timely training on COVID-related topics as well as on adapting training programs to meet COVID-related safety considerations (for example, by offering instructor-led remote options or smaller in-person classes).

PHI's experience has revealed several shortcomings in the design of the current Workforce Investment Program. Most notably, the short timeframe of the program, single-year funding cycles, and delayed funding disbursements hindered WIOs and providers from planning longer-term or more innovative workforce interventions. Further, these year-by-year funding uncertainties and delays combined with COVID-related barriers have made it challenging for WIOs to complete their proposed interventions within the program's deadlines. Additionally, although the most effective workforce interventions funded through the Workforce Investment Program have involved close partnerships between Managed Long Term Care plans ("MLTC plans"), WIOs, and providers, this level of partnership was rare because it was neither required nor sufficiently incentivized. Finally, while training for advanced roles for direct care workers has been covered by the Workforce Investment Program, the implementation of such roles has been limited by the lack of sustained funding and support (particularly for enhanced wages).

Guidance for Renewing the Workforce Investment Program ("WIP 2.0")

Given the preliminary success of the Workforce Investment Program in building and strengthening New York's long-term care training infrastructure, PHI recommends that the program be renewed as soon as possible. We suggest that the foundational elements of the program remain the same: designated WIOs should continue to serve as training providers, and WIO training programs should be offered for all long-term care roles and across care-delivery settings. However, based on the lessons learned from the current program, adjustments should be made to improve MLTC plan engagement, expand the timeframe of the program, increase flexibility, effectively measure impact, and ensure sustainability. These amendments are described in turn below.

Improve MLTC Plan Engagement

New York's renewed and revised Workforce Investment Program ("WIP 2.0") should require the meaningful engagement of MLTC plans alongside WIOs and providers. Stricter requirements for all MLTC plans to actively participate in identifying, implementing, and sustaining interventions—rather than some plans opting out of the program, and others simply passing through funding to the WIOs—would expand the reach of the program, allow for better program planning and coordination, and facilitate the implementation of more impactful and sustainable interventions.

Expand the Timeframe

WIP 2.0 should be at least five years long, with WIOs notified of their full five-year awards at the beginning of the program and granted flexibility in how to spend the funds during that timeframe. Relatedly, the timing of funding disbursements should be clearly articulated at the outset, and WIOs should be permitted to roll unused funding over to subsequent fiscal years. These revisions would allow WIOs, in collaboration with MLTC plans and providers, to focus proactively on planning and program design as well as program implementation.

Increase Flexibility

As well as building in more flexibility related to timing, WIP 2.0 should allow greater flexibility in the expenditure of funds. Specifically, the program should cover a greater range of costs related to in-service

⁵ Cook, Allison. 2020. *Value-Based Payment in New York: Assessing Progress on Integrating the Home Care Workforce*. Bronx, NY: PHI. <https://phinational.org/resource/value-based-payment-in-new-york-assessing-progress-on-integrating-the-home-care-workforce/>.

training programs, the development and implementation of advanced direct care worker roles (including enhanced wages), the introduction of new technologies to support workforce development and care delivery, building provider capacity to address workforce development needs, and other interventions. Greater flexibility in the program will allow WIOs to respond to the sector’s workforce development needs in more targeted, innovative, and comprehensive ways—toward the goal of improving access to and the quality of long-term services and supports in New York.

Effectively Measure Impact

To demonstrate the impact of interventions and support their sustainability, outcomes data collection and reporting requirements should also be built into the WIP 2.0 program design. As active and accountable partners in the program, MLTC plans should be required to share data on care outcomes that are relevant to value-based payment and related WIO training interventions, such as potentially avoidable hospitalizations, falls, and other outcomes. Additionally, beyond the training-related data that are already collected (i.e., the number of workers trained, and trainees’ employment and compensation outcomes), WIOs and providers should also be required to collect and report data on related training and workforce outcomes such as training satisfaction, job preparedness, turnover, and retention.

Ensure Sustainability

The WIP 2.0 program should be structured to promote sustainability—to ensure that workforce development interventions have an impact on the sector beyond the end of the funding period. The recommendations made above can help facilitate sustainability, namely: requiring MLTC plans to engage in planning, implementing, and sustaining interventions; allowing flexibility in the design and implementation of interventions; and measuring the impact of interventions in order to build the case for their continuation. However, additional supports for sustainability should be built into the program design as well. As one specific recommendation, the program should include a mechanism to incentivize the continued utilization and scale-up of advanced roles beyond the funding period. This could be achieved through a separate funding pool that rewards MLTC plans and long-term care providers for continuing to fund advanced roles with proven quality outcomes.⁶

Conclusion

The success of the Medicaid Managed Long Term Care Workforce Investment Program has underscored the importance of having a dedicated long-term care workforce development program in New York. PHI strongly recommends that the state continue this program in an amended form as soon as possible. The WIP 2.0 program would bolster the capacity of the workforce to successfully meet the needs of older adults and people with disabilities in New York. Further, by improving direct care and other long-term care jobs, this improved program would help stabilize the workforce and drive economic growth in the state.

⁶ As an example, this pool could be built around a similar model as the Quality Incentive Vital Access Provider Pool, which rewards quality employers who meet wage parity requirements with additional funding. NYS Department of Health. “MRT 61 - Home Care Worker Wage Parity.” Updated February 2020. https://www.health.ny.gov/health_care/medicaid/redesign/mrt_61.htm.