DRAFT

September 7, 2018

***Quality Incentive for Provider Workforce Initiatives***

***\*OPRA Suggestions\****

*Background*

Ohio is engaged in the Centers for Medicare and Medicaid Services Value Based Purchasing technical assistance grant.  Members of the DODD Waiver Workgroup are interested in putting in place, quality incentives for providers who have certain workforce initiatives in place.  Any chosen initiatives would be designed to recruit and retain a quality DSP workforce. The state/OPRA may or may not include such an incentive(s) in our state budget asks for next year.

The Quality Incentives for Workforce Initiatives OPRA Work Group has drafted this proposal, to be vetted by OPRA members prior to sharing it with our broader DD stakeholder community. Please review this draft proposal and share any feedback with me directly at mdavis@opra.org.

*Guidelines for Incentives*

We have developed some general guidelines for possible incentive(s)~~, that they should b~~

We agreed that the requisite workforce initiatives should be:

1.     achievable

2.     within the control of the provider

3.     measurable

4.     impactful on quality

5.     directed primarily for use with DSP’s to increase their wages

6.     easily reported so as to not add administrative burden to the provider or
 others

7. Applied to all waiver and ICF services with DSP’s.

*Requisite Workforce Initiatives*

The draft requisite workforce initiatives for DSP’s are listed by category below. The thinking is that providers would need to have ~~a certain number~~ five of the workforce initiatives in place, with ~~(perhaps 3 – 5, or~~ one initiative in each category~~)~~, and attest to having them in place before being eligible for the incentive payment.  The workforce quality incentive payments would be subject to state audits, the same as all other waiver services. Upon audit, providers would need to have clear policies in place and evidence of implementation of those policies in practice. A pre-determined allocation of the incentives paid to provider would go back into staff wages (stakeholders need to reach consensus on the allocation methodology, possibly a percentage of the incentive amount that equals the provider’s allocation of DSP wages/all expenses). Average DSP wages would be tracked to ensure a positive impact on DSP’s income.

**RECRUITMENT/HIRING**

* Policy of a preference to promote from within
* Use of internet recruiting (like INDEED), use of social media advertising

**Pay**

* Paid training (goes beyond the basic required training)
* Promote the competency based add on of $1.00 for HPC and encourage staff to take the training
* Use of staff referrals to find candidates and a referral bonus to recruiting staff, for recruited staff hired and staying with agency for a defined period of time
* Attendance bonus for staff who meet expected standard for work attendance
* Longevity bonus for staff who stay with agency for an established time
* Higher starting pay for more experienced and higher educated staff

**JOB TRAINING/SUPPORT**

* New Employee support, on the job training shadowing
* New Employee assigned Mentoring program
* Training in why the services being provided are important and add value to the lives of people with IDD
* Training in soft skills (such as interpersonal relationships, communication, adjusting to individuals’ behaviors in an appropriate manner and other soft skills)
* Training in the history of the treatment of people with IDD

**WORK SUPPORTS/BENEFITS**

* Employee Assistance Program/Employer Resource Network available to DSP's
* Full and Part time: paid time off (PTO)
* Full Time: Health, dental, vision, life insurance, retirement plan
* One Week paid vacation after 1 year of employment

**CULTURE**

* Longevity staff appreciation program (luncheon, gift or other representation of gratitude for their years of service)
* Small things, such as thank you notes, candies, lotto cards, and other personal communication to DSP's
* Staff surveys to inquire about the issues important to staff (stay surveys, staff satisfaction  surveys and other means of gathering staff input on culture)
* Follow up with new staff early on (for example, within 30, 60 and 90 days post-hire)

**FEEDBACK AND NEXT STEPS**

If you have any feedback on this draft proposal, please let me know directly at mdavis@opra.org. *All feedback needs to be to me by 1:00 pm, today, September 7th.*

Today, the Quality Incentives for Workforce Initiatives OPRA Work Group plans to finalize our proposal.  Then, we will take the proposal to the Long Term Waiver Reimbursement Reform Work Group for their feedback.  That work group includes representatives of:  families, individuals with IDD, DODD, county boards and providers.  As indicated by that work group’s feedback, we may need to revise the proposal.  Once the proposal is finalized, we will take it to the DODD Waiver Work Group (overarching work group). Again, we may need to revise the proposal at any time during this process. After all parties have reached consensus on the proposal, DODD and/or OPRA will decide to include or not include the proposal among our budget asks.