Part II: Key Workforce Interventions

This section of the toolkit contains three key workforce interventions/advocacy topics to help advocates focus their efforts:

1. Ensure competency by providing geriatrics, gerontology, and team-based training opportunities and requirements for all health care and related professionals.
2. Deliver high quality person and family-centered coordinated care, services and supports.
3. Collect data to measure eldercare workforce readiness and care delivery.

Topic 1
Ensure competency by providing geriatrics, gerontology, and team-based training opportunities and requirements for all health care and related professionals.

The Institute of Medicine 2008 report brought increased attention to the need for all health care professionals, regardless of their setting or discipline, to have basic knowledge and skills in the unique aspects of geriatrics and gerontology care. Currently, many health care providers have no specialized training in the care of older adults, yet many will be caring for frail elders and elders with multiple chronic health conditions, particularly likely among those dually eligible for Medicare and Medicaid. The appropriate geriatrics and gerontology training of the workforce can lead to higher quality care for older adults.

Suggested Workforce Interventions

- States, in their contracts with the managed care plans:
  - Require managed care plans to have a certain percentage of their network providers trained in geriatrics or gerontology — and make that percentage requirement increase annually. Have someone with geriatrics expertise oversee the program.
  - Encourage managed care plans to provide a bonus to providers certified in geriatrics or gerontology.
  - Require a certain percentage of continuing education credits be in geriatrics or gerontology (as is the case with California state law).
  - Require care managers receive training in both geriatrics or gerontology and team-based care.
  - Require the ICT members be competent to care for older adults (as measured by the Partnership for Health in Aging’s Multidisciplinary Competencies for Caring for Older Adults) and work as part of a team.

- States mandate managed care plans or managed care plans mandate providers to have training that is aligned with the Partnership for Health in Aging’s Multidisciplinary Competencies for Caring for Older Adults and/or addresses specific geriatric conditions such as: dementia care, multiple chronic conditions, substance use, and mental and behavioral health care.

Managed care plans require each care team member (ICT or provider teams) to select geriatrics or gerontology specific topics to present on a regular basis, such as: a resource
from ConsultGeriRN.org, Primary Care for Older Adults, NASW Standards for Social Work Practice with Family Caregivers of Older Adults.

- States or managed care plans explore creating a role for an Advanced Direct Care Worker, specifically trained to care for older adults, through a demonstration or test project.
- Managed care plans require that participating providers dedicate a percentage of continuing education credits in geriatrics or gerontology (as is the case with California state law).
- States mandate managed care plans or managed care plans self-impose a requirement to allocate a percentage of plan premium dollars for geriatrics/gerontology and team-based training.
- States mandate that managed care plans or managed care plans mandate that providers demonstrate competency (i.e. around geriatrics, gerontology, or specific conditions such as dementia) with a holdback of money if they do not.
- States mandate managed care plans or managed care plans mandate providers to develop and implement best practices related to training in geriatrics and gerontology based on Geriatric Education Centers (GECs) creation of best practices such as those in South Carolina, Central Plains GEC, and Iowa GEC’s Oral Health Training, to name just a few.
- States mandate managed care plans and managed care plans mandate providers to require geriatrics and gerontology culturally-competent training that promotes a workforce able to serve all older adults in a way that is respectful of, and responsive to, people’s diverse needs, regardless of their languages, ethnicities, cultures, and health beliefs, race, sexual orientation, gender identity, disability status, socio-economic, and geographical location.
  - Possible resources include: Doorway Thoughts, Stanford Geriatric Education Center’s Ethnogeriatric Resources, Arizona Geriatric Education Center’s LGBT Older Adults in Long-Term Care Facilities resource, NASW’s standards and indicators for cultural competence, and ConsultGeriRN.org.

### Topic 2
**Deliver high quality person and family-centered coordinated care, services and supports.**

Care, services, and support programs should be person and family-centered and provided through a team based approach, where each team member plays a valuable role in providing quality coordinated care, services and supports. Ideally, care will be delivered by a workforce that reflects the diversity of the dually eligible older adult population. Providers and the interdisciplinary care teams (ICTs) should be trained to meet the whole-person needs of the dually eligible older adult, including their medical, behavioral, social, and LTSS needs.

**Suggested Workforce Interventions**

- Encourage managed care plans to promote interdisciplinary care team at the provider level so that health care professionals delivering care are working as part of a coordinated team that includes the dually eligible older adult and their family caregiver.
- Require standard policies for consumer and family caregiver orientations:
Ensure dually eligible older adults, family caregivers and all members of the ICT and providers have clear roles and are identified. Materials should explicitly identified the appropriate person to contact with questions or for help.

Inform the dually eligible older adult and family caregiver about the tenets of person and family-centered care, including their role pertaining to the care plan.

Include ombudsman contact information in all welcome packets for dually eligible older adults as well as information about other opportunities to provide feedback or address concerns.

Require that the care manager’s contact information is provided to all providers and the dually eligible older adult and family caregiver—and that the care manager can be quickly reached via this contact information.

Providing dually eligible older adults and their family caregivers opportunities for feedback, with processes in place to minimize/avoid retaliation fears/incidents:

- The required consumer satisfaction surveys should include questions on ICT(s) and providers in order to assess team care and support, as well as on process.
- Upon any complaint, managed care plans are required to remind dually eligible older adults and family caregivers of their right to contact the ombudsman and Consumer Advisory Committee, and provide the contact information.

Require managed care plans to evaluate the needs of dually eligible older adults:

- Require that, when appropriate, the Vulnerable Elders Survey (VES-13) be administered and included in the care plans for older adults over 65.
- Require that, when appropriate, the Get Up and Go screening or INTERACT II tool be administered and included in the care plans for older adults.
- Prior to nursing home placement, perform Preadmission Screening and Resident Review (PASRR), a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long-term care.
- When beneficiary resides in assisted living settings, managed care plans are required to administer the Toolkit for Person-Centeredness in Assisted Living, which includes questionnaires to be completed by assisted living residents and staff.
- By offering to consumers the CMS Annual Wellness Visit (AWV), conducted by, or with oversight from, a geriatrician or geriatric specialist.

Require managed care plans to evaluate the needs of family caregivers, when appropriate:

- Perform a caregiver assessments using uniform assessment tools from specific states, the VA Caregiver Self-Assessment Worksheet, or to evaluate caregiver stress and mental health. Additional helpful resources are the NASW Standards for Social Work Practice with Family Caregivers of Older Adults, Family Caregiver Briefcase and Family Caregiving: Nursing Standard of Practice Protocol.

Managed care plans must provide to all dually eligible older adults and family caregivers resources, supports, and training opportunities that consider their physical and mental health and well-being:

- Resources include local Area Agencies on Aging, the Eldercare Locator (also available at 1.800.677.1116), Resource Locators, ConsultGeriRN.org, Pioneer Network, and the VA Caregiver Toolkit.

Encourage managed care plans to adopt models of care that support the needs of older adults and promote person and family-centered care from an interdisciplinary team.
o Adopt proven care coordination models, such as those highlighted in the EWA and N3C issue brief.
o Ensure ICT provisions in the state’s MOU or three-way contract are being put into practice.

*Topic 3*

**Collect data to measure eldercare workforce readiness and care delivery.**

Data collection is an important part of measuring and otherwise assessing the workforce ability to care for dually eligible older adults. Reports should also reveal the degree to which care is person and family-centered and coordinated.

*Suggested Workforce Interventions*

- **States,** in their contracts with the managed care plans:
  - Require managed care plans to provide an annual report that describes how they will develop an adequate qualified workforce for covered long-term care services (as was the case with the [Tennessee contract](#)).
  - Require annual reporting on: geriatrics, gerontology, and team-based competence and training for ICT; training of providers in geriatrics, gerontology, and team-based care; recruitment and retention practices; training expenditures; practices employed to assess the needs of dually eligible older adults and family caregivers; orientation practices; training and delivery of culturally competent care; and effective models of care.
  - Require managed care plans to provide an annual summary of the consumer satisfaction survey.
  - Require the Ombudsman to provide an annual report of complaints and other feedback, as well as resolution data, with processes in place to protect privacy.
  - Require that all data be shared publicly and a summary of the data be shared with all managed care plan participants.

- **CMS,** in their contracts with states:
  - Require states to have a workforce advisory committee, that includes representatives from the entire care team (i.e., dually eligible older adults, family caregivers, physicians, nurses, direct care workers, mental health providers, care managers, etc.), to advise state officials on workforce standards, demonstration status, field updates. Representatives are trained to participate and processes are in place to minimize/avoid retaliation fears/incidents.
  - Require that Consumer Advisory Committees ensure representation/participation by (more than one each) dually eligible older adults and family caregivers, and that they take into consideration workforce issues. Representatives are trained to participate and processes are in place to minimize/avoid retaliation fears/incidents.

- **Federal program evaluators:**
  - Be directed to include metrics on workforce, training and support.