DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicaid and State Operations

7500 Security Boulevard
Baltimore, MD 21244-1850

Demonstration to Improve the Direct Service Community Workforce

To Support the Needs of People with Disabilities in the Community

Sponsored By:

Department of Health and Human Services

Centers for Medicare & Medicaid Services

CFDA No. 93.779

June 2003

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The Centers for Medicare & Medicaid Services (CMS) is soliciting proposals from state agencies and other entities that provide direct service workers to Medicaid-eligible individuals. For purposes of this demonstration, "direct service workers" are defined as individuals who are employed to provide personal care and/or non-medical services, for example, within assertive community treatment settings, to individuals who need assistance with activities of daily living (ADLs). These ADLs include eating, bathing, transferring, toileting and dressing.

Over the next 10 years, the Bureau of Labor Statistics predicts a 39 percent growth in the direct service worker occupations. This is due partly to the aging baby boom generation that will need more access to direct service supports over that 10-year period. Though the need for direct service workers is expected to grow at this substantial rate, the general pool of workers in the United States is expected to remain stable. The CMS, through the New Freedom Initiative, has committed to assisting States and community organizations to take steps to develop strategies and programs that will draw workers into direct service occupations. This grant program provides funding to test workforce recruitment and retention strategies.

The CMS is allocating $5.97 million in funding from the CMS research budget for this grant program in fiscal year (FY) 2003. This funding will be distributed under the Social Security Act Section 1110 demonstration authority which permits the testing of methods to improve the effectiveness of the Medicaid program. The CMS anticipates making 7 to 10 awards.

Any of the following may apply: (a) the Single State Medicaid Agency; or (b) any other agency or instrumentality of a state (as determined under state law); or (c) other entities that provide direct service workers to Medicaid eligible individuals. For purposes of this grant program, "state" is defined as each of the 50 states, the District of Columbia, Puerto Rico, Guam, the United States Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands.

The project period will run for 36 months, from September 30, 2003, through September 29, 2006. The maximum grant award is $1.5 million for projects that include the provision of health insurance benefits to workers. For other projects that do not extend health insurance benefits to workers, the maximum is $750,000 per applicant. Matching funds of either in-kind or cash contributions totaling 5 percent of a project's total value are required.

Further information and application packages are available on the New Freedom Initiative Web site: www.cms.hhs.gov/newfreedom/default.asp. For program issues or administrative questions, contact Carey O'Connor Appold at (410) 786-2117.

Timetable

Deliverable	**Due Date**
Notice of Intent to Apply for Funding	June 27, 2003
Applicant's Teleconference	July 1, 2003
Application for FY 2004 funding Due	August 12, 2003
Implementation of Grant Activities	September 30, 2003
Project Period	September 30, 2003 – September 29, 2006

DEMONSTRATION TO IMPROVE THE DIRECT SERVICE COMMUNITY WORKFORCE

Sponsored By:

Centers for Medicare & Medicaid Services

CFDA No. 93.779

I. Purpose

The Centers for Medicare & Medicaid Services (CMS) is soliciting proposals to develop innovative programs that improve recruitment and retention of direct service workers. For purposes of this demonstration, "direct service workers" are defined as individuals who are employed to provide personal care and/or non-medical services, for example, within assertive community treatment settings, to individuals who need assistance with activities of daily living (ADLs). These ADLs include eating, bathing, transferring, toileting, and dressing.

Personal Assistance Services "means a range of services, provided by one or more persons, designed to assist an individual with a disability to perform daily living activities on or off the job that the individual would typically perform if the individual did not have a disability. The services shall be designed to increase the individual's control in life and ability to perform everyday activities on or off the job." (34 CFR 385.4(b)) Assertive Community Treatment is a team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illnesses such as schizophrenia.

The CMS is allocating $5.97 million in funding from the CMS research budget for this grant program in fiscal year (FY) 2003. This funding will be distributed under Section 1110 demonstration authority which permits the testing of methods to improve the effectiveness of the Medicaid program. The CMS anticipates making 7 to 10 awards. The maximum grant award is $1.5 million for projects that include the provision of health insurance benefits to workers. For other projects that do not extend health insurance benefits to workers, the maximum is $750,000 per applicant over 36 months. Matching funds of either in-kind or cash contributions totaling 5 percent of a project's total value are required.

II. Background: The New Freedom Initiative

President Bush announced the New Freedom Initiative on February 1, 2001, as part of a nationwide effort to remove barriers to community living for people with disabilities. The New Freedom Initiative has the following goals: (a) increasing access to assistive and universally designed technologies, (b) expanding educational opportunities for Americans with disabilities, (c) promoting homeownership, (d) integrating Americans with disabilities into the workforce, (e) expanding transportation options, and (f) promoting full access to community life.

On June 18, 2001, President Bush signed Executive Order 13217, "Community-Based Alternatives for Individuals with Disabilities." The President's charge to Federal agencies in the

New Freedom Initiative and in Executive Order 13217 has a special relevance to the U.S. Department of Health and Human Services (HHS). As the agency that administers Medicaid, the largest public program supporting long-term care services and supports, HHS has a critical role to play in achieving community integration for individuals with a disability or long-term illness. A self-evaluation by HHS determined that the absence of health insurance coverage for direct service workers in the community is one factor that limits (a) the recruitment of workers, (b) the ability of community programs to offer viable methods by which Temporary Assistance to Needy Families (TANF) recipients may reduce dependency on public programs, and (c) the ability of people with disabilities to live in the community.

III. Fundamentals of the Demonstration

Over the next 10 years, the Bureau of Labor Statistics predicts a 39 percent growth in the direct service worker occupations. This is due partly to the aging baby boom generation that will need more access to direct service supports over that 10-year period.

Though the need for direct service workers is expected to grow at this substantial rate, the general pool of workers in the United States is expected to remain stable. States and community organizations must take steps now to develop strategies and programs that will draw workers into direct service occupations. The Demonstration to Improve the Direct Service Community Workforce offers grant awardees the opportunity to develop and implement pilot programs that offer strategies for the recruitment and retention of direct care service workers.

A. Who May Apply

The following may apply:

(a) the Single State Medicaid Agency; or
(b) any other agency or instrumentality of a state (as determined under state law); or
(c) community-based organizations that provide some combination of direct services, education, training and/or outreach.

By "state" we refer to the definition provided under 45 CFR 92.3 as "any of the several states of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or any agency or instrumentality of a State exclusive of local governments." "Territory or possession" is defined as Guam, the United States Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands.

Community-based organizations must have a clearly defined mission of community service, be established under state law, have a formalized financial structure with the capacity for tracking and reporting on grant funds, and be able to submit proof as part of the application that they provide services to individuals who receive Medicaid. Examples of organizations that might want to consider applying include Independent Living Centers, consumer associations, community-outreach programs, assertive-community treatment providers, workforce development programs and others. Community-based providers possess an often-underutilized

source of knowledge, expertise and commitment for identifying and supporting direct service workers.

In most localities, it is unlikely that one community-based organization is the sole provider of direct service workers to the community. To account for the many organizations that comprise the workforce, CMS will look for collaboration among organizations. As reflected in the scoring criteria, scores will be higher for applications that show effort to serve multiple age and target groups. Applicants must describe any partnerships they will develop as a result of this demonstration in order to achieve the goals of this initiative. Successful applicants will include multiple age and disability groups within the scope of their activities and will clearly indicate effective partnerships to create cross-disability competence.

B. Duration of Awards

The demonstration projects may last for up to 36 months. The CMS is offering $5.97 million in funding nationally in FY 2003. Additionally, we advise applicants that funding was included in the President's FY 2004 budget request for a second round of grants. This additional funding is contingent upon the congressional appropriations process and is by no means guaranteed. Accordingly, we cannot predict whether there will be future rounds of grants for this purpose.

C. Amounts and Timelines for Funding

CMS anticipates making awards before September 30, 2003, to approximately 7 to 10 grantees. The project period for this solicitation will run for 36 months, from September 30, 2003, through September 29, 2006. The maximum grant award will be $1.5 million for projects that include the provision of health insurance benefits to workers. It is anticipated that these projects will most likely be run by state agencies. For other projects that do not extend health insurance benefits to workers, the maximum is $750,000 per applicant over 36 months. Matching funds of either in-kind or cash contributions totaling 5 percent of a project's total value are required. CMS reserves the right to offer funding of less than the maximum amount or to shorten the length of the project period if warranted by a proposal. CMS intends to make multi-year awards that cover the entire project period (up to 36 months), however, if a state does not implement the project by expending or committing funds within 12 months, CMS reserves the right to terminate the project.

D. Uses of Grant Funds

In general, CMS does not intend to limit the possibilities of this demonstration opportunity by prescribing permitted and prohibited uses of grant funds. However, the projects proposed by applicants must directly and clearly support the purpose of the demonstration. It must be clear to reviewers how the project will help create systems changes that will improve recruitment and retention of direct service workers. In that light, applicants should not propose projects that only enhance the current workforce or duplicate ongoing activity. For example, a straight wage increase that applies across the board without a merit-based distribution system or career ladder program will not be funded. Similarly, basic training of personal attendants without a companion recruitment or retention component would not be funded under this demonstration, as

organizations should already be providing basic training on core job functions. Lastly, this demonstration is intended to support practical projects of limited scope that can be expected to have direct impact on the workforce. Pure research, to assess and identify workforce problems, is not a fundable activity.

There are many examples of issues that impact recruitment and retention. Some of these examples are listed below with suggested projects. These are only suggestions and are not meant to restrict applicants to this list. However, in scoring the applications we will place special emphasis on proposals that use health insurance coverage as an important piece of the personnel strategy for direct service workers. In this way we hope to address not only the issue of the worker shortage, but also the anomaly of workers in the health care system who themselves do not have health insurance coverage. All proposals to offer health insurance benefits to workers must include a letter of endorsement from the health system that will be providing the benefits (i.e. Medicaid, the State Employees Health Benefits Plan or private insurer(s)).

- ✓ **Health Insurance Coverage**

The availability of health coverage can make an important difference in the recruitment and retention of workers. Such coverage may be paid under the regular Medicaid program as a fringe benefit but often is not included in the rate setting process for these low wage workers. However, states may need assistance in getting such payments started, or in designing affordable options. There are two sides to the health coverage equation: (a) providing access to group coverage as an employee option, and (b) making health coverage affordable (e.g., through participation in large insurance pools).

(a) Access to Coverage: There are many ways states can offer health insurance coverage to workers. In some cases the coverage may be available as a normal employee fringe benefit, with certain structured options for coverage, cafeteria plans, etc. Coverage also may be available by subsidy, through vouchers, or other means.

(b) Making Coverage Affordable: In many cases health insurance may be offered, but the premiums and sum of other out-of-pocket expenses may be prohibitively expensive for workers in a predominantly low-wage employment sector. The challenge for states is to make such coverage affordable. An example is to enable workers to purchase into the state employee health benefits plan or other large-scale group coverage.

The ability of the state to establish structured methods to make coverage affordable is important to contain Medicaid costs. It is also particularly important as more and more states make greater use of the willingness of the elderly and people with a disability to direct their own services and take on the role of employer of personal assistance services workers. Self-directed service options often yield greater value for each Medicaid dollar spent. However, in these cases the personal assistance workers serve as employees of the individual who needs help. Unless the state or other entity takes action to structure an insurance "group" larger than the few workers employed by the elderly person or person with a disability, the direct service workers will face even fewer options for group health coverage.

- ✓ **Increase in Wages**

One possible method of recruiting and retaining personal care workers is to offer better wages through **career ladder programs** or **incremental step increases**. A demonstration grantee could explore this method by establishing a management hierarchy within the personal care system. After a period of time or an evaluation for performance, a front-line worker could become eligible for a middle management position with higher wages and a supervisory role.

A grantee could also implement a wage system that includes incremental step increases based on performance or time-in job status. Either a career ladder program or an incremental step increase program could demonstrate that offering a better wage system will help recruit highly motivated, career-oriented personal care workers.

- ✓ **Continued Training/Education Programs**

Demonstration grantees could offer personal care workers more training or educational opportunities that would serve them in their current positions or help them launch new career paths.

Some personal care workers may feel they do not have adequate training to meet the challenges of their job. This lack of training may cause an increase in job-related stress, and thus, lead to early burnout of these workers. Applicants could **propose suitable training paths** for personal care workers that could provide them with skills in health care, stress management, or interpersonal relationships.

Grantees also could offer workers funding for continuing education programs. Grant funding could be used for **tuition reimbursement** and allow personal care workers an opportunity to receive a college degree or certification. Grantees also may **partner with colleges or universities** to provide personal care jobs to students in the health care field. These students could represent an untapped pool of personal care workers, who would benefit from the experience and training provided by a personal care job.

Colleges and universities could be encouraged to provide credit to students who function as personal care workers. As an alternative to training personal care attendants, grantees could provide **training to personal care consumers**. Consumers could be trained on how to work with the personal care attendants to create a positive environment, what are realistic expectations of a personal care attendant, and how to deal with problems associated with a personal care attendant.

- ✓ **Supervisory Training**

Immediate supervisors can make a tremendous difference in whether prospective workers decide to become interested or accept employment, and whether they continue on the job. Yet the training of supervisors in working with direct service workers and in building a culture of respect and value is often neglected. Research indicates that those organizations

that have the least turnover will pay continuous attention to these factors.

In self-directed services, the elderly person, the family, or the individual with a disability will be the supervisor. Effective programs of self-direction will build an infrastructure that not only affords these new supervisors with the training they need, but also offers adequate on-going support for feedback, learning, and support over time.

✓ **Normal Fringe Benefits such as Vacation/Time Off for Direct Service Workers**

Because many direct service workers often hold down more than one full-time job during the week, recruitment and retention may be enhanced by **offering workers paid time-off benefits**. These paid benefits could be accumulated at a standard rate and offer attendants a much needed break from their job.

Applicants would have to devise an appropriate standard for awarding time-off benefits, and create a protocol for using the benefits.

✓ **Addressing Underserved Linguistic Groups**

Populations for whom English is not their primary language often contain both (a) individuals who require direct services and (b) individuals who are willing to provide such services but due to limited English skills are unable to gain such employment. Applicants might increase their capacity to serve these underserved populations and recruit direct service workers through **hiring bilingual supervisors**, **developing written employment and marketing materials in the target language(s), and/or providing employees with English language classes, child care, tuition vouchers, health care**, etc.

✓ **Providing Culturally Competent Services**

Populations that have cultural barriers to accepting direct services from a provider outside the family unit often contain (a) individuals who could benefit from such services, and (b) individuals who could provide services in a culturally acceptable manner. Applicants might increase their capacity to provide culturally competent services and recruit direct service workers by hiring culturally competent supervisors, developing culturally competent marketing materials in target language(s), **modifying policies to enable provision of culturally-competent services**, and/or providing employees with English language classes, child care, tuition vouchers, health care, etc.

✓ **Addressing Underserved Populations**

Populations whose direct care needs are underserved due to physical, emotional, or behavioral challenges face significant barriers to full community participation. Targeted recruitment of workers not traditionally serving these populations, including college students, retirees, Temporary Assistance to Needy Families (TANF) recipients, or individuals with disabilities, might reduce the extent to which their personal care needs

remain unmet. Applicants might increase their capacity to serve underserved populations and recruit direct service workers by offering specialized training and supervision, tuition, internship opportunities, childcare, health care, etc.

- ✓ **Addressing Rural Transportation Barriers**

  Direct service workers are often responsible for their own transportation to client homes, even in rural areas without public transportation. Direct service workers may find that they are unable to own, maintain, and operate reliable transportation on the salary of such positions. Individuals with a disability or long-term illness in rural areas who require direct care are typically underserved and at greater risk for institutionalization. Applicants might increase their capacity to serve rural populations and others by **subsidizing direct service worker transportation costs**. Direct service workers might be reimbursed for mileage, use a voucher system for cab rides, or be transported by a private provider.

- ✓ **Coordination with Robert Wood Johnson Foundation's Better Jobs-Better Care Research and Demonstration Program**

  Eligible applicants that have applied for the Better Jobs-Better Care research and demonstration program sponsored by the Robert Wood Johnson Foundation and The Atlantic Philanthropies also are permitted to apply for funding under this demonstration program. If an applicant is awarded both a Better Jobs-Better Care grant and a Demonstration to Improve the Direct Care Community Workforce grant, the applicant must show evidence that the project funds and goals will remain autonomous. The applicant must demonstrate through budgetary documentation that no duplication of effort occurs between projects and that the funding streams do not overlap.

E. Resources

Some state agencies have already began exploring recruitment and retention strategies that may serve as good resources for applicants interested in this program. Appendix One contains a list of a sampling of these state programs and some research programs that may be useful in developing an application. Additional URL links to public and private programs identified as "promising practices" are provided.

F. Additional Considerations

In the event that CMS receives more than one application for a single service area, we reserve the right to select which application we will consider for funding.

The CMS reserves the right to assure reasonable balance in the awarding of grants, in terms of key factors such as geographic distribution and a reasonable diversity of significant techniques used to improve recruitment and retention of workers. In the selections, we will seek to ensure that at least two grant awards use the extension of health coverage as a significant tool, provided those applications are (a) of high quality, (b) address both access and affordability, (c) are

researchable, and (d) are replicable. We also reserve the right to modify the minimums and maximums of the grant award (specified in this solicitation) if necessary.

G. Involvement of Consumers, Stakeholders, and Public-Private Partnerships

All applicants are expected to ensure continuous and active involvement of consumers in project design, implementation, and evaluation. We encourage processes that promote the active involvement of all other stakeholders, especially direct service workers. In addition, we encourage the development of public-private partnerships that make the most effective use of each partner's expertise. We also encourage applicants to partner with volunteer groups, employers, faith-based service providers, private philanthropic organizations, and community-based organizations whose primary purpose is improving access and services for people with disabilities or long-term illnesses.

IV. Review Criteria and Process

Planning and Problem Analysis - 15 Points:
To what extent does the application evidence a well-planned project with a stated problem and reasonable methodology to address the problem? The application should present an accurate depiction of the current pool of direct care service workers located in the demonstration target area. Applications should pinpoint the barriers and disincentives that cause individuals seeking employment to turn away from direct care professions. A suitable application must present a thoughtful and focused plan for overcoming one or more of these barriers. Finally, the application should include an evaluation design that assesses the success of the recruitment and retention strategy. The evaluation should highlight quantitative and qualitative information gathered over the course of the demonstration that provides evidence of the demonstration's results.

Significance - 25 points:
To what extent does the application propose a project likely to bring about enduring change? The demonstration application should focus on a program that offers sustainable improvements in the recruitment and retention of direct care service workers. A successful application should provide evidence that the proposed recruitment and retention strategy can be replicated on a national basis, will likely result in new and sustained employment of workers, improves the perception of direct care professions, and provides for overall improved care for people with disabilities.

Methodology and Budget - 50 points:
To what extent do the methods, work plan, and timetable inspire confidence that the goals of the proposal will be met? For example, to what extent are:

- ✓ the needed partners aligned with the proposal?
- ✓ the goals reasonable and attainable over the designated demonstration period?
- ✓ the timeline for planning and implementation developed?
- ✓ the goals and methods clearly and effectively delineated?
- ✓ the impact and sustainability of the project measurable in an evaluation?

Is the budget reasonable? To what extent does the budget offer good value in relation to the achievements that are promised (that is, the size of the budget in relationship to the significant products or outcomes being achieved)? Has adequate funding been allocated to personnel, equipment, supplies, contractual, and other items to attain project goals? Are the budget allocations realistic? If the applicant has applied for funding for the Robert Wood Johnson's Better Jobs-Better Care demonstration, does the application demonstrate that there will not be overlap between project funding?

Staffing - 10 points:
To what extent is evidence provided that key staff are qualified and possess the experience and skills to implement and conduct the program within the available time frames? To what extent is there evidence that key project staff, by virtue of their personal and/or first-hand professional experiences with personal care, have the requisite knowledge to design and implement the project?

V. General Provisions

Although applicants have considerable flexibility in developing demonstration programs under this solicitation, the applicant must agree to the following:

Grantee Reporting

Applicants receiving awards must agree to cooperate with any Federal evaluation of the program including possible case studies and provide quarterly, annual and final reports in a form prescribed by CMS (including the SF-269a Financial Status Report forms). The reports will be designed to outline how demonstration funds were used and to describe program progress and barriers. Applicants also agree to provide data on key aspects of their projects scaled to the size of their grant award.

For most demonstration projects, CMS would expect a reasonable accounting of the nature and extent of the project including the number of people who benefit from such improvements. A report format will be supplied by CMS and final details will be negotiated as part of the final grant award process.

Transition for On-Going Administration

Applicants that use grant funds for any on-going administrative expenses must include a short plan for phasing out grant funds.

Meetings

All applicants receiving awards must plan to participate in two teleconference calls and attend one meeting annually.

Civil Rights

All grantees receiving awards under this grant program must meet the requirements of Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975; Hill-Burton Community Service nondiscrimination provisions; and Title II, Subtitle A, of the Americans with Disabilities Act of 1990.

Intergovernmental Review of Federal Programs

Executive Order 12372 or "Intergovernmental Review of Federal Programs" (45 CFR Part 100) is not applicable to this program.

I. Applying for a Grant

Application Format

Appendix Two contains a format for submitting an application.

Notice of Intent to Apply

Appendix Three is a Notice of Intent to Apply. Applicants are requested to submit this form on or before June 27, 2003. Although the Notice of Intent to Apply is not required to apply for a demonstration, applicants are encouraged to submit a Notice of Intent to Apply to assist CMS in its grant planning. Submission of a letter of intent does not bind the potential applicant, nor will it cause a proposal to be reviewed more favorably.

Applicants Conference

In lieu of a formal applicants conference, CMS will conduct an open teleconference call during which staff will be available to address applicants' questions. The teleconference will be held on July 1, 2003 from 2:00-4:00 e.s.t. Information regarding the call-in number for this conference call will be available on the New Freedom Initiative website: www.cms.hhs.gov/newfreedom/default.asp. Additionally, CMS staff will be available for questions and answers on an ongoing basis.

Deadline for Submission

The closing date for proposals submitted under this solicitation is Tuesday, August 12, 2003. Applications mailed through the U.S. Postal Service or a commercial delivery service will be considered on time if they are received in CMS' Grants Office or postmarked by this date. Submissions by facsimile (fax) transmission will not be accepted. A proposal postmarked after the closing date will be considered late. Late proposals will not be considered for an award in this round of applications and will be returned without review.

An original proposal should be sent with **two copies** to:

Attn: Nettie Faulkner
Centers for Medicare & Medicaid Services
OICS, AGG, Grants Management Staff
Mail stop C2-21-15
7500 Security Boulevard
Baltimore, MD 21244-1850
Phone: (410) 786-6639
E-mail: NFaulkner@cms.hhs.gov
Fax: (410) 786-9088

VII. Additional Information

For additional information regarding this solicitation, please contact:

Carey O'Connor Appold
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Mailstop S2-14-26
Baltimore, MD 21244-1850
(410) 786-2117
E-mail: COconnor2@cms.hhs.gov

APPENDIX ONE

Project Examples

Following are short abstracts of projects that are intended to serve as inspiration for prospective applicants. Some of these projects refer to increasing the child-care provider workforce but have applicability to direct service providers. This is not an exclusive list or intended to be limiting. Additionally, there are several Web sites listed that offer much more than we could append here.

Starting RIte—Health Insurance for Child Care Providers – Rhode Island

Rhode Island's Department of Human Services (DHS) established a program to ensure stability in the child-care provider workforce by partially subsidizing health insurance premium costs for center-based child-care providers and by providing fully paid health coverage to self-employed, certified child-care providers and their minor children. To qualify for this coverage, self-employed providers must receive at least $1,800 in a 6-month period as reimbursed by DHS on behalf of working families eligible for child-care assistance. Center-based programs with at least 40 percent of their capacity filled by children in the Child Care Subsidy Program also qualify for this coverage. For fiscal year (FY) 2002, Rhode Island anticipates spending $1.5 million as an incentive to 622 child-care workers to remain in their jobs caring for children.

Project Success—Rural Distance Education for Child Care Providers – Alaska

Project Success supports Alaska Native students living in rural Alaska who are working toward an Associate of Applied Science Degree in Early Childhood Education with an emphasis in Special Needs. The distance-delivered education—with videotape, audio conferencing, and individualized support—enables students in isolated communities to take college courses and become certified child-care providers. This program increases the number of certified child-care providers in underserved areas.

Recruiting Direct Service Professionals in a Competitive Environment – Massachusetts

The Massachusetts Department of Mental Retardation (DMR) and independent provider agencies joined forces to recruit direct service support professionals for people with developmental disabilities. The DMR and the agencies hired a marketing firm to develop a collaborative recruitment effort among agencies. During the first full year of this pilot program, the recruitment campaign generated about 2,000 inquiries from people interested in working with adults with developmental disabilities. Approximately 200 of these people were hired in the first 18 months. The costs, including DMR and provider contributions, for the first year was $100,000, including initial start-up costs that were not necessary in subsequent years. After this initial success, Massachusetts expanded the recruitment model to other areas in the state. During the past year, the campaign received nearly 5,000 inquiries from candidates.

Direct Care Workforce Recruitment and Retention – North Carolina

As part of its Real Choice System Change grant, North Carolina has focused on several areas intended to improve the size, stability, and quality of the State's direct care workforce. Specifically, the State plans to develop new competency-based job categories in order to provide a career ladder for direct care workers in home and community-based settings. The State also plans to develop educational and marketing materials for use with the media, the general public, schools, and nontraditional populations, etc., to promote employment opportunities and enhance the image of, and appreciation for, direct care workers.

Other Resources

Additional information that may be helpful is available at the following websites:

www.directcareclearinghouse.org

The National Clearinghouse on the Direct Care Workforce supports efforts to improve the quality of jobs for frontline workers who assist people who are elderly and/or living with disabilities. The Clearinghouse provides the information resources needed to effect change in industry practice, public policy, and public opinion. The Clearinghouse, operated by the Paraprofessional Healthcare Institute, seeks to improve understanding of the direct care workforce crisis through research and analysis funded by the Department of Health and Human Services and the Centers for Medicare & Medicaid Services. This site includes a Practice Profile Database, which is a unique resource for long-term care providers and state policymakers seeking to create a more stable frontline workforce capable of delivering quality services to consumers.

www.paraprofessional.org

This is the website of the Paraprofessional Healthcare Institute (PHI), a national nonprofit health care employment development and policy organization, based in the South Bronx, New York City, with affiliates in five states. The PHI believes that creating quality jobs for direct care workers is essential to the provision of high quality, cost-effective services to long-term care consumers.

www.directcarealliance.org

The Direct Care Alliance (DCA) is responding to this crisis in long-term care. The DCA is a growing national, practitioner-based coalition of long-term care consumers, direct service workers, and health care providers who have come together to pursue a common goal: broad-based reforms—both within public policy and healthcare industry practice—to ensure a stable, valued, and well-trained direct-care workforce that can meet consumers' demands for high-quality paraprofessional healthcare services.

www.rwjf.org or www.futureofaging.org (search for the "Better Jobs, Better Care" program)

The Robert Wood Johnson Foundation, along with the Atlantic Philanthropies (USA) Inc., sponsors the "Better Jobs, Better Care" initiative.

www.urban.gov

The Urban Institute Website contains research on many public policy topics including workforce shortage issues.

APPENDIX TWO

Application Format and Guidelines

Please use the format outlined below and submit materials in the order listed.

- The narrative portion of the proposal should not exceed 20 double-spaced typewritten pages, with 1-inch margins on all sides, in 12-point font. This page limit does not include the cover letter, budget, required appendices, or letters of support.

- Additional documentation may be appended; however, material should be limited to information relevant but not essential to the specific scope and purpose of the grant. Please do not include critical details in an appendix as appendices will not be included for purposes of the ratings process.

- Applicants must submit their proposals on paper (hard copy) format as well as on a 3.5 diskette. For purposes of expediting review, applicants should also send the narrative and standard application forms over e-mail to coconnor2@cms.hhs.gov.

A complete proposal consists of a narrative application plus the required material noted below and a completed grant application kit. Application materials should be organized in order as follows:

1. Application Kit Forms

Appendix Three contains the standard forms that must be completed with an original signature and enclosed as part of the proposal.

2. Project Abstract

A project abstract limited to one page. The abstract should serve as a succinct description of the proposed project and should include:

- The overall goals of the project;
- Length of the project, total budget; demonstration population and location if applicable; and
- A description of what aspect of the workforce recruitment and retention problem the project addresses.

3. Project Narrative

The narrative application should provide a concise and complete description of the proposed project. The narrative, or body, of the application must not exceed 20 double-spaced pages, as described earlier. Please do not rely on appendices to describe key

details. This narrative should contain the information necessary for reviewers to fully understand the proposed project and should be organized as follows:

A. ***Current Infrastructure*****:** Provide a description of the applying organization's involvement with the direct service workforce. Please include the following:

- A description of the workforce recruitment and retention problems in your state or sub-state area;
- A description of the applying organization's role in supporting the direct service workforce; and
- An assessment of the applying organization's abilities to impact the larger environment.

B. ***Use of Grant Funds:*** Provide a description of how the grant funds will be used to improve workforce recruitment and retention. Include information on both the use of funds being applied for as well as the use of the 5% match (cash or in-kind) required of the applicant. Please include as much detail about the following components as possible:

1. Project Hypothesis

Provide a clear statement of the intent of the project. What is being tested? How many individuals will be affected? What are the expected results? Discuss the major barriers to an improved workforce that will be addressed with grant funds.

2. Methods

Describe the design of the project and methods that will be used to convert theory into reality. Describe how the methods will yield the desired results.

3. Feasibility

Discuss the feasibility of the project in terms of the timeframe (maximum of 36 months), the ability of the sponsoring organization to create change, and sustainability when the project period ends.

4. Communication/Access Plan

Discuss how the applicant intends to generate participation in the project.

5. Partnerships

Describe any partnership that will be involved with the project and the impact of that partnership. In particular, address how the partnership enhances inclusion of a workforce serving individuals with different disability types, if applicable.

6. Monitoring Plan

Describe plans for monitoring the success of the program over time.

7. Research/Program Development

Describe any ongoing research or program development efforts in this area. If you submitted a final application under the Robert Wood Johnson Foundation's "Better Jobs, Better Care" program, provide detail about the different uses of funds for each program.

C. ***Products and Timeline:*** The purpose of this section is to outline clearly what the applicant hopes to achieve with each grant. Describe milestones and work products to be accomplished during the grant period.

- Examples of work products include completed program designs, enrollment of demonstration participants, or proposed educational campaigns.

- A timetable for accomplishing the major tasks to be undertaken should include key dates relevant to the proposed project.

D. ***Organization and Staffing:*** Describe the project organization and staffing. Include:

- Proposed management structure and how key project staff will relate to the proposed project director and any interagency or community working groups.

- Brief biographical sketches of the project director and key project personnel indicating their qualifications and prior experience for the project. Resumes for the key project personnel should be provided as an attachment.

E. ***Endorsements and Support:*** Provide a set of endorsements of the support and commitments that have been pledged for the proposed project (e.g., cooperation from the disability community, state agencies, the executive branch, the legislative branch, employers, business groups, etc.). *Please note:* If the project extends health insurance benefits to workers, a letter of endorsement from the health system offering the insurance is required. Individual letters of support should be included as attachments.

4. Budget Narrative/Justification

For the budget recorded on form SF-424 A (see Appendix Four), provide a breakdown of the aggregate numbers detailing their allocation to each major set of activities. The proposed budget for the program should distinguish the proportion of grant funding designated for each grant activity. The budget must separate out funding that is administered directly by the lead agency from funding that will be subcontracted to other partners. The budget must also include the 5% match from the applicant.

5. Required Appendices

(a) ***Organizational Chart(s):*** Append one or more charts depicting the organizational structure of the one or more entities applying for the grant.

(b) ***Organizational History:*** Provide a very brief history of the organization applying

for the grant. Include detail regarding ways in which the organization provides services to Medicaid beneficiaries. Please note this does not necessarily mean that the organization is a Medicaid service provider. (This piece is not required if the applicant is a state agency.)

(c) ***Key Staff Qualifications:*** Include a biographical sketch or resume of key staff, describing their qualifications.

(d) ***Demonstration Evaluation Worksheet:*** Please see Appendix Five.

APPENDIX THREE

NOTICE OF INTENT TO APPLY

Please return this form by June 27, 2003, to:
Demonstration to Improve the Direct Service Community Workforce
Mailstop S2-14-26
Center for Medicaid and State Operations/DEHPG
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

1. State Name:_____

2. Applying Agency or Organization:_____

3. Contact Name and Title:_____

_____

4. Address:_____

_____

5. Phone:_____ 6. Fax:_____

7. E-mail:_____

8. If applying as a coalition, other members:_____
_____

9. Expected Duration of Grant Request: From _____to_____

10. Expected amount of request: $ _____

11. Questions: Please attach any questions you would like to have answered before you submit your application.

Although this document is not required to apply for a Demonstration grant, states are encouraged to submit a Notice of Intent to Apply in order to assist CMS in its grants planning. Submission of a letter of intent does not bind the state, nor will it cause a proposal to be reviewed more favorably.

APPENDIX FOUR

GRANT APPLICATION KIT (STANDARD FORMS)

Please complete the attached forms:

SF-424: Application for Federal Assistance

SF-424A: Budget Information

SF-424B: Assurances-Non-Construction Programs

SF-LLL: Disclosure of Lobbying Activities

Biographical Sketch

Additional Assurances

If copies of these forms are needed, they may be obtained from the CMS website at: http://www.cms.hhs.gov/twwiia/424forms.pdf.

APPENDIX FIVE

WORKFORCE DEMONSTRATION EVALUATION WORKSHEET

Complete questions 1–6 only for the Demonstration application. Questions 7 and 8 will be completed by awardees at the close of their Demonstrations. Depending on the project, the Centers for Medicare & Medicaid Services may request that states collect information on specific data elements that will be negotiated with the state in the terms and conditions of the grant.

To be completed before the Demonstration begins:

1. Title of the Demonstration project.

2. Brief summary of the problem to be addressed by the Demonstration.

3. What will be used as evidence that the Demonstration had the intended effect?

4. Describe the data and their source(s) that will be collected to provide evidence of the Demonstration's effect (data may be quantitative or qualitative).

5. How will the data be analyzed/organized?

6. Provide contact information for the lead staff person who will be responsible for project evaluation.

To be completed at the close of the Demonstration:

7. Did the data provide evidence that the Demonstration had its intended effect? If not, explain what variables likely contributed to the actual results.

8. Describe any lessons learned in implementing the Demonstration and how this experience will shape future projects. Give recommendations for other states who wish to attempt similar programs.