A Guide for States Developing a Special Licensure Program Like NC NOVA: Key Steps and Stakeholder Processes

N.C. Foundation for Advanced Health Programs

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The Robert Wood Johnson Foundation, based in Princeton, N.J., is the nation's largest philanthropy devoted exclusively to health and health care. It concentrates its grant making in four goal areas: to assure that all Americans have access to quality health care at reasonable cost; to improve the quality of care and support for people with chronic health conditions; to promote healthy communities and lifestyles; and to reduce the personal, social and economic harm caused by substance abuse – tobacco, alcohol, and illicit drugs.

PURPOSE OF THIS DOCUMENT

This document is written to provide a framework to guide other states considering the development and implementation of a program like NC NOVA. Based on the experiences of the NC NOVA Partner Team, this document outlines key aspects of the stakeholder processes and program development decisions made along the way.

This document can be a "jump start" for other states. NC NOVA domains and criteria are based on workplace practices that will lead to improved retention through better jobs for employees and better care for clients and residents. If fully implemented, these criteria will change how organizations do business. To hear directly from workers, supervisors, administrators and others about the impact this program can have, view NC NOVA: A Guide to Getting There, *online at www.ncnovaguide.org.*

NC NOVA covers three licensed settings of care: nursing facilities; adult care homes (assisted living); and home care agencies (includes home health in NC).

Some states interested in this type of model may want to start on a smaller scale in terms of the number of settings included, particularly if a financial reward is envisioned. It is hoped this document will "jump start" interested states on their journey, enabling them to benefit from the lessons learned and experiences of the NC NOVA Partner Team.

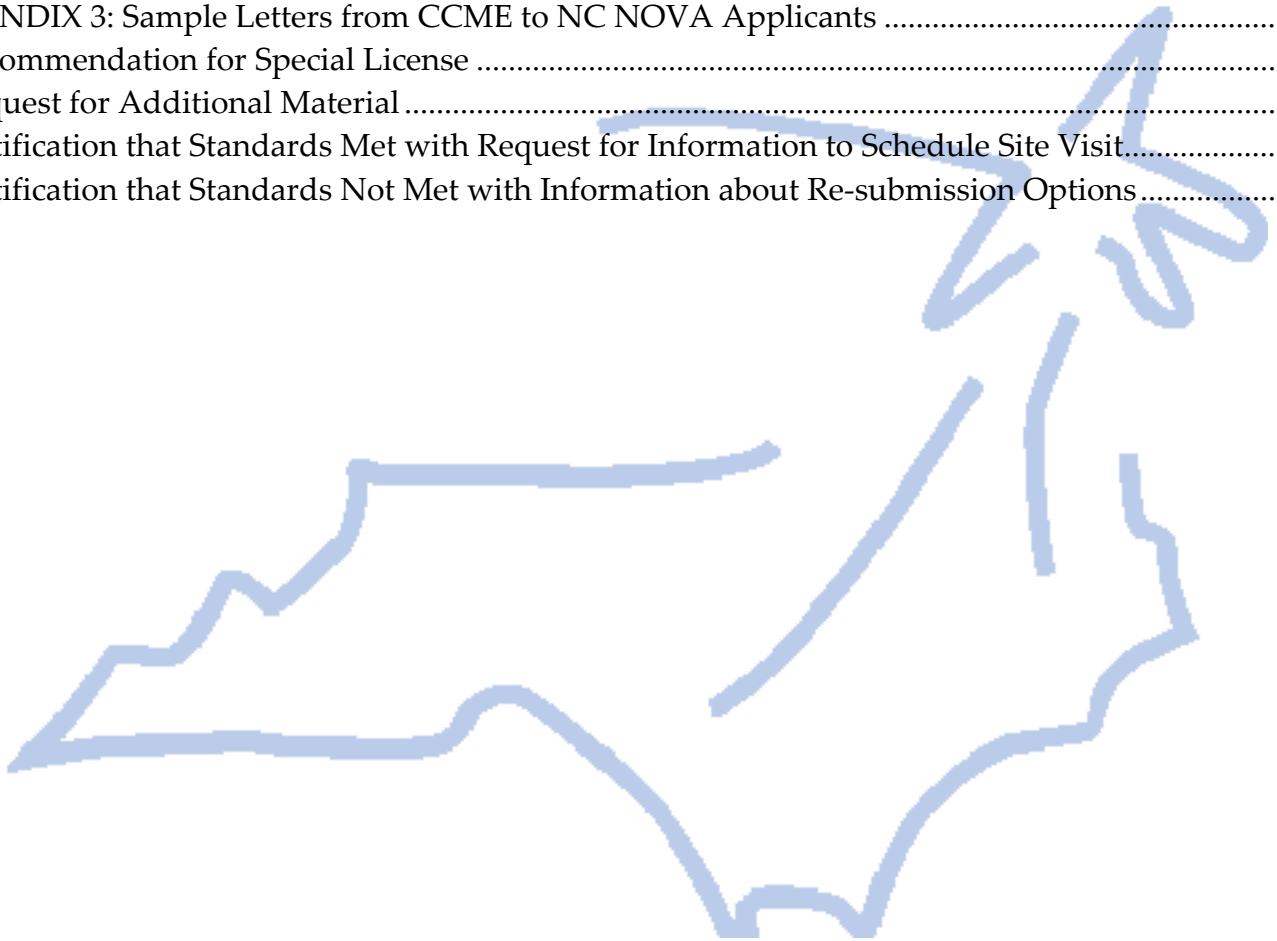
This document serves as a companion to the NC NOVA Provider Information Manual (available at www.ncnova.org), which details North Carolina's special licensure program; expectations for positively changing workplace culture; eligibility requirements; and the application, review and determination process.

NC NOVA: A Guide to Getting There, a videotaped overview of NC NOVA, developed for providers, policymakers and others, includes presentations by NC NOVA designees, organizations working toward NC NOVA designation, and other stakeholders. It is available for viewing at www.ncnovaguide.org. Also available online at www.ncnova.org is *Getting Started on the Road to NC NOVA Designation*, a manual for potential applicants for the special license.

Other resources intended to help states understand NC NOVA's development, program design, protocols, provider resources, etc., are listed in the table of contents.

Additional information, technical assistance and/or consultation on the specific processes, protocols, and other issues related to NC NOVA is available through Susan Harmuth with the North Carolina Foundation for Advanced Health Programs (919-733-4534; susan.harmuth@dhhs.nc.gov.) or Jan Moxley, N.C. Department of Health and Human Services (991-855-4429; jan.moxley@dhhs.nc.gov).

Table of Contents



INTRODUCTION

Like other states, North Carolina faces a current and future shortage of direct care workers to provide essential long term care services. Developing solutions to improve direct care jobs and the quality of care provided is a major issue for most states.

The Robert Wood Johnson Foundation and The Atlantic Philanthropies awarded a $1.2 million Better Jobs Better Care demonstration grant to the North Carolina Foundation for Advanced Health Programs in 2003. This grant enabled North Carolina to create a voluntary, special state license designed to promote the recruitment and retention of direct care workers through the collaborative efforts of a broad-based Partner Team. The special license, known as the North Carolina New Organizational Vision Award — NC NOVA for short — aims to achieve meaningful, lasting workplace culture change at nursing facilities, adult care homes (also known as assisted living) and home care agencies. The goal is to improve workforce recruitment, retention and, ultimately, the provision of hands-on care in each of these settings.

The four domains and associated criteria included in NC NOVA are based on evidence-based workplace practices that will lead to better jobs for employees and better care for clients and residents. While NC NOVA focuses on direct care staff, full implementation of NC NOVA criteria will fundamentally and positively change how organizations do business.

NC NOVA is working. Early turnover data and anecdotal evidence from NC NOVA designees, applicants and organizations working toward applying for the special licensure designation demonstrates NC NOVA's positive impacts. In addition, numerous organizations who had not yet applied indicated significantly improved retention rates from implementing certain criteria (coaching supervision training, peer mentoring and improved orientation programs).

NC NOVA is based on these core principles:

- The program links state policy to desired provider practice through special licensure.
- The program is voluntary and incentive based with plans to ultimately implement a financial reward to augment the marketing and recruitment benefit of the special license.
- The program is a comprehensive raise-the-bar program.
- The determination process is separate from the state's regulatory review licensure process. NC NOVA determination is conducted by an Independent Review Organization (IRO).

- The special license is issued by the state.

NC NOVA was created, piloted and enacted into law through a systematic, multi-year process that turned the Partner Team's early vision for a special state licensure program into reality. Providers, direct care workers, consumers, regulators, educators and policy-makers all had seats at the table during the four years it took to develop the voluntary special licensure program.

The Institute for the Future of Aging Services and PHI National provided technical assistance to the NC NOVA Partner Team for this effort.

OVERVIEW: NC NOVA IN A NUTSHELL

NC NOVA was developed by a broad-based Partner Team over a four-year period. In 2006, the North Carolina General Assembly passed legislation, signed by governor, creating NC NOVA as a statewide program effective January 1, 2007.

What is NC NOVA?

NC NOVA is a voluntary, incentive-based, raise-the-bar, special state licensure program. Any licensed nursing facility, adult care home or home care agency whose operating license is in good standing may apply for NC NOVA special licensure designation.

NC NOVA encompasses a comprehensive set of workplace interventions to address the retention and recruitment of direct care workers and the quality of care they provide. The criteria for NC NOVA designation apply equitably across nursing homes, adult care homes and home care agencies.

The program is based on these core principles:

- NC NOVA links state policy to desired provider practice through special licensure.
- NC NOVA is a voluntary and incentive-based program that
    - Provides marketing and recruitment advantage to its recipients;
    - Ultimately plans to provide recipients with a financial reward through a Medicaid reimbursement differential.
- NC NOVA is a comprehensive raise-the-bar program.
- NC NOVA's determination process is separate from the state's regulatory review and licensure process. NC NOVA determination is conducted by an Independent Review Organization (IRO).
- NC NOVA is issued by the state as a special license.

Program Criteria

NC NOVA comprises these four domains:

- **Supportive Workplace** which covers six elements:
  - Orientation
  - Peer Mentoring
  - Coaching Supervision
  - Management Support
  - Worker Empowerment
  - Reward and Recognition

- **Training**

- **Balanced Workloads**

- **Career Development**

The NC NOVA Provider Information Manual describes each domain and details the criteria and expectations setting forth:

- Required activities

- Expected evidence

- Expected outcomes

Eligibility, Application, Review and Determination Processes

- Any nursing facility, adult care home or home agency with its operating license in good standing is eligible to apply for NC NOVA designation.

- The NC NOVA application document corresponds to the domains and criteria detailed in the Provider information manual.

- An independent review organization (IRO) reviews applications for NC NOVA special licensure designation.

  - The IRO conducts a desk review to determine whether, based on the written evidence submitted, the applicant has successfully addressed all four domains. If the desk

review process is successful, the IRO conducts an on-site review. The purpose of the on-site review is to interview direct care staff (including peer mentors), and supervisors to confirm that NC NOVA criteria have been fully implemented throughout the organization in accordance with the written evidence submitted with the application. No interviews are conducted with administrators.

- Once the on-site review is completed, the IRO determines whether the organization has met scoring requirements for NC NOVA designation. Organizations meeting NC NOVA designation requirements are issued a separate NC NOVA license by the state regulatory agency (in North Carolina by the N.C. Division of Health Service Regulation).

- In cases where the organization did not meet the desk review or on-site review expectations, the organization receives a letter from the IRO identifying areas that need additional attention. The organization is eligible for a one-time re-review of its pending application that must occur no sooner than 90 days and no later than 12 months from receipt of the notification letter from the IRO. After 12 months a new application is required.

It is the philosophy of the Partner Team to foster success and not have any potential punitive consequence of NC NOVA application. Therefore, only the names of those organizations issued the NC NOVA special license are posted on the NC NOVA website or by the regulatory agency. Individual organizations may choose to promote their work toward NC NOVA to the public, but the names and information submitted by applicants that are not successful are not published.

Awarding the Special License

- NC NOVA designation is awarded for a two-year period after which the organization may reapply by submitting a new application.

- If there is a change of ownership during the award period, the organization may request an expedited review to maintain its NC NOVA designation.

- Early termination of NC NOVA designation will occur only under the following circumstances:

  - Negative action taken against the organization's operating license; or

  - There is a change of ownership during the award period and the organization chooses not to request an expedited review.

STEP 1: BUILDING CONCEPTUAL SUPPORT FOR A PROGRAM LIKE NC NOVA

Where to Begin

Direct care workforce issues are of concern to providers of care, regulators, funding agencies, workers, consumers and consumer advocacy groups. It is an area with much common ground and opportunities for developing programs and initiatives that result in win-win outcomes for everyone involved.

NC NOVA is a comprehensive approach to workplace culture change. It requires a long-term view and commitment to make it happen, but the journey is worth the effort! There is no single formula for successfully building interest in the development and implementation of a program like NC NOVA. Efforts are likely to move forward more quickly and enthusiastically if interested parties can view development as building upon state policy direction and/or prior successful collaborative efforts.

North Carolina was able to "quick start" its efforts to gain support for a special licensure program by building on successful past collaborations related to the direct care workforce. Specifically, state government, provider associations, university-based researchers, and North Carolina's federally designated quality improvement organization (QIO) had all been involved in one or more collaborative efforts related to the direct care workforce. North Carolina was also able to tie the development of NC NOVA to recommendations in a Long Term Care Task Force report published by the N.C. Institute of Medicine. Regarded as the state's "blueprint" for long-term care, the document included recommendations pertaining to direct care workers. These prior collaborations and policy recommendations were important to generating support for the special licensure undertaking. They provided a policy foundation for proceeding while also helping to garner the future state support and resources that would be needed.

Also, based on prior collaborations there was a certain level of trust built among the core stakeholders that they could work together to move from a vague conceptual idea for a special licensure program to actual development, pilot projects and ultimately statewide implementation. There was also trust that the concerns and issues of each core stakeholder would be heard and considered.

Suggestions and Tips Based on North Carolina's Experience

- Generate interest and support for developing a program like NC NOVA by building on existing direct care or long-term care policy papers or recommendations that had wide support.

Direct care workforce shortages and turnover are being addressed nationwide. Numerous states have convened task forces, prepared reports or commissioned studies to assess the workforce issue and develop policy recommendations to address findings. To the extent that the recommendations put forth are widely supported and generally consistent with notions of changing workplace culture, empowering workers, training and creating career development opportunities, then it would be beneficial to link them with efforts to generate interest and support for developing a program like NC NOVA.

Likewise, if preparation of such documents or reports is just getting started or still in progress, working to include a recommendation that speaks either generally to a comprehensive, voluntary approach to improve workplace practices, or specifically identifies a program like NC NOVA would be beneficial. Tying this effort to public policy documents such as task force studies will help raise awareness and build potential future support for implementation.

- If possible, build upon prior successful collaborations related to direct care issues or initiatives to garner potential interest and support.

  Direct care workforce issues are of concern to providers of care, regulators, funding agencies, direct care workers, consumers and consumer advocacy organizations alike. It is an area with much common ground and opportunity for a "win-win" outcome for all concerned.

  Successful prior collaborations can also build trust among diverse stakeholders and generate interest and perhaps even excitement to participate in something as ambitious as creating a program like NC NOVA.

- In the unlikely event there is no opportunity to build on prior efforts, the starting point should be to test the waters by approaching the essential stakeholders that need to be on board to gauge potential interest in a program like NC NOVA.

In North Carolina, the impetus for development of NC NOVA came as a result of a request for proposals through the national Better Jobs Better Care initiative. However, the fact that North Carolina had a number of prior collaborative efforts related to the direct care workforce underpinned the expectation that such a comprehensive model was doable. There was trust among the key stakeholders to proceed, even in the absence of any more specific objective than developing a comprehensive, raise-the- bar, workplace culture change program that would lead to a special state issued license and potentially, as a much longer term vision, a financial reward for those who attained it. Moving forward was viewed as a "win-win" effort for providers, the state, direct care workers, consumers and advocates. Certainly the availability of grant funding to make it happen was also a major factor. However, the commitment by the core stakeholders to work together to make this major undertaking a reality was the real prize.

STEP 2: APPROACHING AND ENGAGING CORE STAKEHOLDERS

Engaging the core stakeholders is essential. These include organizations and agencies that would be most directly affected by a program like NC NOVA. Without their support and participation, efforts to develop such a program will likely never get off the ground. Bringing these core stakeholders together at this stage will provide opportunity to address their questions, concerns, etc. with the goal of obtaining their buy-in.

The agency or individual that will pull together these core stakeholders needs to be viewed by them as being fair; convey genuine interest and attract support for the prospect of a model like NC NOVA; and capable of engaging them to build consensus around a broad vision and framework. A good place to start is with an individual or agency with credibility in regard to direct care workforce issues or long-term care and enthusiasm about the potential for developing a program like NC NOVA.

At this stage, it is not necessary to select the agency or individual that will guide the project to completion over the long term. The individual or organization taking the lead to consult with core stakeholders may not be appropriate or interested in the longer term role. Their interest might be limited to testing the waters or conveying the commitment of an essential stakeholder to work toward developing a program like NC NOVA.

The statewide provider associations representing North Carolina's nursing facilities, adult care homes and home care agencies, together with key representatives of state government, developed the vision of a special state licensure program that became NC NOVA through the efforts of the Partner Team.

In North Carolina, the core stakeholders were convened by the staff person responsible for coordinating direct care workforce initiatives across the N.C. Department of Health and Human Services (DHHS). This was based on successful prior collaborations related to direct care workforce issues and the direct care workforce policy recommendations in North Carolina's Long Term Care Task Force Report, combined with availability of the Better Jobs Better Care demonstration grant aimed at linking state policy to practice. The core group came up with the vision for a voluntary special state licensure program.

North Carolina's Core Stakeholder Group

Although the stakeholders below did not always meet as a full group, the listing represents the core stakeholders involved in developing the vision and positioning efforts to move forward.

- Assistant Secretary for Long Term Care and Family Services in DHHS. This person was able to "sell" the potential value of the planned program to other high-level department officials. This early high level departmental buy-in was essential to ongoing support throughout the process, future need for legislation, efforts to increase Medicaid reimbursement as a financial incentive and other issues.

    - This individual was not a member of the full Partner Team but served as a key liaison between the project director and DHHS and was essential to garnering on-going support at the highest levels within the department.

- Direct Care Workforce Coordinator in DHHS Office of Long Term Care. This person was responsible for coordinating direct care workforce issues across the department and reported to the Assistant Secretary (above). This person had experience with direct care workforce issues as well as many years working in state government on policy issues related to aging and long-term care; also, she had some knowledge of Medicaid services, eligibility criteria and reimbursement processes along with general understanding of licensure requirements. This individual later served as the project director for NC NOVA.

- Chief Operating Officer (No. 2 person in organization) of the DHHS division that regulates nursing homes, adult care homes, and home care agencies. This person had a long history in regulatory issues and administrative rules; helped forge the way to enable the pilot project; and built support for the program within the regulatory agency and other divisions within the department.

  This individual also participated on the full Partner Team along with several others from the regulatory agency. She was the point person within the agency to coordinate issues and keep all management support informed.

- A representative from each of the state associations representing nursing homes, adult care homes and home care agencies. In North Carolina's case, there were five such organizations. These state associations represented providers that would be those affected by the program developed.

Irrespective of where the impetus comes for developing a program like NC NOVA, there are several core organizational stakeholders that need to be approached, engaged and committed to the overall concept and a general framework before a broad-based Partner Team process and program development phase can begin. Without support from these core stakeholders on a shared core vision, success will be difficult. While long-term care organizational structures, provider associations, consumer advocacy groups and the relationships among these groups vary from state to state, core groups must "buy-in" at this early stage.

General Principles

In North Carolina, the core stakeholder group reached consensus on the following general principles and rationale for each:

- **The program would link state policy to desired practice through special state licensure.**

  Based on prior collaborative efforts on direct care workforce initiatives, there was recognition that a more comprehensive, employer-based strategy was needed to achieve workplace culture change. This recognition led to the core group's vision of a special state license. Pilot projects, training programs and similar initiatives can come and go and are more difficult to sustain in terms of both staff and financial support, particularly in difficult economic times. Linking state policy to practice helps ground the state licensure program into on-going state operations. Linking state policy to practice was also a requirement of the Better Jobs Better Care grant as a way to create sustainable programs.

- **The program would be voluntary and incentive based.**

  The core group agreed that rewarding investments that providers voluntarily make to change workplace culture, rather than mandating change through additional regulation, would be a more productive approach to achieving meaningful and lasting practice change. This approach helps create a "win-win" situation and creates an atmosphere of success.

  Rewarding providers for making investments to achieve change as opposed to additional regulation was viewed as a more productive approach to meaningful and lasting practice — provided the incentives were meaningful and sustained. Initially it was understood that attaining the special license would be the incentive (from a marketing and recruitment perspective); the future goal would be a Medicaid reimbursement differential. An incentive-based program was also consistent with growing national interest in pay-for-performance approaches to quality improvement.

- **The program must truly be a <u>comprehensive raise-the-bar</u> program.**

  To be meaningful, the program had to be both comprehensive and not easily attained. If NC NOVA were merely a "pro-forma" process, consumers providers, workers, policymakers and advocates would give the special license little or no value.

- **The special licensure determination process would be separate from the regulatory process and made by an <u>outside, independent organization (IRO).</u>**

  Keeping NC NOVA determination separate from the state regulatory process was a key concern. The "feel" of the special licensure program needed to be distinct from the regulatory review process. Thus, the idea of having a non-state government entity serve as the review organization (later referred to as the Independent Review Organization, or IRO) was born. The IRO would need to be viewed as capable, objective and able to work across the care settings to be included. Other implications pertaining to the use of an organization outside state government to conduct reviews are addressed on page 49.

Another reality was the fact that adding state staff to conduct special licensure reviews, even if they functioned separately from regular review staff, was not feasible from a cost perspective as well as not having the desired separate feel from regulatory process.

- **The special license would be <u>issued by the state</u>.**

  From both a provider and consumer perspective, a state-issued special license was viewed by North Carolina's core stakeholders as having more impact, credibility and visibility than creating or linking with an "accreditation" organization.

  Designing NC NOVA as an "accreditation" type program could have hampered both sustainability and visibility. In addition, state oversight of the program gives more credibility to the prospect of eventually tying it to a financial reward.

Suggestions and Tips Based on North Carolina's Experience

It may not be feasible to "hand pick" the representatives of the core organizations. However, to make this initial phase as efficient as possible, prospective representatives should be interested in the concept of a program like NC NOVA and in a position to speak on behalf of their organization at this preliminary stage whether or not they would also represent their organizations on the full Partner Team.

- Identify the agency and the individual — both choices are essential — to take the lead in convening the <u>core</u> stakeholders. After the core group reaches consensus on a vision, a

broader based working group (known as the Partner Team in NC) will need to be pulled together to develop the program.

The agency and individual chosen to take the lead should build from prior successes and collaborations related to direct care as described earlier to help generate interest and participation among core stakeholders.

- Each state will need to determine for itself which organizations are essential to moving forward with an effort like NC NOVA. Obviously, the state's long-term care structure will be key to determining what government agencies need to be included at this initial stage; but, at a minimum, the core group is likely to need:

  - A representative from each state-level provider association representing a care setting that might be included in the special licensure program. Provider associations need to understand the general concept, framework and reward structure envisioned and determine whether they are interested in being part of the model and thus participating on a full partner team.

  - A management-level representative from the Department (or Office) responsible for coordinating long-term care services.

  - A management-level representative from the Division(s) responsible for regulating long term care settings that might be included.

  - Someone with knowledge of direct care workforce initiatives under way or implemented through departmental or related stakeholder groups; this may be one of the departmental or division-level representatives listed above.

- All core stakeholder representatives need to be in a position to speak on behalf of their respective organizations during meetings. In addition, each representative should have a general understanding of long-term care and direct care workforce issues and **be considered someone who can help make things happen.**

STEP 3: GETTING CORE STAKEHOLDERS TO PROCEED

Once the core stakeholders have been approached and agreed on their core principles, other fundamental decisions and agreements are needed before the effort can proceed. These include both collective decisions as well as individual commitments from the organizations involved. These decisions and commitments will underpin the full partner team's effort to reach agreement on the program and to implement it.

For North Carolina, there were three key decisions needed by the core stakeholders: (1) what organization and individual would guide project development; (2) what entity would serve as the independent review organization; and (3) what organizations would comprise the working group to develop the program, a body that came to be known as the Partner Team. Partner Team organizations then had to make certain commitments before the process could proceed.

Decisions Needed by Core Stakeholders (as a Group)

What organization and individual would lead the process

The core stakeholders decided the N.C. Department of Health and Human Services would provide staff to lead the process. In addition, they agreed who in the department would take the lead in preparing the Better Jobs Better Care grant application and direct the overall project, if funded. Chosen was the staff person responsible for coordinating the department's direct care workforce initiatives. She was viewed as having the knowledge, interest and leadership skills needed and could dedicate 75% of her time toward this initiative given that it was consistent with her daily job responsibilities.

> *The North Carolina grantee for the Better Jobs Better Care demonstration grant was the nonprofit North Carolina Foundation for Advanced Health Programs. The organization seeks to improve health care and health care systems, a focus that includes addressing healthcare workforce shortages. In addition, the organization had a long-standing history of collaborating with the N.C. Department of Health and Human Services on a variety of mutually related projects. The organization had the administrative structures in place to support the administration of the grant, including financial accountability and reporting and staff support.*

Another consideration was that the special licensure program would eventually be transitioned into the daily operations of DHHS. This played a role in the department's later decision to have two staff involved with the overall project to ensure continuity and staff capacity to provide leadership to the program over time.

In addition to staff support, DHHS also agreed to provide in-kind support as necessary including supplies, meeting space, computer equipment, clerical support, and travel reimbursement.

What entity might serve as the Independent Review Organization

North Carolina's core stakeholders decided they would choose the independent review organization (IRO) at this stage of the process since this issue could be a potential deal breaker. The IRO selected had to be:

- Grounded in long-term care issues
- Highly professional
- Capable of conducting reviews in an equitable manner across all three settings that were planned for special licensure.

In addition, the state regulatory agency on the core team preferred having an organization with which it already had an effective working relationship and a high degree of confidence in terms of its ability to do the job. Professionalism and the ability to coordinate work were also important to the regulatory agency, given that it would be coordinating the awarding of special licenses with the IRO.

Given these considerations, the core group decided to ask The Carolinas Center for Medical Excellence (CCME) if it would be interested in serving as the IRO for at least the program development and pilot phases of the project. CCME also serves as North Carolina's Medicare and Medicaid-designated Quality Improvement Organization (QIO), which was a natural fit for the role of independent reviewer.

Once engaged, CCME played an integral role in the development of NC NOVA. In addition to participating on the full Partner Team, CCME dedicated the staff time — much of it without compensation from the grant — necessary to handle myriad start-up details associated with the application, review and determination process for NC NOVA.

CCME fit the bill as the type of organization the core stakeholders wanted as the IRO. CCME enjoyed an excellent reputation among the statewide provider associations as well as the agency that regulates all three settings to be included in the special licensure program. CCME had demonstrated its capacity for program development and implementation by instituting numerous training programs for nurse aides in nursing facilities. Moreover, the organization had expertise with statistical sampling and the development and validation of evaluation instruments for new programs.

DHHS staff consulted with CCME staff to discuss the project envisioned and their potential role. DHHS asked CCME for a very preliminary cost estimate for reviews and to determine its capacity to perform this role.

CCME was eager to take on the project even with the risk of not knowing at this point what the special license criteria would be or what the review process would entail. CCME saw its early involvement as an opportunity to help create a meaningful, worthwhile program to address the retention of direct care staff and improve the quality of care. In addition, it was willing and able to create a structure that would clearly separate its role as the QIO from its role as the IRO for NC NOVA.

Agreement regarding the composition of the full Partner Team

The core stakeholder group was interested in having key voices on the Partner Team to ensure the development of a consensus program that interested parties across the state would regard as being meaningful. This working group had to be of a manageable size, limited to the essential players without whose support the program could not work.

For instance, only one consumer advocacy organization was included (NC Friends of Residents in Long Term Care). Other consumer advocacy related groups that would be interested and could potentially provide support, such as AARP or state Alzheimer's groups, were kept informed as the Partner Team completed its work.

Commitments Needed by Individual Core Stakeholders

In addition to the group decisions by the core stakeholders, individual stakeholders had to provide certain commitments within which the Partner Team could develop, and the implement, the special licensure program. Following are the essential commitments that North Carolina's core stakeholders agreed to make:

N.C. Department of Health and Human Services

- Provide essential staff support for program development, at least initially, as well as agreed to provide an array of other in-kind support.

- Support the idea of a special state license issued by the state regulatory agency (Division of Health Service Regulation).

- Have an independent outside entity decide whether an applicant had met the criteria for the special license.

- Support legislation to enact NC NOVA on a statewide basis once a consensus program was developed and piloted.

- Acknowledged that future state funding would be needed for on-site reviews and, ultimately, a financial reward for attaining NC NOVA designation.

- Assume day-to-day responsibility for major program operations at the end of the grant.

Division of Health Service Regulation (a NC DHHS division)

The DHHS agency that regulates nursing facilities, adult care homes and home care agencies, had to agree to the same issues as above and:

- Determine whether there was existing authority to conduct a pilot project or whether legislation for a pilot would be needed.

- Be willing for multiple staff to participate on the Partner Team and to carry out tasks within the division that would be needed to implement NC NOVA.

State Provider Associations

Each of the five state level provider associations that participated on the core stakeholder group had to determine:

- Whether the setting represented would be included in the special licensure program; and, if so

- Whether it would commit to participating on the full Partner Team to help develop and implement the program and generally, help make it happen.

Suggestions and Tips Based on North Carolina's Experience

Choosing the organization and individual to lead the entire process

- The organization selected must be viewed as having the ability to dedicate the appropriate staff time and leadership capacity to carry out this responsibility and an understanding that the process will require consensus building to succeed.

- Consideration should be given to the organization that will eventually take on day-to-day leadership of the program once implemented statewide. While not essential that this organization also lead program development, if a different organization is selected, it is essential that a structure be established for close coordination between the two so there will be a smooth transition when that time comes.

- Some important considerations for the core stakeholders in deciding who will lead the development process are that it be someone with the requisite confidence, sense of fairness, talents and time to carry out the responsibility. Ideally this will be someone at the level of management in the state office or agency responsible for coordinating or regulating long-term care services or care settings. If not, the person should be knowledgeable about ongoing direct care workforce initiatives under the aegis of the state or one of the other stakeholders. (For more discussion of staffing issues, see pages 28-29.)

- The person chosen should be able to devote at least half time to the project and have access to a level of administrative and clerical support commensurate with the magnitude of the task. This is true even if core stakeholders are considering using much of NC NOVA's model.

Selecting the Independent Review Organization (IRO)

While a decision at this point is not essential, the core group should start early in the process to discuss the independent review organizations (IROs) under consideration. This is because the selection of one particular organization or another could potentially be a deal breaker for one or more of the core stakeholders.

At minimum, the regulatory agency and provider associations on the core stakeholder group must perceive the IRO as being fair, credible and capable. It will be important for other stakeholders who are brought in later to serve on the full Partner Team (work group) to view the IRO in similar fashion, but the screening process has to start with the partners for whom a wrong choice could be a deal breaker.

As a practical matter, the IRO will be a valuable resource to help guide the development and oversight of a program like NC NOVA and, once selected, should be added to the full partner team. The IRO must have the capacity, experience and standing among stakeholders required to get the job done. The core team should consider an IRO that:

- Is financially sound and will likely have adequate continuing operating revenues.

- Has demonstrated experience implementing quality improvement programs.

- Understands direct care workforce issues related to long-term care settings and has some knowledge of direct care workforce initiatives under way.

- Is familiar with some of the core stakeholders that will participate on the partner team, such as the provider associations.

- Will commit to the effort for at least three to five years, given the learning curve required to implement the program. Continuity is essential to the review process and to instilling confidence within provider organizations that the program is fair.

- Can develop structures for carrying out the IRO function and avoiding conflicts of interest. In North Carolina this meant keeping CCME's IRO role separate from its role as a Quality Improvement Organization for Medicare and Medicaid.

- Can respond to a demand for additional reviewers without the red tape that often impedes state government agencies or quasi-governmental agencies from quick action on hiring or contracting.

- Will be able to carry out work in a timely, cost effective and quality manner.

- Will dedicate the staff necessary to lead and support the process — including periodic in-service training and review — and will have a back-up plan in case of unforeseen changes in key personnel.

- Has experience both developing new programs and effectively managing them.

STEP 4: CONVENE AND EMPOWER THE FULL PARTNER TEAM

While the core stakeholders may identify most, if not all, of the organizations to participate on the working group, or partner team, it is important that organizations invited (as well as individuals specified) be willing participants in what is likely to be a lengthy process. They should have some knowledge of long-term care or direct care workforce issues. Each organizational (or individual) member does not need an in-depth knowledge of service delivery, regulatory or financing structures. What is important, however, is that they have some expertise about the entities they represent and can bring those perspectives to the team's discussions. In addition, they should be empowered to make decisions on behalf of the groups they represent so that team meetings can be as productive as possible.

In the case of North Carolina, once the core stakeholders had agreed on a conceptual framework for a special state license, they delegated the job of filling in the details to a working group known as the Partner Team. The Partner Team represented a broad range of stakeholders whose commitment was reflected in their willingness to meet monthly for more than three years to turn vision into reality.

In assembling the NC NOVA Partner Team, North Carolina's core stakeholders brought the right people to the table. Team members represented a range of constituencies committed to linking the concept of workplace culture change to improvements in the provision of long-term care. Partners were responsible for keeping their constituent groups updated on progress.

North Carolina's NC NOVA Partner Team

The Partner Team comprised:

- All the core stakeholder groups including:
    - The five state level provider associations – which were also responsible for selecting specific pilot sites to participate – based on the general construct agreed to by the Partner Team
    - Various divisions and offices within DHHS, namely
        - The agency responsible for regulating the care settings covered under in NC NOVA (several representatives)
        - Staff responsible for direct care workforce initiatives
        - A representative from the Medicaid agency (this group added later in the process)
        - A representative from the Division of Aging and Adult Services, who was added after state legislators required DHHS to implement a quality improvement

program for adult care homes. The addition of this agency facilitated the integration of NC NOVA concepts into the QI program developed in response to the legislative mandate.

- Direct Care Workers Association of North Carolina. The association, incorporated in 2003, is a statewide, education-based organization for direct care workers and others who share its mission and values.

- Individual direct care workers and a supervisor of direct care workers.

- Long-term care advocates. The Partner Team included one representative from the leading advocacy group related to long-term care. In addition, it included an individual who was a family caregiver and also played a major role in raising awareness of direct care workforce issues in North Carolina in the mid-1990's.

- University-based researchers and programs.

  - The state's Institute on Aging, part of the University of North Carolina at Chapel Hill. The Institute on Aging had collaborated previously on several of North Carolina's direct care workforce initiatives.

  - Duke University's Gerontological Nursing Specialty Program, which has a keen interest in and a national reputation for leadership on issues pertaining to the provision of quality nursing home care and the relationship between quality care and direct care staff.

- The Carolinas Center for Medical Excellence. CCME, selected by the core stakeholders to serve as the IRO, is also the state's Medicare and Medicaid designated Quality Improvement Organization.

- NC Foundation for Advanced Health Programs (the grantee for the project).

Partner Team Operating Principles

Partner Team organizations were asked to assign a primary person to regularly attend meetings. In the case of North Carolina, there were several important principles followed regarding Partner Team membership and operations including:

- Members were expected to have the authority to make decisions on the spot on behalf of the organization they represent.

- Consensus decisions reached in prior meetings would not be re-visited in the absence of a compelling reason. This enabled the Partner Team to keep things moving forward and underscored the importance of regular attendance and participation.

  The Partner Team reversed prior consensus decisions only twice — each time for a major issue. In both cases, the decision was revised after the team considered essential information not available when initial decisions were made.

These operating principles, coupled with the high level of staff support and communication between meetings, forged a group ethic that helped the Partner Team sustain high attendance when it met each month.

As a reality, in some cases, as executives of organizations with minimal staffs of two or three, a few Partner Team members found it extremely difficult to routinely attend meetings. In addition to apprising them of progress through emails and meeting summaries, the project leader would sometimes seek their input by phone before a meeting to ensure that their thoughts on a pending issue would be included in the discussion if they could not attend.

If attendance would be crucial, for instance when the Partner Team needed to present a united front at a legislative committee hearing on the NC NOVA bill or at a statewide kick-off for the pilot sites, the project leader would call to encourage them to attend. Recognizing the importance of such requests, they were usually able to arrange their schedules to attend.

Partner Team Facilitator

Another important contributor to the successful operation of the NC NOVA Partner Team was its outside facilitator. A bonus for North Carolina was that the facilitator it selected had previously worked on collaborative efforts involving direct care workforce issues, notably the state's "Real Choice" grants from the Centers for Medicare & Medicaid Services. The facilitator brought other professional experience to the table as well, including public relations, marketing, media, journalism and website development.

Once the Partner Team reached a comfortable working rapport, the role of the facilitator shifted to help fill gaps in staffing as needed. All together, the facilitator's role in North Carolina included tasks such as:

- Preparing written meeting summaries for distribution to Partner Team members.

- Brainstorming with the project director to shape content and future agendas, enabling her to actively participate in discussions at those meetings.

- Turning the Partner Team's concepts into a draft plan for marketing NC NOVA.

- Writing brochures and news releases about NC NOVA.

- Developing and updating the NC NOVA website.

- Editing the "Getting Started" manual for organizations interested in pursuing NC NOVA designation.

- Leading production of the "Getting Started" DVD and later having it posted online.

Preparation before meetings and written summaries afterward were among the standard operating procedures that helped keep the team on track. Meetings were times for discussion, debate and decision.

What North Carolina's Partner Team Accomplished

Following are major milestones that marked the Partner Team's steady progress.

- Decided what domains and elements would comprise the criteria for the special license and how the expectations for these criteria would equitably account for differences in service delivery between residential and in-home settings of care.

- Decided on the expected activities, evidence and outcomes for NC NOVA designation.

Technical assistance was provided by PHI National to help condense the myriad of practices and expectations the Partner Team identified for potential inclusion as NC NOVA criteria. In addition, technical assistance was provided to outline a framework for criteria, expected evidence, and expected outcomes. Having working draft documents as a starting point for discussion was important to making the best use of the Partners' time.

- Decided eligibility requirements for providers interested in applying for NC NOVA; that applicants would go through both desk and on-site reviews; and decided the minimum score required to attain the special license.

- Decided that the special license would be a separate document and not merely an add-on to a provider's operating license, because it would carry more weight.

- Named the special license the North Carolina New Organizational Vision Award — NC NOVA — and approved a logo and marketing materials. The name came from a contest

the Partner Team held among its members; the winning suggestion came from one of the team's direct care workers.

- Recommended conducting two major orientation programs for pilot sites as well as two major events for Partners and other interested parties to hear feedback from pilot sites about the program, successes and other issues to consider.

- Decided that the special license would stay in effect for two years, to ensure that workplace culture change persisted, and spelled out the limited circumstances under which it could it be terminated early.

- Agreed as Partners, that for long term program viability and integrity, NC NOVA determinations made by the IRO needed to be final. The Partner Team developed operational procedures to help support this objective.

A flowchart of major tasks and decisions by the Partner Team, project staff, IRO and Measurement Subcommittee appears in the resource section.

- Specified that to foster success, information about applicants as well as their applications would remain private unless or until they received special licensure designation. This was to avoid bringing negative publicity to organizations that had set their sights high by seeking NC NOVA designation. Otherwise organizations might be discouraged from applying and thus be less likely to introduce NC NOVA enhancements into their workplace.

  Individual organizations, however, could choose to publicize that they were making efforts toward NC NOVA.

- Conducted orientation sessions for the pilot sites, supported pilots during the study period and incorporated their feedback and lessons learned into the final program guidelines.

- Developed a process for determining what coaching supervision programs would be acceptable to meet NC NOVA criteria for coaching supervision training and fostered a new train-the-trainer process to build capacity for meeting the demand statewide for such training.

To avoid getting bogged down on issues that either weren't considered in the original vision for the program and/or related work that would be needed at a later time, the Partner Team agreed to maintain a "Parking Lot" list of issues for future work. (See pages 41-42.) Staff helped to prioritize the list of items on the Parking Lot and worked with the Partner Team to plan for these items at an

appropriate time. Such items included developing an in-state capacity to offer coaching supervision training and creating a free-standing NC NOVA web-site.

- Worked extensively with the IRO and the Partner Team's Measurement Subcommittee to reach consensus on procedures for desk and on-site reviews, including the number, type, experience level and working shifts of the direct care workers and supervisors to be interviewed and the on-site interview questions to be asked. Much of this was technical work performed by the subcommittee, which met separately and reported periodically to the Partner Team for their feedback and ultimate consensus agreement.

- Decided the frequency and time frame within which organizations that were not successful in meeting NC NOVA criteria could reapply for the special licensure designation.

- Reached consensus, based on pilot experience, on changes needed to the program model, review processes and other program components.

- Discussed and recommended what available data would be used to measure the impact of NC NOVA to help build North Carolina's case for creating a reimbursement differential for rewarding NC NOVA recipients. The Partner Team looked for ways to minimize the cost of data collection and analysis.

- Actively participated in providing information upon request, from legislative committees and other policymakers, about the development of NC NOVA and the model agreed upon.

Demonstrating a united front, particularly when the General Assembly was considering enabling legislation for the program was extremely important. It was obvious to policymakers that the providers, regulators, consumer advocates, workers were all on board with implementing the program and saw NC NOVA as a win-win effort.

- Provided input on the design of a free-standing web-site for NC NOVA and provided feedback on drafts of web content developed for their review.

- Provided input on strategies to help providers interested in NC NOVA "get there" such as integrating NC NOVA concepts with other quality improvement initiatives.

- Agreed to a process for on-going meetings to keep abreast of data impact measures, discuss any changes or issues that need to be considered for NC NOVA.

- Upon request from legislative staff, provided input on language for inclusion in legislation drafted (passed in 2006) to establish NC NOVA as a statewide special

licensure designation for adult care homes, nursing facilities and home care agencies. NC NOVA legislation enacted was effective January 1, 2007.

The Partner Team will also continue to meet to put in place the structures and processes needed to implement the reimbursement differential envisioned as the mechanism to provide a financial reward to organizations that meet the comprehensive raise the bar NC NOVA criteria. Providing a financial reward is consistent with the concept of Pay for Performance.

Suggestions and Tips Based on North Carolina's Experience

Manage the meeting process

- It will all take longer than you think – count on it!

  Unplanned issues will arise. This is inevitable; an important part of engaging the expertise of the partner team will be to identify workable actions and solutions through a consensus-building process.

- The partner team should be large enough to ensure the requisite breadth and depth of understanding of direct care workforce issues but not so big that it will be hard to reach consensus on program creation.

- Staff should request that partner team organizations assign a primary person to regularly attend meetings – someone with the authority to make decisions on the spot on behalf of the organization they represent.

- To the extent possible, keep meeting location and starting time consistent from month to month.

- Consider what might be needed to ensure that consumer and direct care voices are at the table. For instance, you may need to find a way to cover travel expenses for these representatives. In addition, for direct care worker or supervisor representatives you may need to find a way to pay an honorarium of some type if their employer will not cover their wages to attend the meetings. In addition to their attendance, special attention may be needed to engage them in the discussion. A facilitator can help ensure this occurs, at least until the group "gels" and everyone is comfortable speaking up and having their ideas, issues, concerns heard.

- To ensure progress initially, establish meeting dates at least two months in advance.

- Track progress by celebrating small successes and milestones along the way; this will build morale needed to sustain momentum and support over the long haul.

Empower the partner team

- Consider using a facilitator at least long enough to help the partner team "gel" and to ensure all voices are heard. If the possibility exists to engage a facilitator for a significant portion of the process, try to find someone who can provide support in other areas as well (as was the case in North Carolina).

- Staff leading the process must let the process unfold without preconceived notions about how it will work. Partners have to buy in and be fully committed. They have to trust that issues will be handled based on information, input and a consensus approach to decision making. Staff leading the process have to keep the group from getting bogged down in items that can be tended to later. Create a "parking lot" list to recognize these items so they don't get lost in the process before the time is right to deal with them.

- Seek general agreement among partner team members that once a consensus decision on a topic is reached, the decision will not be undone unless there is significant new information the team did not consider or the decision made is a deal breaker. This will maintain progress and underscore the importance of regular attendance and participation.

- Determine when to invite an appropriate representative from the Medicaid agency to participate on the partner team if a financial reward through Medicaid is envisioned at some point.

- Empower team members to provide accurate and consistent information to their respective constituents and other interested parties by providing them with a common set of informational tools such as PowerPoint presentations, fact sheets, meeting minutes and brochures.

In North Carolina, the Partner Team requested that brochures be developed that included the same basic information specifically tailored for a particular audience (e.g., providers or consumers). In addition, at different stages along the way, the Partner Team reviewed and provided input on several PowerPoint presentations (inclusive of notes for each slide) that could be used by all Partners as needed.

Support staff for the partner team

- When possible, staff should provide work and materials for team members to review in advance of the meeting. Being able to respond to something rather than starting from a "blank page" on a topic will make the most of meeting time. It also gives representatives who might not be able to attend a chance to submit feedback for discussion in advance.

- Staff needs to anticipate, plan and work behind the scenes to move forward. Some needed work will not necessarily require full partner team input, such as completing forms to register a name or service mark; generating graphics and logo designs for team feedback; drafting administrative rules, manuals, brochure and boilerplate news releases for awardees; initiating discussions with appropriate departmental staff about various implementation, financial and operational issues to address.

- Recognize that, because of staffing constraints, some partners might not be able to send representatives to every meeting (or even most meetings). Take steps to keep them updated. Staff also needs to take a proactive role to make sure these partners know when their attendance is essential to the team's demonstrating a united front, such as a legislative committee meeting or statewide event.

- Working with partners, help facilitate development of common informational tools for them to use with various constituent groups and other interested parties to help reduce the opportunity for misinformation.

Various Partner Team members may have staff (not participating on the Partner Team) that might be available to share a particular expertise they may have that is needed along the way (e.g. a legislative liaison might be willing to track progress of legislation, promote the program and/or respond to questions/issues that might need to be follow-up on, etc.). In summary, staff leading the process can't do it all and won't have expertise in all aspects of the work to be done. Thus staff should work to get the help they need from the best possible resources to complement the skills, knowledge and relationships they might bring to the table.

STEP 5: STAFFING THE PROJECT

The lead staff member chosen to support the development and implementation of a program like NC NOVA should have experience with long-term care policy issues, policy implementation and also be familiar with the state's long-term care programs, key players, funding streams and any ongoing workforce or related initiatives.

It is also important that anyone charged with leading the effort be able to dedicate the time required for the task. If this staff leadership role is viewed merely as "add-on" duty to be "squeezed in", as opposed to being a primary responsibility, success will be seriously jeopardized, regardless of how dedicated the Partner Team might be. This is because even if the NC NOVA model is the basic model intended, there is considerable work to be done.

In North Carolina, the lead staff responsible for coordinating the NC NOVA effort was able to dedicate 75% time. This individual reported directly to the Assistant Secretary for Long Term Care and Family Services and had extensive experience with policy issues related to aging and long-term care. This individual also coordinated direct care workforce issues within DHHS and had the access needed to keep departmental leadership abreast of efforts and to secure additional support at key points.

Given the DHHS commitment to the initiative, staff had wide latitude to get the job done. Staff leading the project had relationships with management of other divisions within the department, such as budget, that would play key roles on the partner team or provide needed help with various project-related tasks.

To provide backup and ensure continuity, the project leader worked with a colleague in the Office of Long Term Services and Supports also involved with direct care workforce issues (and also on the Partner Team) to keep her abreast of progress. This secondary DHHS staff person has since assumed day-to-day responsibility for NC NOVA.

Some of the duties that the lead staff can anticipate will include:

- Overall project management, including work plan, timeline and keeping state and essential supporters and other interested parties abreast of progress.

- Planning and scheduling meetings. When possible this will include coordinating and completing background work between sessions and sending materials for advance review to make the discussion at meetings more productive.

- Negotiating help from partner team members needed on tasks such as drafting language for legislation, promoting/tracking legislation, drafting administrative rules, being

liaisons to pilot sites – or other tasks where one or more Partner's are well suited to assist with particular tasks.

- Coordinating between the IRO and the state regulatory agency to identify, understand and address the ramifications of decisions on such matters as the review and determination process.

- Forming and assisting subcommittees as needed to focus on technical or otherwise specific issues such as the development of program measurements.

- Drafting, adopting and revising program manuals and other written documents as appropriate.

- Coordinating the pilot project.

- Anticipating barriers or issues and suggesting strategies to address them; identifying groups that need to be engaged; developing cost estimates, obtaining funding for reviews and working to secure other resources needed to make the program a reality.

- Marketing and communications, including presentation materials for partner team members; fliers, brochures and other information for public use; web development; handling trademark and service mark issues; and keeping core team members and other important supporters abreast of progress and plans — including making presentations to an array of interested parties.

- Keeping informed about other major quality improvement initiatives to seize opportunities to incorporate NC NOVA concepts and criteria.

Staff and Partner Team members can play an important role in helping to integrate special licensure concepts into other workforce initiatives. Many states have implemented multiple workforce initiatives. When multiple programs exist that aren't integrated to the extent possible, it can lead to provider overload, frustration and opposition.

- Considering potential data measures and related cost, if any for discussion by the Partner Team.

Suggestions and Tips Based on North Carolina's Experience

The project leader should be someone whom the core stakeholders know and respect, and whom they perceive as having the necessary knowledge, skills and ability to lead the process to a successful outcome. This means someone who:

- Is organized, flexible and willing to work behind the scenes.
- Has general knowledge and understanding of:
  - Long-term care systems and services
  - Medicaid
  - Licensing process
  - Key stakeholder groups
- Has either a relationship with or direct access to individuals within state government whose support will be needed on such issues as budgeting and regulatory affairs.
- Can keep a long-term vision and longer-term work plan in mind without getting bogged down in minutia.
- Is willing to guide, not prescribe the process.
- Is thorough enough to anticipate next steps as well as tasks not previously considered based on how the project unfolds.
- Is willing and knows where to turn for help from colleagues, Partner Team members/organizations or other contacts with the specialized skills and experience needed for tasks such as:
  - Helping to draft legislation and administrative rules
  - Working with legislators or other officials as needed
  - Developing marketing materials such as brochures, fliers or web-based information
  - Dealing with the media

- Can plan for administrative support needed to maximize staff time to focus on working to achieve project goals.

Ideally, the project leader will be someone likely to remain on board through development and implementation of the new program. Turnover of lead staff can derail the project or unduly slow progress. Therefore, plan for long-term continuity to ensure the program can continue should there be a staff leadership change.

STEP 6: BUILD CONSENSUS AROUND PROGRAM MODEL

North Carolina's Partner Team started meeting in July 2003 with an aggressive timeline for creating, piloting and implementing a special licensure program that focused on workplace culture change in long-term care. The timeline charted more than two dozen major activities during the program's planning, implementation and transition phases and the responsible parties for each. This timeline chart is included as Appendix 1.

The Partner Team started by affirming its commitment to core principles that the program would: (1) link state policy to desired practice; (2) be voluntary and incentive based; (3) be a comprehensive raise the bar program; (4) have a determination process separate from state's regulatory review process by using an Independent Review Organization; and (5) have the special license issued by the state.

With staff support and a trained facilitator, the Partner Team started methodically working through its timeline. Members regularly gave updates to their constituencies and subsequently relayed their feedback to the full team. The Partner Team examined existing regulations across the settings of care, brainstormed raise-the-bar expectations and developed criteria for a special license that were comprehensive and specific without being too prescriptive.

The Partner Team's pilot project for NC NOVA began October 2005 with a total of 60 nursing facilities, adult care homes and home care agencies in North Carolina. In October 2006, after an independent review organization (IRO) determined that the applicant had met the requirements for NC NOVA designation, the first special license was issued. In January 2007, NC NOVA became a statewide program.

It took North Carolina more than a year to reach consensus on the domains, elements, criteria, evidence and expected outcomes. Groups considering a program like NC NOVA can avoid this delay by building from the domains, criteria and expected outcomes detailed in the NC NOVA Provider Information Manual.

How North Carolina Reached Consensus

The philosophy of the Partner Team was to foster success, and this guided many of its decisions. It took more than one year for the Partner Team to reach consensus on the domains, elements, criteria, evidence and expected outcomes for NC NOVA, and that was just a portion of the many components in the larger process (see Appendix 2). The following highlights the factors considered and decisions made in developing the program:

- Staff, with the assistance of certain Partner Team members, looked at a variety of state and national accreditation-type programs related to health care or long-term care to get an idea of the general process for review.

- Based on this review, a staff member from the regulatory agency provided a chart that summarized several key accreditation-type processes and a draft description of how a state issued special licensure program could work. This was a starting point for discussion by the full Partner Team.

- The Partner Team agreed that the new program would truly be a "raise-the-bar" initiative. The team examined current licensure requirements for home care, adult care homes and nursing facilities to have a common understanding of what was already required versus what would constitute raise-the-bar requirements.

    - Particular regard was given to existing requirements for orientation, in-service training and supervisory training.

    - The team also wanted to develop criteria that would apply equitably across all three settings of care.

- The team worked in small groups and then large groups to solicit broad ideas of topics and general criteria to be included.

    - Initial long lists were put into groupings by major topic area.

    - These groupings were refined after further discussion, with items discussed, added and deleted.

    - The team discussed and deleted any items that did not apply across the three care settings or would be too costly to attain.

- Once the domains and elements were established, priorities were set for suggested criteria to ensure they would apply across all three settings.

- Because multiple settings were included in the program, it was critical to ensure a level playing field.

- Providing flexibility was key in order for providers to meet the criteria based on services delivery/staffing issues that may be unique to a particular setting (for instance, how a peer mentor program is implemented in a home care agency may be very different from a residential setting).

- Ultimately, all criteria included had to apply across the settings involved.

- PHI National provided technical assistance to help condense the myriad practices and expectations the Partner Team identified for inclusion.

- The Partner Team examined the domains and criteria to avoid duplication and reduced overlapping of criteria within and across domains to the extent possible. (This was also done with regard to the application document.)

- Determining who could apply was an issue of much discussion. Initially, there was consideration given to excluding from eligibility, providers that had certain compliance issues or penalties.

- The Partner Team did not want participation only from "cream of the crop" providers; but it didn't want "bad actors" included, either. Finally it decided that any organization with an operating license in good standing (no provisional status/pending revocation or decertification) could apply. Its rationale:

  - The philosophy of the Partner Team was to foster success.

  - The Partner Team wanted to encourage providers to work toward NC NOVA designation.

  - Organizations that might be struggling from compliance issues could benefit from implementing NC NOVA criteria; attempting to implement NOVA criteria could only help to raise all boats.

  - North Carolina has varying penalties and monitoring requirements across the three care settings. The Partner Team wanted to create a level playing field in terms of who could apply – and also what circumstances would warrant early termination.

    This was one of two issues where the Partner Team overturned a previous decision. The change resulted from additional information brought to the group and the fact

that the earlier position could have been a deal breaker for one provider group. The new information made for a better decision.

An approach that fosters participation and success is important. For instance, the letter sent to applicants that have not sufficiently met the criteria does not use the term "failed." Rather, the letter says that the IRO cannot recommend the organization for NC NOVA designation at this time. The letter also identifies areas that need to be addressed and stipulates time frames for re-applying.

- To foster success and support providers pursuing NC NOVA, the Partner Team determined a need to:

  - Ensure that information about who has applied as well as application information would not be disclosed unless or until the applicant received special licensure designation. (Individual applicant organizations could choose to publicize that they were pursing NC NOVA designation.)

  - Develop in-state capacity to conduct train-the-trainer coaching supervision training and peer mentor training. This made the training program more affordable, easier to access and consistent in content.

  - Integrate NC NOVA with other quality improvement initiatives. Seizing opportunities to incorporate NC NOVA criteria and concepts into other quality improvement initiatives helps support providers working toward NC NOVA as opposed to just creating a separate, parallel quality improvement initiative. More about integrating NC NOVA with other initiatives is included on page 52.

- The Partner Team also made numerous other determinations regarding the special license, including:

  - Whether the designation should be an add-on to the operating license or a separate special license document. It was decided that the license should be separate to make it clear that NC NOVA was apart from the normal regulatory license process. Additionally, this would allow for organizations to prominently display their special designation.

  - The success threshold for receiving the special license designation. The team decided that requirements include successful implementation of all four domains with an 80% "passing" rate.

  - The duration of the special licensure designation. There was consensus that two years was an appropriate designation period to ensure the required workplace changes would be truly embedded in the organization. The state's high turnover rates of

direct care workers, administrators and directors of nursing/supervisors in charge, factored into this determination.

- The determination of any circumstances that would result in the early termination of the special license. The Partner Team agreed that early termination would occur only under the following circumstances:

  - Negative action taken against the organization's operating license.

  - Change in ownership or senior management during the award period after which the organization decides not to request an expedited review to retain its NC NOVA designation.

Application and Review Process

- The Independent Review Organization took the lead in developing the NC NOVA application and the review process. The Partner Team agreed early on that to ensure the process truly resulted in the practice changes intended, there would be both a paper review and a structured on-site review that consisted of interviews with direct care workers, peer mentors, and supervisors.

Administrators are not interviewed during the on-site review. The Partner Team believed the way to determine that NOVA practices were truly integrated into the daily operations of the organization was to interview the frontline staff and supervisors to confirm that policies and practices submitted in writing were, indeed, operationalized throughout the organization.

- It was essential to develop a workable framework through which providers could demonstrate they had met the NC NOVA criteria. With considerable technical assistance from PHI National, the Partner Team developed a framework for benchmarking and measuring:

  - Required activities, such as peer mentoring, coaching supervision training and other NC NOVA criteria;

  - Expected evidence that all required activities had been implemented, such as written policies and training records, that desk reviewers would expect to see; and,

  - Expected outcomes that on-site reviewers would expect to assess through interviews to determine that the required activities implemented had achieved their desired effects.

- The Partner Team then determined if the evidence and outcomes were appropriate as proposed and revised, added or deleted them as needed.

- The framework adopted:

    - Gave providers great flexibility in terms of how they met the criteria; the Partner Team knew it didn't have all the good ideas.

    - Was prescriptive only when it came to coaching supervision training. The Partner Team deemed it essential that such training address the unique circumstances of the direct care workforce. So, to satisfy NC NOVA criteria, applicants must use a coaching supervision training program approved by DHHS.

- A Measurement Subcommittee was established to work with the IRO to flesh out the framework developed including:

    - Developing the overall concept for desk and on-site reviews.

    - Establishing measures to determine criteria have been met.

    - Developing and testing interview questions.

    - Clarifying items.

- With input and feedback from the Partner Team, the IRO:

    - Created the application document.

    - Worked with the regulatory agency to develop protocols necessary for information exchange. In North Carolina, the IRO must contact the regulatory agency to confirm that an applicant has an operating license in good standing prior to initiating the review.

    - Created desk and on-site review instruments and protocols, including:

        - Random sampling processes for on-site interviews to be conducted with direct care workers, peer mentors and supervisors. These included arrangements for covering workers from multiple shifts in residential care settings.

        - Setting the number of direct care workers, peer mentors and supervisors to be interviewed on site visit to get an accurate overall perspective of the workplace culture.

- Addressing system validity issues.

- Standardizing written introductions to ensure consistency among all on-site interviews.

- Developing interview questions; including processes for computerized response tracking.

- A "floating reviewer" system to ensure that all reviewers are consistently conducting interviews and reliably assessing responses.

- Debriefing sessions with reviewers to address interpretation, consistency or other issues that might arise.

o Developed boilerplate forms such as the notification letters to applicants saying whether they attained special licensure designation. In keeping with the Partner Team's approach of fostering success, letters to organizations that do not attain NC NOVA do not use the term "failed" but do include information about domain areas needing additional attention. (Sample letters are found in Appendix 3.)

o Developed scoring systems for determination.

o Developed job descriptions for reviewers based on the Partner Team's decision that direct care workers should be included on review teams.

o Advertised, hired and trained reviewers. Interviews are an important component of NC NOVA determination, and conducting effective interviews is a unique skill to be developed. North Carolina contracted with Barb Bowers, Ph.D., of the University of Wisconsin, to train IRO reviewers on conducting effective on-site interviews with direct care workers, peer mentors and supervisors.

Application and Review Issues

- The question arose on how to treat organizations with separate operating licenses for different settings of care; for example, an organization that had separate licenses for their nursing-home beds and their adult care home beds. After discussion, the Partner Team decided to require a separate review process for each licensed setting because the special license is tied to the operating license. A separate review process ensures each setting meets the NC NOVA criteria.

- Applicants voiced concern regarding the amount of paperwork involved. To reduce the required application paperwork, the IRO recommended and the Partner Team agreed that if the same policy or other piece of written documentation satisfies more than one criterion, the evidence may be submitted only once and referenced elsewhere as needed in the application.

    - Designees applying for renewal must submit a complete application because the information is confidential and the IRO does not keep the application packet on file once NC NOVA designation has been awarded.

- A decision was needed on when to let an organization reapply for NC NOVA after the IRO determines that it has not met the necessary criteria. Again, to foster success, the Partner Team determined that the applicant must wait a minimum of 90 days to help ensure there has been sufficient time for the organization to fully integrate criteria that the IRO had found were either not implanted or not implemented in accordance with expectations.

Some consumer interests, not on the Partner Team, initially expressed concern that they perceived that only "for profit" organizations would be able to meet the NC NOVA criteria. These concerns proved unfounded in that the pilot sites included several organizations that served almost exclusively Medicaid residents. These organizations made the most of non-prescriptive nature of the program and worked with direct care and other staff to find meaningful ways to meet the criteria. For instance, in lieu of raising the pay of peer mentors, one organization provided them additional paid time off.

Suggestions and Tips Based on North Carolina's Experience

- The expectation that a model would be developed, piloted and instituted in a three-year period was overly ambitious. In part, the initial time line was developed to coincide with the grant funding period. However, the Partner Team was not discouraged that the process took longer than expected. The Partners realized that they were continuing to make steady process and believed that the work would be completed. It was worth taking the extra time to "get it right."

    - States interested in implementing a program like NOVA can save significant time by using the NC NOVA model and related review processes and provider tools as a starting point.

    - Related to this the Partner Team realized that, in addition to developing, piloting, and implementing the model and review processes, additional work would be needed for public education to consumers and the general public; marketing; and identifying and instituting efforts to support providers trying to implement NC NOVA. To

avoid bogging down, the Partners put these issues in priority order to be tackled later.

- North Carolina learned as part of the early application phase, that it would be beneficial to provide organizations interested in applying with a "helpful tips" sheet to help ensure their application is complete.

- North Carolina found that, even for organizations that were already doing much of what NC NOVA calls for and were thus further down the road when starting the NOVA process; it still took them at least a year to reach the point of being ready to submit their application.

- For organizations starting with only a few NC NOVA processes in place, it can take two or more years to fully implement the criteria and be ready to submit an application. However, some organizations that started pretty much from square one began to see very positive impacts on retention and job satisfaction once they implemented such required activities as coaching supervision, peer mentoring and orientation. These early successes helped build momentum and motivation to continue pursuit of the NC NOVA special license.

- There was insufficient coaching supervision training capacity statewide. With too few trainers available, the pilot sites faced difficulty in meeting NC NOVA criteria that fixed percentages of their supervisory and management personnel be trained within certain time frames. Training costs were a hindrance, too.

    - The solution was to develop an in-state capacity to conduct train-the-trainer training for coaching supervision. The state could approve training programs to ensure consistency of content.

    - After completing such a program, the trainers could return to their organizations and provide the required coaching supervision training to their colleagues far more affordably and conveniently.

- While the initial application is daunting, with extensive documentation – even if the same piece of evidence is referenced multiple times – NC NOVA designees found that the renewal application process was much simpler. Although the organization must submit a complete application, it can update its prior application with new initiatives or changes in relevant policies and procedures. The IRO would consider the changes during desk and on-site reviews.

- Now that the program has some history, and the fact that some providers have received their second NC NOVA designation, the Partner Team might consider some changes for

the future. To further simplify the paper process while still ensuring that NC NOVA practices are embedded, the Partner Team might consider extending the special licensure designation period.

For example, if an organization maintains NC NOVA designation for three consecutive two-year periods, its subsequent renewal license might be for three years, if there were no change in administrator or ownership. This would also serve as another reward for organizations that maintain NC NOVA designation. More review history and program impact data analysis will be needed to determine if this is a feasible option and the specific changes to be made.

Given the ebb-and-flow nature of applications for the special license, reviewers will likely be contract employees of the IRO. The IRO must be able to quickly ramp up hiring, orientation and training to accommodate program growth. It should develop in-service training to periodically ensure that systems/processes are working correctly and as efficiently as possible; to identify any items needing attention; and for long-term consistency.

'Parking Lot' Issues

To keep on track, the Partner Team created a "parking lot" for items that came up in discussion but were not essential to the issue at hand. Later, at a more appropriate time, the Partner Team took up these items or assigned them to staff, other appropriate individuals, groups or committees. Some of the major parking lot items were related to:

- Information brochures, program name, logo and service mark/trademark to protect integrity of program content and program name; design of the special licensure document; and PowerPoint presentations for use by Partners to ensure consistent and accurate provision of information.
- Addressing lessons learned from the pilot phase.
- A plan for celebrating the first NC NOVA designees.
- A public education and marketing plan, including a way to provide basic information to consumers without online access.
- Deciding about any potential for a one-time "re-review" for organizations that did not successfully complete the review process on their initial attempt.
- Developing and securing funding for a free-standing web site for NC NOVA.

- Program impact measures.

- Coordinating protocols between the IRO and the regulatory agency including how notifications take place and website links to identify NC NOVA designees.

- Boilerplate letters, including IRO determination notifications to applicants and reminders notifying designees that their special licenses were about to expire.

- Developing an in-state capacity to offer coaching supervision training, the one prescriptive criterion included in NC NOVA.

- Enabling legislation and administrative rules for NC NOVA and working with Partners to support these efforts.

- Options for covering ongoing review costs and pursuing appropriate options.

- Transitioning day-to-day oversight of the program from the project director, who had retired from state government during the grant period and become an employee of the N.C. Foundation for Advanced Health Programs, to DHHS staff.

- Addressing a financial reward component that core stakeholders had envisioned.

STEP 7: PILOTING NC NOVA AND RELATED PROCESSES

North Carolina's regulatory agency determined early on in the stakeholder process that it had the statutory authority to implement "pilot programs," so authorizing legislation for the pilot program was not needed. This authority expedited North Carolina's effort to develop and implement a pilot project.

North Carolina pilot tested NC NOVA to ensure the criteria and expected evidence were clear and applied equitably across all three care settings. The pilot also tested the clarity and completeness of the application document as well as the associated review and determination process. In addition, the pilot was intended to test the effectiveness of the coordination protocols between the IRO and the state's regulatory agency for the general purpose of working out any kinks before NC NOVA was implemented statewide.

In the case of North Carolina, due to grant requirements, the potential pilot sites were selected before the NC NOVA criteria were developed. Sixty organizations were willing to be pioneers in this effort. The pilots only knew that a special license was being developed that would include an array of practices intended to improve the recruitment and retention of direct care workers. Later, pilot orientation meetings were held at two locations across the state to provide information and details before the study began.

For its part, the Partner Team indicated a preference for including a variety of providers as pilot sites without regard to their capacity to implement the NC NOVA criteria. The Partner Team wanted geographic diversity, diversity in size, urban and rural sites, private and public-pay providers, for-profit and non-profit providers, independently owned providers and providers that were part of corporate chains.

The provider associations agreed to select the pilot sites from among their members. They also agreed to be liaisons to the pilot sites; to promote NC NOVA to their membership; to provide technical assistance on key criteria such as coaching supervision and establishing peer mentor programs; and to identify other potential best practices.

As Partner Team members, representatives of the provider associations were uniquely qualified to be liaisons because they understood NC NOVA and the rationale behind the criteria. In addition, they could give feedback to the full Partner Team about ambiguities in the criteria or evidence, or any other issues that arose from their pilot sites.

After the pilot period ended there was another statewide meeting to present feedback from providers that had attained or applied for NC NOVA designation.

Issues Identified During Pilot Phase

Training capacity and tools/resources for working toward NC NOVA

There was insufficient coaching supervision training capacity statewide. With too few trainers available, the pilot sites had trouble meeting NC NOVA criteria that certain percentages of their supervisory and management personnel go through approved training within certain time frames. Training costs were a hindrance, too.

In response, the Partner Team decided to develop an in-state capacity to conduct train-the-trainer training for coaching supervision. The state could approve training programs to ensure consistency of content.

Related to this issue, a system was established to maintain the names of DHHS-approved trainers for coaching supervision.

The pilot program also led to a similar approach being offered for training peer mentors.

It became apparent that numerous providers were interested in having information about the experiences, lessons learned, and best/creative practices from other pilots. In response, the Partner Team:

- Held a gathering both to celebrate the first NC NOVA designees and to have a panel discussion among designees and organizations working toward NC NOVA designation. (This was to ensure representation from each of the care settings under the special licensure program). Another gathering was held a year later for providers interested in NC NOVA to benefit from the experiences of their peers. This event was videotaped.

    - As a result of the two above gatherings, the Partner Team realized that many providers were looking for tools, training programs and other supports to help them work toward NC NOVA designation. In response, a getting started guide and resource list for potential applicants was developed; an overview of NC NOVA and tapes from the panel discussion were produced on DVD and later posted online at www.ncnovaguide.org.

- Worked with the Institute for the Future of Aging Services to develop a "self-assessment tool" for organizations interested in getting started on NC NOVA.

- Developed a "cross-walk" between the Provider Information Manual and the application document to make it easier for potential applicants to understand what was needed; specifically, to see the relationships among the required activities, expected evidence and expected outcomes of NC NOVA.

Application/policy related issues

- The Partner Team revised the Provider Information Manual to clarify criteria as needed. The IRO revised the application document to coincide with all the changes made to the Provider Information manual.

    - The manual was also modified to include a strong recommendation that applicants not submit their application for at least 90 days after having fully implemented every NC NOVA activity as a way to further foster success.

- A one-time "re-review" option for organizations that did not successfully attain NC NOVA as a result of the application submitted. This re-review enables the applicant to work to address items needing additional attention. The pilot project demonstrated that waiting at least 90 days was necessary to ensure that NC NOVA activities had been fully implemented in the day-to-day operations of the organization.

Ensuring review consistency

As a result of the pilot phase, the IRO worked with the Partner Team on developing ways to improve the review process and create structures for long-term consistency and program integrity. These included:

- A standard written introduction for all reviewers to initiate all on-site interviews. The introduction is part of the electronic tool used by reviewers. The intro is read to each interviewee and their desire to voluntarily continue is noted in the review tool.

- Protocols for reviewers to use in the unlikely event that an interview results in an interviewee providing information about an event/issue that must be reported. (This is addressed on page 8 of the Provider Information Manual).

- A "floating reviewer" system to ensure that reviewers are consistent when conducting interviews and assessing responses from interviewees.

- Debriefings for reviewers to address such issues as interpretation and consistency.

Excess paperwork

How to cut the paperwork required with the NC NOVA application — particularly if the same policy or other piece of written documentation satisfies more than one criterion — was a frequent concern of applicants.

The IRO recommended that the evidence be submitted only once and referenced elsewhere as needed in the application.

While the initial application is daunting with extensive documentation — even in cases where the same piece of evidence is referenced multiple times — NC NOVA designees found that the reapplication was far simpler. In essence, they can update their initial application by documenting new initiatives or changes in policies and procedures. The IRO would assess the impact of the changes in its on-site review.

Suggestions and Tips Based on North Carolina's Experience

Even if a state uses NC NOVA as the framework for their program, a pilot phase is advised to test the review, determination, notification processes and the coordination that will need to occur between the regulatory agency and the IRO. Likewise, if a state chooses to modify the NC NOVA model by adding or changing criteria or eligible care settings, a pilot phase will be important. In addition, there are other issues to be considered for the pilot including:

- If a state determines the regulatory agency does not have the authority to implement a pilot project for a program like NC NOVA, planning efforts will need to address this issue.

- The appropriateness and clarity of the written criteria, evidence and outcome requirements.

- The completeness and clarity of the application document, on-site interview tools and scoring documents.

- Reviewer training and their consistency of interpreting criteria evidence submitted, interview responses and other elements of the application process.

- Testing procedures, processes and other coordination issues among the regulatory agency that will issue the special license, the IRO and the program's lead staff.

When deciding the right number and types of pilot sites to have it will be important to consider that some will likely drop out during the course of the study. Note, however, it is important that pilot organizations should be volunteers and understand they may not be able to complete everything during the pilot phase and that is perfectly OK…. There is no shame in not completing implementation during the pilot phase.

- Expect that the pilot will take more than one year to complete.

- Select pilot sites to participate after the model is developed so pilots have a clear understanding of what will be expected when they agree to participate. (As mentioned, NC selected pilot sites long before the actual model was developed due to grant expectations. This did not hinder our pilot process; however, pilot sites had to wait a considerable time before they knew what they had gotten themselves into!).

- States may want to consider, if staff and/or financial resources are available, have an individual assigned on a part-time basis, to work closely with the state association liaisons and all the pilot sites to serve as a resource to help identify best practices, share ideas across pilots related to implementing criteria.

- Plan an orientation process. In addition, identify and provide resources such as training manuals, coaching supervision training events and self-assessment tools to help them implement the criteria.

- Plan for ways to get feedback from pilots. Hold a recognition event to honor pilots for their participation (and any special licensure awards made during the pilot phase). This gathering can also enable pilots, the IRO and others to provide feedback through a panel discussion or other format.

STEP 8: STATEWIDE IMPLEMENTATION

Enabling Legislation

Creating a statewide program like NC NOVA requires enabling legislation; at minimum, to authorize the appropriate regulatory agency or agencies to issue the special license for a specified period under certain conditions. The Partner Team, however, also wanted the enabling legislation to facilitate efficient and effective program implementation and address longer-term, sustaining needs as well. Thus, the NC NOVA legislation enacted included provisions for:

- "Branding" the NC NOVA name

  Before identifying the NC NOVA name in the legislation, steps were completed to seek a "service mark" (similar to a trademark) for NC NOVA from the North Carolina Secretary of State's Office.

- Institutionalizing the Partner Team

  - The legislation codifies the Partner Team and its membership.

  - The administrative rules adopted in response to the legislation further provide for the Partner Team to have ongoing input into NC NOVA, enabling it to tweak the program over time by addressing issues as they arise.

- Institutionalizing the Provider Manual

  - The legislation defines the NC NOVA Provider Information Manual and directs DHHS to adopt rules in accordance with the procedures detailed therein.

  - Having the legislation make reference to the manual avoids the need to prepare administrative rules for every aspect of NC NOVA operations, present and future, which would have been an undue burden on staff and compromised the continuity of program operations.

  - DHHS had to prepare and adopt only two administrative rules. One references the Provider Information Manual as the document detailing NC NOVA operations; the other outlines procedures for getting periodic Partner Team input.

Incorporating the Provider Information Manual into the legislation avoids the need to prepare administrative rules for every aspect of NC NOVA operations, present and future.

- Naming the Independent Review Organization

    - The legislation spells out that the initial IRO will remain in place at least through 2010, ensuring IRO continuity while NC NOVA ramps up statewide.

    - The provision also streamlined state contracting procedures by designating the IRO, in essence, as the "sole-source" vendor.

        - That sole-source option existed during the grant because the recipient of the Better Jobs Better Care grant was not a state agency, and thus able to use a sole-source vendor.

        - State competitive bid procedures for the IRO resume for the 2011-2016 IRO designation period.

    - The provision also has the effect of maintaining the high level of confidence that core stakeholders have in the IRO's fairness and quality.

- Confidentiality

    - The legislation includes a provision that information submitted by NC NOVA applicants or obtained by the IRO are not public records. Nor are the annual turnover data that nursing facilities, adult care homes and home care agencies voluntarily submit for the purpose of assessing statewide trends and the possible impact of NC NOVA.

    - These provisions were meant to keep from unintentionally creating a structure that might have a negative impact on NC NOVA applicants.

    - There is an exception to the confidentiality rule. If the IRO obtains information during on-site interviews about abuse or neglect of patient/client abuse, neglect, or misappropriation of property, the Provider Information Manual allows the IRO to report the information if the interviewee has not or declines to do so.

While the Partner Team knew NC NOVA would require ongoing funding for reviews, the enabling legislation for the program was not tied to a funding request.

- The Partner Team recognized that authorizing the program was the most important first step and legislation would be more likely to pass if not tied to funding. In addition, it was a "short session" of the General Assembly which meant that, generally new funding items were not considered.

- The NC NOVA proposal was consistent with recommendations in the state's 2001 "blueprint" for long-term care, and supporters did not want funding to dampen the high level of interest policymakers had for direct care issues and threaten the bill's passage.

- Additionally, funding requested for reviews could be handled separately through the budget process for DHHS.

Making NC NOVA a Routine Part of State Business

DHHS offices and divisions that would be affected were included on the Partner Team and understood that roles and responsibilities would be turned over to them at the end of the grant.

- The Office of Long Term Services and Supports (OLTS) already had responsibility for direct care workforce issues, including data collection and analysis, and could take on their lead role for NC NOVA without hiring or training additional staff.

- OLTS staff worked with key budget personnel within DHHS to secure a state appropriation so that the IRO could continue ongoing reviews once the grant ended. Staff developed and continues to manage a contract with the IRO.

- The roles of the regulatory agency and its protocols with the IRO that were developed as part of the pilot program had already been fully integrated into routine operations during the pilot phase.

- Staff responsible for the program is in a position to know about other quality improvement initiatives as they develop and can work to integrate these initiatives with NC NOVA. This will help to maximize the impact of funding available to help providers implement desired practices. Instead of having programs that compete for funding there would be programs that complement one another; staff could leverage the funding to help providers meet NC NOVA criteria in incremental steps.

Considering Program Development Costs

North Carolina was able to develop and implement NC NOVA through its Better Jobs Better Care grant; other states will not have that luxury. But to the extent that a state wants its own special licensure program to change workplace culture in long-term care, using the NC NOVA model as a guide can help to keep down development costs.

States that build on the NC NOVA work already done should consider potential costs that could include, but might not be limited to, the following:

- Staff time: Assume one-half to three-fourths of an FTE for two years.

- Meetings, including snacks or lunches and mileage reimbursement for direct care workers and individual consumer participants.

- Contracts, including a professional facilitator and technical assistance providers.

- Printing hard copies of manuals, brochures and other marketing materials.

- Incentives for pilots: It is possible no financial incentive will be needed. (North Carolina made a token payment of $1,600 to each pilot to help compensate for the significant data they were required to submit as part of the national grant program — but not the actual NC NOVA pilot).

- Payment to the entity or entities serving as liaisons to the participating pilot sites may be needed. In North Carolina the state provider associations received a small grant to reimburse them for taking on the role of liaison for their member-pilots.

- Orientation and follow-up meetings with pilot sites.

- Train-the-trainer sessions to build statewide capacity for training long-term care administrators, managers, supervisors and others in the practice of coaching supervision, a requirement of NC NOVA designation.

- The independent review process. The costs under North Carolina's model include training for reviewers; payment for conducting desk and on-site reviews; and staff time for setting up processes for random sampling, developing and validating interview questions, and program oversight. North Carolina's IRO absorbed most of these costs, which were not covered by the Better Jobs Better Care grant.

STEP 9: SUSTAINING THE PROGRAM

From the outset, North Carolina's DHHS realized it would have to integrate NC NOVA into existing operations. The Department's Office of Long Term Services and Supports and staff were capable of assuming lead responsibility for ongoing management and coordination once the program was implemented statewide.

Integrating NC NOVA Concepts into other QI Initiatives

- In North Carolina, NC NOVA was cited by name in 2008 legislation creating a "rated certificate" for adult care homes. Adult care homes can earn points toward a rated certificate for attaining NC NOVA designation and for quality improvement initiatives including, but not limited to, domain criteria under NC NOVA.

- Plans were being developed in early 2009 to train county adult care home quality improvement personnel to complete coaching supervision training as well as an orientation on establishing effective peer mentor programs. This would enable them to serve as resources for the adult care homes with which they work.

- Coaching supervision training as well as a train-the-trainer coaching supervision program was made part of an optional quality improvement initiative known as "WIN-A-STEP-UP." Under this program, supported by civil penalties assessed against nursing homes, supervisors receive training that would also go toward meeting some of the criteria for NC NOVA.

- In addition, many of the major components of NC NOVA were recommended as quality improvement initiatives that would meet requirements associated with the institution of case-mix reimbursement for nursing facilities.

- State provider associations could also include concepts related to NC NOVA into the quality improvement or training initiatives they offer to their membership. For example, if coaching supervision training were integrated into the associations' programs for new administrators or directors of nursing, the managers who complete those programs would count toward the total numbers their employers would need for NC NOVA designation.

Seeking Ongoing Appropriations to Cover IRO Reviews

- Initially, grant funding covered the cost of NC NOVA reviews by the IRO. The Partner Team decided that NC NOVA would not charge applicants to cover the cost of reviews. There were several reasons for this.

    - At the time NC NOVA was being developed, provider reimbursements had been frozen or annual increases very limited.

    - The Partner Team recognized that meeting NC NOVA criteria would require providers to make significant investments of time, energy and resources. In keeping with its philosophy of "fostering success and participation" in the program, the Partner Team did not want to charge for reviews.

- Moving forward, the Partner Team has identified monies from civil penalties as a way to pay for the IRO's review of NC NOVA applications from nursing homes.

- Staff has developed cost estimates and continues to work through the normal budgeting process with departmental support to secure future appropriations.

- To ensure continuity, in case the IRO cannot carry out its role for some reason, North Carolina will have two individuals outside the organization trained in all facets of the IRO's operations regarding NC NOVA.

Rewarding Providers

Implementing a program like NC NOVA will take a considerable investment of time, energy and resources on the part of providers. Therefore, the Partner Team concluded, creating a meaningful financial incentive to reward NC NOVA designation would be essential to sustaining the voluntary program. Such a financial reward would also be consistent with a pay-for-performance approach to reimbursement.

A Medicaid reimbursement differential was determined to be the best approach for a meaningful and sustainable reward that could be applied equitably across the three settings of care included in NC NOVA. In contrast, the Partner Team decided that a wage pass-through would be too stringent in terms of use and have cost implications in terms of compliance; lump-sum bonuses would lack the strong underlying structure needed to maximize the potential for sustaining the program.

Implementing a reimbursement differential through Medicaid will require major steps, including:

- Reaching consensus on a methodology for determining how reimbursement rates would be adjusted. Each setting of long-term care eligible for NC NOVA uses a different rate-setting methodology. Nursing homes use a case-mix approach; home care agencies use a quarter-hour rate for providing personal care services; and adult care homes use a base daily rate and specific adjusters.

- Modifying the programming in Medicaid information management systems to accommodate reimbursement rate differentials.

- Developing protocols between the regulatory agency that issues the special license and the Medicaid agency.

- Estimating the impact of reimbursement differentials on the Medicaid budget.

- Deciding a process for periodically adjusting the differentials for inflation.

Structuring a Reimbursement Differential for NC NOVA

- North Carolina was just starting in 2009 to work on the aspect of financial reward for NC NOVA recipients. The goal is to build a reimbursement structure that can be sustained over time. This could be done by incorporating attainment of the special license into rate setting, rather than by rewarding NC NOVA recipients with bonus or grant money.

- North Carolina wants any financial reward for NC NOVA recipients to be an add-on to the provider reimbursement rate. Because the reimbursement rate methodologies differ across the settings of long-term care in North Carolina, a separate reward methodology will be required for each setting.

- Regardless of the methodology, any financial reward established for recipients of NC NOVA needs to be viewed as being both meaningful and equitable across settings. For example, if a reimbursement differential is paid, there needs to consideration given to periodically adjusting the rate for inflation so that the relative value of the reward does not deteriorate over time.

- Depending on the funding source and structure of any reward for the special license, approval from CMS might be required (e.g., state plan amendments or internal policy/rule changes).

- Changes to information management systems could be needed to ensure that there is timely, accurate communication between the regulatory agency that issues the special license and the agency that will provide the financial reward. This could include such details as the effective date of the special license, conditions for its termination and potentially even ways to generally track how recipients are using the reward funds.

Increasing Program Visibility among Stakeholders and the Public

- The Partner Team established a free-standing web site for the program apart from state government. This was to create easy public access to NC NOVA information and equally important, establish program visibility.

- To retain control over content and ensure timely updates, the Partner Team set up an NC NOVA-named website and locked in the domain name for 10 years. The nonprofit foundation that received the Better Jobs Better Care grant has assumed the cost of ongoing website maintenance.

- Program address issues such as ongoing public education, increasing consumer awareness and promoting NC NOVA to nursing facilities, adult care homes and home care agencies.

Covering Program Costs

Some of the potential options states might consider for covering staff time or other costs associated with implementing a program like NC NOVA include:

- Incorporating NC NOVA guidelines into other programs.

  In North Carolina, coaching supervision (and train-the-trainer coaching program) was made part of an optional quality improvement initiative known as "WIN-A-STEP-UP." Under this program, supported by civil penalties assessed against nursing homes, supervisors receive training that would also go toward meeting some criteria for NC NOVA.

- Building on existing initiatives for long-term care or direct care workers.

- Integrating program development with funding for QI/workforce initiatives.

- Using civil-penalty monies to focus on developing program elements for nursing homes that also could be applied to adult care homes and home care agencies.

- Assigning existing staff to cover program coordination and management efforts, particularly staff that is already working on direct care workforce initiatives.

- Examining existing state-maintained databases for use in measuring program impact.

- Seeking grants and state appropriations.

Measuring Program Impact

To preserve the anonymity of long-term care providers, all impact data for NC NOVA are published or reported only in aggregate basis.

Because funds were not identified to cover new costs, the Partner Team decided to use ongoing data-collection initiatives relating to annual turnover, wages and occupancy as foundations for measuring potential impacts of NC NOVA designation. Existing data-collection procedures modified at little or no additional cost allow comparisons between providers with and without NC NOVA designation. For example:

- North Carolina annually collects job-turnover data on direct care workers, administrators, and directors of nursing (or supervisors in charge) for nursing facilities, home care agencies and adult care homes.

    - Data are collected through a voluntary item attached to renewal applications for annual operating licenses, an approach that results in extremely high response rates from providers.

    - Statewide aggregate data for each care setting, by job, are computed annually; these could be compared with aggregate data for NC NOVA designees.

- A modification to the operating license renewal application was made to collect average hourly nurse-aide wage data in a uniform computational manner.

    - Comparisons can be made between average hourly wages paid to nurse aides in NC NOVA facilities (on an aggregate basis) compared with those at facilities that do not have NC NOVA designation.

- North Carolina was routinely collecting occupancy data from nursing facilities through their operating license renewal applications. The data, however, were not being compiled.

    - Because data were already available, a provision was made for the data to be compiled annually to provide yet another measure for comparing nursing homes that have NC NOVA designation with those that do not.

- Numerous factors that may or may not be in the control of provider organizations could affect any of these measures, but the approaches at least provide potential indicators that can be examined for positive trends related to NC NOVA. Identifying such trends is an immediate objective.

- The Partner Team decided that it was not essential to collect identical data from each setting of long-term care to determine program impact.

    - For example, it is easy to track occupancy data for nursing facilities and adult care homes, so it would be easy to make comparisons between providers in those settings that have NC NOVA designation and those that do not. Even though occupancy data do not apply to home care agencies, the comparison for residential settings could still be illustrative of an impact by NC NOVA

- The state has enhanced its Nurse Aide Registry by adding the recently approved job categories of Medication Aide and Geriatric Aide.

    - The new categories not only meet the job needs of employers but also help to provide a state-recognized career path for direct care workers.

    - The new categories provide an avenue for providers to meet career development criteria under NC NOVA.

    - Wage and turnover data for these new categories will be collected and analyzed.

- More measurements will likely be added in the future as additional data are available. For instance, medication error data are collected annually from nursing facilities. Once there are enough facilities with NC NOVA designation to have valid aggregate data, the medication error rate will be another measurement to examine.

Incorporating Special Licensure Components into Other Initiatives

A comprehensive program such as NC NOVA should not be implemented in isolation of other efforts aimed at improving quality of care or addressing workplace culture change. Providers should not be expected to work on criteria for a program like NC NOVA in a parallel universe with regard to related initiatives.

- To the extent that some underlying components of NC NOVA, such as training needs or principles of adult learning, can be built into other initiatives involving providers, seeking the special licensure designation will become less daunting.

  This strategy of incorporation helps to integrate NC NOVA criteria into operations more incrementally for providers who have a long way to go to achieve the comprehensive changes needed.

- When staff or financial resources are made available to support these other initiatives, this can help providers move closer to meeting NC NOVA criteria as well. For example, funding to support creation of peer mentoring programs, or to offer coaching supervision training, or to develop in-state capacity for trainers would indirectly benefit NC NOVA.

RESOURCES

Application-Related Materials

NC NOVA Provider Information Manual

http://www.ncnova.org/upload/doc/provider%20manual%202007%20version%20revised%2012-08.pdf

NC NOVA Application

http://www.ncnova.org/upload/doc/application_new_sept_07_revision_final.doc

Crosswalk between Provider Information Manual and Application

http://www.ncnova.org/upload/doc/Cross-Walkcombinedfinal.doc

"Getting Started on the Road to NC NOVA Designation"

http://www.ncnova.org/upload/doc/gettingstartedwebversion.pdf

Video link to "NC NOVA: A Guide to Getting There"

http://ncnovaguide.org/

Provider Readiness Tool (PRT)

http://www.ncnova.org/upload/doc/nc_nova_assessment_tool.pdf

Scoring and Score Interpretation for PRT

http://www.ncnova.org/upload/doc/scoring_tool_for_nc_nova_assessment_tool.pdf

General Information about NC NOVA

NC NOVA at-a-glance:

http://www.ncnova.org/upload/doc/nova_fact_sheet022007_final.pdf

NC NOVA Information Brochure for Providers:

http://www.ncnova.org/upload/doc/nc_nova_provider022007_final.pdf

NC NOVA Information Brochure for Consumers:

http://www.ncnova.org/upload/doc/nc_nova_consumer_022007_final.pdf

NC NOVA Legislation

http://www.ncnova.org/upload/doc/s1277v4_nc_nova_legislation.pdf

PowerPoint Presentations

NC NOVA Application Process

http://www.ncnova.org/upload/doc/12_6_mccracken_presentation.pdf

NC NOVA Provider Experiences

http://www.ncnova.org/upload/doc/12_6_partners_in_care_presentation.pdf

http://www.ncnova.org/upload/doc/12_6_wellspring_presentation.pdf

http://www.ncnova.org/upload/doc/12_6_sloop_cap_presentation.pdf

Coaching Supervision

http://www.ncnova.org/upload/doc/12_6_coaching_supervision_presentation.pdf

Introduction to Peer Mentoring

http://www.ncnova.org/upload/doc/12_6_intro_to_peer_mentoring_presentation.pdf

Future Age *Articles on Better Jobs Better Care and Workforce Issues*

The March/April 2007 edition of *Future Age*, published by the American Association of Homes and Services for the Aging, featured these articles on the Better Jobs Better Care Program:

http://www.ncnova.org/upload/doc/bjbc_smart_investment.doc

http://www.ncnova.org/upload/doc/fa_feat_businesscaseforinvestinginstaffretention_v6n2.pdf

http://www.ncnova.org/upload/doc/fa_feat_respectfulrelationshipsheartofbjbc_v6n2.pdf

http://www.ncnova.org/upload/doc/fa_feat_workplaceinterventionsforretention_v6n2.pdf

http://www.ncnova.org/upload/doc/fa_feat_bjbcpublicpolicyjourney_v6n2.pdf

http://www.ncnova.org/upload/doc/fa_feat_coalitionsharnesspowerofchange_v6n2.pdf

http://www.ncnova.org/upload/doc/fa_feat_workersareatheartofbjbc_v6n2.pdf

http://www.ncnova.org/upload/doc/fa_feat_trainingthatreallyworks_v6n2.pdf

With the permission of the NC NOVA Partner Team, states interested in implementing North Carolina's model may adopt the Provider Information Manual, application as well as the name, "New Organizational Vision Award" and logo: an outline of the state's borders with a rising star.

In-depth technical assistance or consultation would be available through the Partner Team or the Independent Review Organization, on a fee-paid basis, in particular as it relates to the desk- and on-site review and determination process, protocols and information about reviewer training.

For additional information contact Susan Harmuth with the North Carolina Foundation for Advanced Health Programs at (919-733-4534; (susan.harmuth@dhhs.nc.gov) or Jan Moxley, N.C. Department of Health and Human Services (919-855-4429; jan.moxley@dhhs.nc.gov).

APPENDIX 1: Initial Proposed Timeline

TIMELINE

Major Activity	Responsible Party	Begin Date	Complete
Planning Phase			
Books set up; facilitator hired & contract executed; agreement w/NCDHHS signed	NCFAHP	July 2003	August 2003
Expand Partner Team to include direct care workers/supervisors and others as appropriate	NCFAHP	July 2003	Sept. 2003
Identify potential pilot sites	LTC provider Assn. Reps on Partner Team	July 2003	Sept. 2003
Partner Team meetings begin to begin Developing domains, review existing resources, etc.	Project Director	July 2003	On-going
Implementation Phase			
Reach agreement on major domains from which expectations/criteria will be determined	Partner Team	August 2003	Sept. 2003
Develop listing, by domain, of expectations/criteria for consideration and discuss potential ways to measure	Partner Team	Sept. 2003	Dec. 2003
Prioritize expectations/criteria, by domain, expectations/criteria and eliminate items below "keep" level	Partner Team	Dec. 2003	Feb. 2004
Expand Win-A-Step-Up to include Alzheimer's training, assistive communication devices, mobility training, offer train/trainer sessions on supervisory coaching	Project Director with Input from key Partner Team members	Dec. 2003	On-going
Finalize expectations/criteria for inclusion, by domain, and determine which criteria are mandatory vs. optional (if any) to reach agreement on special licensure package of expectations/criteria	Partner Team	March 2004	May 2004
NCDHHS develops data/admin. Capacity to: coordinate reviews with MRNC, issue special license, collect data, etc.	DFS Licensure Sections, and MRNC w/input from Partner Team	March 2004	Sept. 2004
Discuss methods for measurement and any measurement differences necessary in consideration of setting; identify any new data collection needs	Partner Team	May 2004	July 2004
Implement contract with MRNC	Project Director	July 2004	July 2004
Begin development of evaluation instrument for pilot reviews	MRNC with input from Partner Team	July 2004	Oct. 2004
Identify existing resources/new resources needed to support providers in meeting certain criteria as appropriate; develop plan for helping pilots (and others) to access needed training/resources in preparation for special licensure (e.g. expand Win-A-Step-Up, offer train/trainer coaching supervision; link pilots for new job categories to BJBC pilots, etc.) and schedule implementation of various components	Project Director & Partner Team	July 2004	Sept. 2004

IMPLEMENTATION PHASE – CONTINUED	Responsible Party	Begin Date	Complete
Educate/inform home care agencies, adult care homes, nursing facilities, CCRC's on expectations and criteria for special licensure designation	Partner Team	July/Aug 2004	On-going
Meet with pilots to provide more detailed information on criteria, available resources, measurement methods/general procedures for review, data collection requirements, etc.	Partner Team	Aug 2004	October 2004
Pilot sites ready for review in 2005 – access available training and other resources	Partner Team	Sept./Oct. 2004	July 2005
Conduct special licensure reviews of pilots	MRNC	July 2005	November 2005
Develop & Implement public education/awareness efforts, offer on-going provider training for major expectation items, educate policymakers, etc.	Partner Team	August 2006	On-going
Revise (as needed) & finalize criteria, measures, review process, instrument, etc;	Partner Team MRNC	Nov. 2005	January 2006
Finalize licensure processes as needed	DFS/MRNC	January 2006	January 2006
Finalize data collection requirements/analysis procedures	Project Director & Bob Konrad with input from Partner Team and Pilot sites	January 2006	February 2006
Implement voluntary special licensure designation statewide,	Project Director, DFS, MRNC	February 2006	On-going
PHASE DOWN/TRANSITION			
Seek/identify funding for on-going reviews, develop cost estimates and seek funding for labor enhancement/increased reimbursement for those attaining special designation, provide info/data analysis to appropriate groups/policymakers, etc.	NCDHHS Secretary & Assistant Secretary for LTC; with Partner Team input	January 2006	On-going until confirm funding
Comparative data analysis conducted and published – data will build on existing data and new data efforts related to special licensure designation – compare entities attaining special designation with non-designated entities by setting (i.e. pilot sites first, then all who attain special designation – annual trend data will be compiled.	NCDHHS, IOA with input from Partner Team	January 2006	On-going

APPENDIX 2: Work Plan of Major Tasks for NC NOVA & Responsible Parties

Staff and/or Contract	Core Team	Partner Team	IRO & Measurement Subcommittee
Convened a core group to explore a comprehensive raise-the-bar program to address direct care recruitment and retention and ultimately link state policy to practice.	Developed concept of a special state license for organizations that meet comprehensive workplace culture change practices. Determined that the program: • Would be voluntary and incentive based • Would be open to home care agencies, adult care homes and nursing homes • Would involve reviews separate from the state regulatory process • Would use an Independent Review Organization (IRO)		

Staff and/or Contract	Core Team	Partner Team	IRO & Measurement Subcommittee
Staff worked with regulatory agency to get its buy-in on the overall concept; to discuss options for independent review; and to determine if any special authority would be needed to conduct a pilot.			
Staff convened the core group to further discuss the concept as necessary to position the group to submit a grant proposal. Topics included an IRO, major areas to be included in a special license and conducting a pilot project.	Had discussions with staff in such areas as: • General areas themes for special state licensure • Conducting a pilot project and the state associations' roles for such a pilot • Potential IRO candidates • Partner Team membership • General project time frame		
Staff and regulatory agency representative meet with the state's QIO to gauge its interest in serving as IRO			QIO management and staff determined the feasibility of serving as IRO and estimated cost of doing pilot reviews.
Staff worked with core partners for commitments on major roles and responsibilities for each related to the general concept envisioned to proceed: • Developed proposal for			

Staff and/or Contract	Core Team	Partner Team	IRO & Measurement Subcommittee
submission as BJBC grant • Approached potential members of full Partner Team to enlist support and participation with the grant			
Staff and facilitator planned all Partner Team meetings; did preliminary work, helped by Technical Assistance provider (PHI), to support Partner Team development of practices for inclusion in special licensure program		Full Partner Team convened; initial major work included identifying and honing list of practices to be included in special licensure program; this work continued until there was agreement on spectrum of practices to be included	
		Partners reviewed & modified framework developed by PHI that matched practices with expected evidence & expected outcomes to reach consensus on the program framework (activities, evidence, outcomes; weighting of four domains, scoring thresholds, etc.)	
Staff conducted background work relative to Partner Team work & issues identified; also completed other tasks not needing consensus such as: • Working with graphic artist on numerous drafts to modify potential logo as specified by Partner		Reached consensus on: • Who can apply for the special license • Communications and notification by IRO and state regulatory agency • General themes, needs and plans related to	Measurement subcommittee convened to work with IRO to flesh out program framework including: • Overall concept for desk and on-site reviews • Development and testing of interview

Staff and/or Contract	Core Team	Partner Team	IRO & Measurement Subcommittee
Team • Working with facilitator to draft potential brochures, presentations, etc. • Preparing application for program "servicemark" • Keeping NC DHHS key management abreast of progress and issues • Preparing application for continuing education credit for coaching supervision training • Starting work to integrate NC NOVA criteria into other new quality improvement initiatives under way in the state		conducting the pilot project • Naming the special license "NC NOVA" (conducted a contest for this) • Design for NC NOVA logo and licensure document • Duration for special licensure designation • Confidentiality protection for information submitted by applicants, etc. • Future topics including PR and marketing • Process for approving coaching supervision curricula • Plan for building in-state capacity for coaching supervision training	questions • Clarification of issues • Discussion of application document • Process for determining the number and types of staff to be interviewed during on-site review • Training for reviewers IRO staff also worked on developing an application document, job descriptions for reviewers, orientation program, random selection process for interviews, test interview questions, etc.
Based on framework agreed to and other developments, staff: • Integrated work by IRO into a Provider Information Manual draft for review and revision by Partners; identified issues needing Partners' input/consensus • Drafted boiler plate news		Actively involved in the orientation program for 60 pilot sites; two orientation sessions conducted Developed plan for honoring first special license designees	IRO completed: • Application document • Processes for desk and on-site reviews, including computer-based interviewing and scoring • Orientation program for reviewers, and positioned to hire reviewers

Staff and/or Contract	Core Team	Partner Team	IRO & Measurement Subcommittee
releases about NC NOVA, for awardees, etc. • Worked with NC DHHS to include basic information about NC NOVA on its website (knowing that a free-standing site will be needed in the future)			IRO worked with staff and contractor to train reviewers on interview techniques and develop ongoing training program for reviewers related to this issue
Responded to request from legislative staff, worked with regulators staff and other key partner organizations to identify statutory changes needed to authorize program. Examined available data resources for Partner Team consideration as potential impact measure; ensured structures to compile and assess data over time. Based on Partner Team decisions, worked with appropriate persons to develop forms & system to compile and analyze program impact data; secure resources for ongoing data analysis; etc. Worked with appropriate departmental staff to secure ongoing resources for reviews, data collection, etc.		Kept abreast of legislation drafted in General Assembly for NC NOVA implementation Actively involved in legislative committee meetings to discuss NC NOVA program, pending legislation, and respond to questions, etc. Reached consensus on data measures to be collected to measure program impact. Based on findings from pilot sites, reached agreement on various program changes, document clarification, etc., needed for statewide implementation.	
Staff worked to develop long-range plan for web		Reviewed and reached consensus on	

Staff and/or Contract	Core Team	Partner Team	IRO & Measurement Subcommittee
maintenance and costs. Once legislation adopted, staff worked to develop and process administrative rules. Staff revised all documents for statewide implementation as appropriate. Staff worked to set up structures for point(s) of contact for information about NC NOVA, to ensure structures in place for on-going state operations, etc. Staff began discussions with Medicaid agency on financial reward envisioned and general plan/needs to proceed.		content/framework for free-standing web-site based on sample documents prepared by staff as a starting point. Reached consensus on short- term ways to support providers – including: • Conducting a post pilot session for several pilots discuss their experiences • Agreeing that staff should develop "Getting Started" documents/DVD to share lessons learned/experiences of NC NOVA designees / applicants as result of pilot.	• IRO makes changes to documents/processes, etc. based on pilot findings
Staff and contractors developed written "Getting Started" guide and accompanying DVD; a cross-walk document between the application and Provider Information Manual; and worked with IFAS to develop self-assessment tool for organizations interested in starting on the road to NC NOVA designation. Staff worked with key		Reached consensus on a process to periodically review NC NOVA program: review and discuss program impact data; identify issues needing attention, etc.	IRO provided input on review experiences; developed "tip sheet" for applicants for inclusion in "Getting Started" documents.

Staff and/or Contract	Core Team	Partner Team	IRO & Measurement Subcommittee
Partners to conduct periodic coaching supervision training and train-the-trainer programs.			
Existing staff within NC DHHS took over lead day-to-day responsibility for NC NOVA operations, including: • Coordinating information and efforts across NC DHHS divisions • Coordinating/compiling data impact measures as appropriate • Responding to inquires from the public, press, departmental agencies, other groups, etc. • Continuing to find ways to integrate NC NOVA criteria and concepts with departmental quality improvement initiatives.		Committed to continuing work to develop financial reward component of special licensure program.	

APPENDIX 3: Sample Letters from CCME to NC NOVA Applicants

Recommendation for Special License

Dear _____:

The Carolinas Center for Medical Excellence (CCME), the designated Independent Review Organization for the North Carolina New Organizational Vision Award (NC NOVA), has reviewed your application and recommended that your organization be awarded the NC NOVA special licensure designation. The Division of Health Service Regulation will be issuing the NC NOVA special license certificate within 30 days of this letter. We congratulate you and your staff for your commitment to quality health care and your active support and empowerment of the direct care workforce within your organization.

We truly appreciate your effort and contribution to the NC NOVA recognition program. If you have any questions please contact me by e-mail at: NC_Nova@thecarolinascenter.org or by telephone at: (800) 682-2650, extension 2041.

Sincerely,

Request for Additional Material

Dear _____ :

The Carolinas Center for Medical Excellence (CCME) has received and reviewed your written application for the North Carolina New Organizational Vision Award (NC NOVA).

Your application will require submission of additional materials to verify and expand on the written information included with the original application. We have attached a summary of the information we need before we come on-site to conduct the interviews. Please submit the requested documentation within 30 days of receipt of this letter.

We look forward to working with you and your staff and we thank you for your participation in this pilot project. Should you have any questions, please e-mail NC_Nova@thecarolinascenter.org or telephone at (800) 682-2650.

Sincerely,

Notification that Standards Met with Request for Information to Schedule Site Visit

Dear _____ :

The Carolinas Center for Medical Excellence (CCME) has received and reviewed your written application for the North Carolina New Organizational Vision Award (NC NOVA).

We are pleased to inform you that after review of the documentation submitted with your application, we have determined your application meets or exceeds the standards for the NC NOVA Award.

The next step is to schedule an on-site visit to your facility to conduct staff interviews. In preparation for this, we ask that you review the enclosed materials and supply us with the requested information by . This information will help us to understand how your facility operates on a day-to-day basis and to determine the appropriate number of individuals to request for interviews. After the information is received we will contact you to schedule the on-site visit.

As a reminder, on the day of the on-site visit, we will arrive with a team of three reviewers and spend most of the day at your facility. We will need to interview Direct Care Workers, Peer Mentors and Supervisors of direct care workers. Please plan approximately one hour for each staff interview. We will also need three private areas (with power outlets) in which to conduct the interviews.

We look forward to working with you and your staff and we thank you for your involvement in this pilot project. Should you have any questions, please e-mail nc_nova@thecarolinascenter.org or telephone at (800) 682-2650.

Sincerely,

Notification that Standards Not Met with Information about Re-submission Options

Dear _____ :

The Carolinas Center for Medical Excellence is in receipt of your written application for the North Carolina New Organizational Vision Award (NC NOVA).

First, let me say thank you for the time and energy you spent putting this application package together. I know it was a major undertaking and we really appreciate your effort. We found your application to be very well organized and easy to follow and it is evident that your organization takes great pride in providing a positive and professional workplace.

However, after careful review of your application, we cannot recommend your facility for NC NOVA designation at this time. We have enclosed a report that identifies the specific areas that do not meet the NC Nova standards.

Your application will remain in an active status and at your request, will be eligible for a one-time re-review not less than 90 days nor later than 12 months from the date of this letter. If your organization opts not to submit an application for re-review during this time frame, the application will be considered voluntarily withdrawn by your organization.

Your commitment and willingness to pursue the NC NOVA special license designation is to be commended. We encourage you to review the enclosed assessment of areas that do not meet NC NOVA standards and reapply when appropriate.

We strive to make this a positive learning experience and hope to work with you in the future. Thank you again for your involvement in this project. Should you have any questions, please e-mail NC_Nova@thecarolinascenter.org or telephone at (800) 682-2650.

Sincerely,