

## PROPOSAL BRIEF

<b>Proposal Title:</b>	Incentivize providers for tenure
<b>Proposal Sponsor:</b>	Jason Abodeely / Sunshine / VFA
<b>Date Proposed:</b>	06/23/21

### Problem or Opportunity Statement

The vast majority of new hires at the direct care level leave their jobs before the 90-day mark. It costs the system millions to source, interview, onboard, train and test. With an incentive that rewards the employee (not the agency) similar to the \$1-compencay-add-on, for staying employed for X days, it allows agencies (and thus the industry) to back the concept of sign-on bonuses with a bit of accountability behind it.

### The Proposal

Use existing funds (there are incentive funds still out there) to incentivize hires with delayed sign-on bonuses.

Pros	Cons
<ul style="list-style-type: none"><li>• Pushes more money to direct care by eliminating wasteful hiring practices and rewarding effective ones</li><li>• Creates extra carrots for those looking to begin working again</li><li>• Ultimately provides the individuals served with a more consistent level of care</li></ul>	<ul style="list-style-type: none"><li>• May require additional funding</li></ul>

### Critical Questions

- Which existing bucket can we pull from?
- What amount of tenure is generally accepted as the “break-even point” for a new hire where an incentive is worth giving?
- How can we implement in a way that is both verifiable for Medicaid and easy administratively for the agencies?

### Reference Materials / Attachments