



## CMS National Direct Service Workforce Resource Center

# Opportunities for ADRCs to Strengthen the Home and Community-Based Direct Service Workforce

The Lewin Group

## Overview

The provision of long-term services and supports (LTSS) in home and community-based settings affords older adults and individuals with disabilities of all ages the option to live in their homes and communities, which is the desire of most individuals. Access to home and community-based LTSS has been found to increase the quality of life of older adults and individuals with disabilities delay or prevent institutionalization and related Medicaid costs. However, to achieve these goals, the direct service workforce must be adequately trained and of a sufficient size.

Two demographic trends could result in a significant shortage of direct service workers in the coming years: the dramatic increase in population age 65 and older and demand for long-term services and supports (LTSS); and a direct service workforce supply that is projected to fall short of meeting this demand. By 2030, persons over the age of 65 (i.e., the “baby boomers”) are projected to make up 19 percent of the general population, up from 12.4 percent in 2000 (US DHHS Administration on Aging, 2012). In 2050, the population age 65 and older is expected to number 88.5 million, more than doubling the 39.6 million in 2009 (U.S. Census Bureau, 2012).

The Bureau of Labor Statistics (BLS) produces employment projections for three direct service worker occupations: (1) personal and home-care aides, (2) home health aides, and (3) nursing aides, orderlies, and attendants. For the period 2008-2018, BLS has projected home health aides and personal and home care aides to be the third and fourth fastest growing occupations in the country (50% and 46% growth, respectively). Nursing aides, orderlies and attendant are projected to be the ninth fastest increasing 19 percent (PHI, 2010). BLS also reported that employment growth for the direct service industry is projected to be highest in the home and community-based area with services for older adults and individuals with disabilities, home health care services, residential mental retardation facilities and community care facilities for the elderly (92%, 58%, 40% and 31% growth, respectively (PHI, 2010). To meet the projected demand for LTSS, the direct service industry is competing with other industries for available workers with similar education and work experience. In addition, the commitment and action of government and non-profit agencies as well as

private employers will be needed to address direct service worker recruitment and retention.

### Individuals with Disabilities and Direct Service Workers Both Need:

- System Navigation
- Options Counseling
- Benefits Linkage
- Employment Supports
- Link to Services
- Advocacy and Recognition

Aging and Disability Resource Centers (ADRCs) play a key role in helping older adults and individuals with disabilities and chronic conditions of all ages access the home and community-based LTSS they need to live successfully in their homes and communities. In their role as single entry points for LTSS, they are responsible for increasing individuals’ awareness of the full range of home and community-based LTSS options available, providing objective information, advice, counseling and assistance, and empowering people to make informed decisions about their LTSS. Many ADRCs are expanding the scope of their services to support other initiatives aimed at strengthening the home and community-based LTSS infrastructure. For example, many ADRCs are partnering with *Money Follows the Person (MFP) Programs* to help transition individuals from institutions into community-settings, raising public awareness about community-based options, and meeting program rebalancing goals.

Similarly, a number of ADRCs are partnering with VA Medical Centers to offer home and community-based LTSS through the *Veteran-Directed HCBS (VDHCBS) Program*. Two primary goals of the MFP and the VDHCBS Programs are to rebalance the publicly-funded home and community-based LTSS system and to provide individuals with greater choice and control over LTSS and the individuals and organizations that provide them. As states move towards implementing home and community-based LTSS and away from providing traditional institutional care, an adequate supply of high quality direct service workers is

## National Direct Service Workforce Resource Center

necessary to ensure success. ADRCs already provide support for informal caregivers through programs such as *Lifespan Respite* and the *National Family Caregiver Support Program*. ADRCs can further their mission to improve access to a wide range of home and community-based LTSS by seeking ways to support paid direct service workers and contribute to the development of a stronger direct service workforce.

This fact sheet explores a number of ways ADRCs can engage in direct service workforce infrastructure development that would support their states' broader goals of diverting people from unnecessary institutionalization and transitioning people out of institutional settings who want to live in the community. This fact sheet is meant to provide ADRCs with basic information about direct service workforce challenges and strategies in the hope this information will encourage further consideration and discussion at the state and local levels about how ADRCs might become more involved in direct service workforce development.

### What Occupations are Included in the Direct Service Workforce?

The Direct Service Workforce includes four broad worker occupations:

- Nursing facility aides—who provide LTSS to individuals residing in nursing and rehabilitation facilities;
- Direct support professionals (DSPs)—who provide LTSS to individuals with developmental and intellectual disabilities, and to individuals with behavioral health (mental health and substance use) conditions;
- Personal and home care aides (PHCAs)—who provide LTSS to older adults and individuals with physical disabilities and chronic conditions. Increasingly these workers work in participant-directed LTSS programs as “independent providers” and/or paid family caregivers;
- Home health aides (HHAs)—who are typically employed by Medicare-certified home health agencies and deliver more clinically-oriented services.

In some cases, services are provided in participant-directed LTSS programs as “independent providers” and/or paid family caregivers. It is important to note that in addition to personal care tasks, direct service workers perform a number of duties for, and on behalf of, individuals and their families (e.g. household chores).

### Why Focus on the Direct Service Workforce?

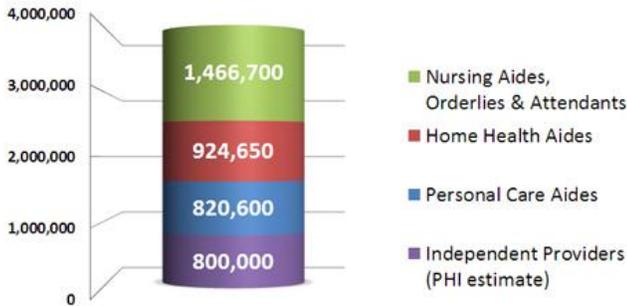
There are a number of reasons why states should focus on the direct service workforce. These include, but are not limited to the:

- Increasing demand for home and community-based LTSS;
- Supply of direct service workers is not growing as quickly as the demand for home and community-based LTSS;
- Quality of home and community-based LTSS depends on quality and stability of the direct service workforce;
- Significant costs associated with direct service worker turnover; and
- Trend toward the provision of home and community-based LTSS which raises new challenges (i.e. limited supervision and peer support, more flexible and customized work schedules).

The following charts highlight the current direct service workforce size, growth projections, wages, and reliance on publicly funded programs and highlights the importance of a focus on direct service workforce development.

## National Direct Service Workforce Resource Center

### United States: Size of Direct-Care Workforce, 2011



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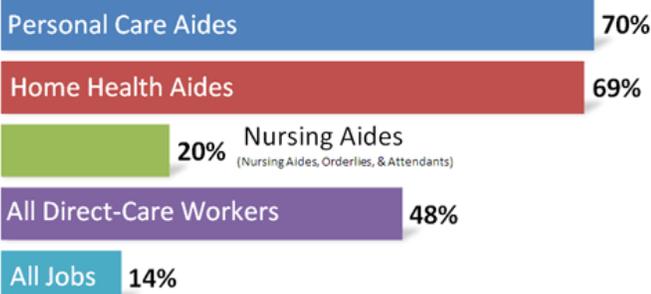
### United States: Median Hourly Wages for Direct-Care Workers, 2011



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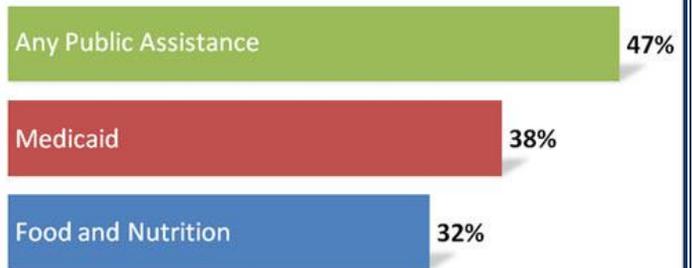
### United States: Occupational Growth Projections, 2010-2020



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### U.S.: Direct-Care Worker Households Relying on Means-Tested Public Assistance, 2008-2010



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## What are the Barriers that Impede the Growth and Stability of the Home and Community-Based Direct Service Workforce?

There are a number of barriers that impede the growth and stability of the home and community-based direct service workforce. These include, but are not limited to:

- The culture of turnover (rates vary across sectors from 25% to 71% turnover and are affected by limited wages, benefits, training and advancement opportunities to name a few);
- Inadequate direct service worker orientation to the job and initial and ongoing in-service training;
- Limited advancement opportunities;
- Lack of attention to cultural competence and a need for ongoing training and support between levels of direct service workers and individuals/families;
- Direct service worker isolation and limited supervision and peer support;
- Low direct service worker wages and few benefits;
- Higher transportation costs than for direct service workers working in facility-based settings;
- Inadequate funding to improve service quality/ job quality; and
- Limited and uneven quality assurance systems for the direct service workforce.

## What Types of Direct Service Workforce Development Strategies Work?

A number of direct service workforce development strategies have been found to be effective in improving recruitment and retention and enhancing the access and quality of LTSS for older adults and individuals with disabilities. These strategies are summarized below and discussed in more detail in “A synthesis of direct service workforce demographics and challenges across intellectual/ developmental disabilities, aging, physical disabilities, and behavioral health (November, 2008)”.

- Education and training improves retention;

- Direct service worker mentoring programs have been found effective in reducing turnover and preventing burnout;
- Higher wages and health benefits can lead to lower direct service worker turnover;
- Mentoring, use of person-centered planning teams, and career ladders are closely linked to employee satisfaction;
- Support by supervisors can decrease job-related stress;
- Realistic Job Previews (RJPs) can improve the hiring outcomes by providing potential employees clear information about the job, including advantages and challenges so that worker expectations are more realistic; and
- Targeted recruitment works—Employees hired from inside sources (i.e. friends and family) stay on the job longer than those hired from outside sources (i.e. job search engines).

## How can ADRCs Support Home and Community-Based Direct Service Workforce Development?

CMS held a Leadership Summit on the Direct Service Workforce and Family Caregivers on September 16 and 17, 2010 in Washington, D.C. This Summit brought together leaders in the field of caregiving to identify areas of policy intersections and develop recommendations for working together to address cross-cutting issues. Invited participants included national leaders in the fields of family caregiving, direct service workforce development, participant-direction, policy makers, individuals’ receiving LTSS, caregivers, direct service workers, and advocates. The Summit and resulting white paper capture many themes that are important to the work of the Direct Service Resource Center and intersect with many ADRC goals and objectives.

Several Summit recommendations (i.e. Improve Navigation, Access, Coordination and Collaboration) reflect the shared values of ADRCs and the direct service workforce.

## National Direct Service Workforce Resource Center

| Direct Service Workforce and Family Caregivers Twelve Common Goals  |   |
|---|---|
| Broad Systems Change  | Specific Goals for Family Caregivers and Direct Service Workforce   |
| 1. Improve Coordination and Collaboration   | 7. Improve Recruitment, Selection, and Retention of Direct Service Workers  |
| 2. Improve Home and Community-based LTSS Navigation and Access  | 8. Increase Economic Security of Paid and Family Caregivers and People with Disabilities  |
| 3. Promote Community Living, Inclusion, Employment, and Quality of Life for People with Disabilities                                  | 9. Raise Awareness of the Importance of Home and Community-based Direct Service Workers and Family Caregivers                                 |
| 4. Strengthen Public and Private Financing of LTSS  | 10. Integrate Caregivers in Team-Based Approaches   |
| 5. Expand Implementation of Participant Direction LTSS  | 11. Expand Peer Support   |
| 6. Focus on Quality of Care and Protection of Individuals from Abuse/Neglect When Receiving LTSS in Home and Community-based Settings | 12. Invest in Training for Paid and Family Caregivers and for Elders and Individuals with Disabilities and their Representatives as Employers |

Source: Building Capacity and Coordinating Support for Family Caregivers and the Direct Service Workforce (March, 2011)

### Potential Areas of ADRC Activity in Support of the Twelve Common Goals

#### *Improve Coordination and Collaboration*

Consistent with ADRC goals to develop a network of partners, ADRCs could begin to include and connect with the workforce development agencies and organizations in their communities, particularly the Workforce Investment Boards. Doing so will result in greater collaboration and possibly joint training for direct service workers. Workforce

Investment Boards are a source of funding for the ADRCs that choose to focus attention on direct service workers. The ability to negotiate and partner with workforce partners will require staff with the knowledge and skillset to support workforce development.

The table below provides a summary of potential direct service workforce development activities and how they relate to components of a fully functional ADRC.

## National Direct Service Workforce Resource Center

| Operational Components of a Fully-Functional Aging and Disability Resource Center | Potential DSW Development Activities  |
|---|---|
| <b>Information, Referral, and Awareness</b>                                       | <b>Market to and Support Direct Service Workers</b> <ul style="list-style-type: none"> <li>• Offer educational opportunities</li> <li>• Develop recognition programs to afford opportunity for individuals to honor quality work</li> <li>• Market (through ads, newspapers, and social media) career opportunities and the value of direct service workers in meeting the goal to balance and sustain community living</li> <li>• Offer realistic job previews</li> <li>• Host job fairs, recruiting opportunities</li> <li>• Host or link to Matching Registry Service</li> </ul>   |
| <b>Options Counseling</b>   | <b>Provide System Navigation to Direct Service Workers</b> <ul style="list-style-type: none"> <li>• Share resources and options available to support the direct service worker in maintaining a lifestyle that is healthy and safe</li> <li>• Develop standards and protocols for the scope of counseling provided to direct service workers and the outcomes to be tracked</li> <li>• Provide follow-up when necessary to ensure that the direct service worker is supported to fully engage with the individual, provide quality services, and reduce unmet need</li> </ul>   |
| <b>Streamlined Eligibility Determination for Public Programs</b>                  | <b>Link Direct Service Workers to Benefits</b> <ul style="list-style-type: none"> <li>• Refer to available public and private programs for support services as needed (e.g. Medicaid, SNAP)</li> <li>• Extend training and support to workers within participant-directed programs</li> </ul>   |
| <b>Person Centered Transitions</b>  | <ul style="list-style-type: none"> <li>• Engage Direct Service Workers in Care Transition and Care Coordination Efforts</li> <li>• Include DSWs in team-based approaches</li> </ul>   |
| <b>Populations, Partnerships, and Stakeholder Involvement</b>                     | <b>Offer Employment Support</b> <ul style="list-style-type: none"> <li>• Incorporate direct service workforce development into marketing and outreach activities. Engage home care agencies, independent providers, and family caregivers in the development of standards and protocols for direct service workforce support</li> <li>• Develop and maintain matching service registries to connect individuals to workers who are available and meet their needs and preferences</li> <li>• Include and connect the workforce development sector to ADRC activity, particularly the Workforce Investment Boards</li> <li>• Hire staff that have the knowledge and skillset to support workforce development</li> <li>• Include supports for informal caregivers</li> </ul> |
| <b>Quality Assurance &amp; Evaluation</b>   | <ul style="list-style-type: none"> <li>• Incorporate the quality and well-being of direct service workers within ADRC performance measurement and evaluation</li> </ul>   |

## National Direct Service Workforce Resource Center

### ***Improve Home and Community-based LTSS Navigation and Access***

The LTSS system can be complicated and confusing for individuals and families. Through Information and Referral/Assistance (I&R/A) and Options Counseling, ADRCs help individuals and their families identify sources of needed LTSS and arrange for service delivery including assistance with the hiring of direct service workers. Paid workers, informal caregivers and individuals receiving LTSS often need help navigating the LTSS system. For example, direct service workers may need information about what job opportunities are available, the benefits they may be eligible for and/or information about training and support programs available to them. ADRCs can:

- Engage direct service workers in person-centered planning effort,
- Help direct service workers connect to support services such as peer support and education and training opportunities, and
- Consider using a matching services registry to help individuals and direct service workers connect.

### ***Assist Direct Service Workers to Identify Available Benefits***

A major obstacle in building and retaining a quality direct service workforce is the combination of low wages and lack of employment benefits such as health insurance. Difficulty in finding direct service workers and/or high turnover negatively affects the delivery of LTSS for older adults and individuals with disabilities. Depending on the state and program, individuals choosing to direct their own care may not be able to offer attractive compensation packages within the Medicaid waiver budget. However, there are options for direct service workers to access benefits through other programs. Workers operating below the poverty line are likely to be eligible for Federal assistance through programs such as the Federal Supplemental Nutrition Assistance Program (SNAP). According to the PHI State Data Center, 43 percent of direct service worker households relied on public assistance in 2009. ADRCs are experienced in connecting individuals to public programs and home and community-based waivers and can easily adapt operations also to connect direct service workers to needed benefits.

### ***Offer Caregiver Supports to Paid Direct Service Workers***

Direct service workers often cannot find the formal and/or informal employment supports that allow them to grow as

professionals and help them through the challenges of their work. Furthermore, direct service workers may work in isolation without the benefit of frequent interaction with peers or supervisors. ADRCs already provide caregiver supports to family and other informal caregivers. Support can include education, information, counseling, respite, and training. In some cases individuals begin providing direct services as family caregivers. Creating a group or forum where direct service workers and informal caregivers can talk to each other to share experiences and challenges is one useful step. Providing direct service workers with education and support helps to improve retention and quality.

### ***Develop and Maintain Matching Service Registries***

Fully functioning ADRCs maintain databases that help older adults and people with disabilities find and connect to home and community-based LTSS. When given the option, many people choose—and benefit from—arrangements that allow them to hire, manage, supervise and discharge their own direct service workers rather than rely on home care agencies. While some of these individuals have a particular direct service worker in mind, such as a family member or friend, others may benefit from assistance in locating a qualified and compatible direct service worker. In other cases, what is needed is not routine care but rather respite and emergency referrals, or assistance with transitions from one care setting to another.

Several states are experimenting with solutions to help individuals connect with available direct service workers. One approach is a publicly-funded “matching service registry” that facilitates connections between qualified direct service workers and individuals who direct their home and community-based LTSS. These registries can help match supply and demand, allowing individuals to tap into an up-to-date registry of available direct service workers, and workers to signal their interest and availability for employment. It is a natural extension of the databases ADRCs provide to run or partner with a matching service registry.

For more information on how ADRCs can become involved with DSW Registries please see the August 2012 Fact Sheet titled “Connecting Older Adults and Persons with Disabilities with Personal Care Assistance: The Potential of ADRCs as Hosts for Publicly-Funded Matching Service Registries”.

### ***Engage Direct Service Workers in Care Transition Efforts***

Many ADRCs are expanding into care transitions programs. They have identified common ways that

## National Direct Service Workforce Resource Center

individuals have transitioned from one setting of care to another and provided assistance to individuals in navigating the various critical pathways available. Care Transition Programs work to ensure that individuals and their families follow post-discharge instructions for medication and self-care, recognize symptoms that signify potential complications, and make and keep necessary follow-up appointments with health care professionals.

Many care transitions models, such as the Coleman Model, place an emphasis on meeting with individuals and their caregivers. There is an emphasis on family caregivers, but in situations where direct service workers are part of an individual's care team, they should also be included with the consent of the participant. Direct service workers are in a unique position to facilitate communication between individuals and other healthcare providers and ensure instructions are followed. It is a natural expansion of ADRC care transitions efforts to include these workers, when consent is provided, within person centered planning efforts along with the individual receiving services, family caregivers and primary care physicians helping individuals to avoid hospital readmission.

### ***Incorporate Direct Service Workforce Development into Marketing and Outreach Activities***

ADRC programs raise visibility about the full range of LTSS options available through comprehensive information, referral, and awareness systems. ADRCs frequently have robust outreach and marketing plans, drawing on the resources of a large network of organizations. These plans address individualized outreach to specific populations the ADRC serves. As part of these efforts, ADRCs could partner with employers and community-based organizations to support efforts to improve DSW recruitment and raise visibility about career opportunities. For example, ADRCs could include information about career opportunities in public service announcements, fliers, posters, radio and newspaper ads, and community

presentations. ADRCs may find it effective to collaborate with home care agencies when trying to market direct service workers.

### ***Is funding available to assist ADRC with DSW Development?***

The state agencies involved in administering ADRCs could dedicate funding from existing programs to support these activities. ADRCs should explore funding options available to them through programs such as CMS Money Follows the Person Demonstration grants, CMS Community Care Transitions Program, CMS Balancing Incentive Payment Program, Administration on Community Living ADRC funding, Lifespan Respite funds, and Veteran-Directed HCBS.

The National Direct Service Workforce (DSW) Resource Center has a Funding Sources Resource Tool at [http://www.dswresourcecenter.org/tiki-index.php?Funding\\_Sources](http://www.dswresourcecenter.org/tiki-index.php?Funding_Sources). This Funding Sources resource tool provides information about direct service workforce initiatives funding past and present, and includes examples of sources and strategies for funding future initiatives. Organizations might use this information to sustain current activities or to stimulate financing for a new project. Federal grants, including several joint grants between federal agencies and private foundations are traditionally key funding sources. Additionally, states have begun experimenting with different ways to obtain funding, including legislative appropriations and the use of civil monetary penalties.

Funding opportunities for work of this kind are rarely permanent. Sometimes the best way to predict how future money will become available is to examine where it has come from in the past. Federal government, state government, and private funds have all contributed to workforce initiatives. The particular mix of financial resources available to a project will depend on timing, location, and subject matter, among other things.

## National Direct Service Workforce Resource Center

### Additional Resources

#### **National Direct Service Workforce Resource Center**

The Direct Service Workforce Resource Center is a CMS funded project bring together experts from: The Lewin Group; The University of Minnesota's Research and Training Center on Community Living; PHI; PHI PolicyWorks; LeadingAge Center for Applied Research; The Westchester Consulting Group; The Annapolis Coalition on The Behavioral Health Workforce; and The Family Caregiver Alliance (FCA) to provide information and technical assistance to states, employers, and other organizations working on strengthening the workforce that provides home and community-based services to older adults and people with disabilities.

<http://www.dswresourcecenter.org> 1-877-822-2647

#### **ADRC MFP Collaborative Partnership Toolkit**

Building a Collaborative Partnership between the Money Follows the Person Rebalancing Demonstration and Aging and Disability Resource Centers is aimed at states with both ADRC and MFP programs. This toolkit provides useful information and helpful tools to aid States in coordinating ADRC and MFP programs towards joint goals. Efforts are being made at the Federal and State levels to encourage system change to afford Americans with disabilities greater choice and control. State health and human service programs are struggling with economic and social policy constraints resulting in an ever increasing need for partnership within and across public and private programs.

[\(Word\)](#) [\(PDF Collaborative Partnership Toolkit\)](#) December 2011

#### **Building Capacity and Coordinating Support for Family Caregivers and the Direct Service Workforce**

This report summarizes the common goals and policy recommendations emerging from the CMS Leadership Summit on the Direct Service Workforce and Family Caregivers, held in Washington, DC in September 2010.

[\(PDF\)](#) April 28, 2011

#### **Strategies for Improving DSW Recruitment, Retention, and Quality: What We Know about What Works, What Doesn't, and Research Gaps**

This report provides examples of efforts that have demonstrated positive impacts on recruitment, retention, and quality of services by summarizing key findings from several national studies that reviewed the research on efforts to strengthen the direct service workforce.

[\(PDF\)](#) November 9, 2009

#### **Using the Money Follows the Person Demonstration to Develop Direct Service Workforce**

This issue brief provides an overview of state-experience using MFP to develop DSW infrastructure and provides helpful tips for state MFP programs to advance efforts to improve recruitment and retention of direct service workers who help people with disabilities. [\(PDF Money Follows the Person Issue Brief\)](#) June 30, 2011

#### **Quick Tip Sheet: Using the Money Follows the Person Demonstration to Develop Direct Service Workforce Infrastructure**

This issue brief provides helpful tips to state MFP programs to advance efforts to improve recruitment and retention of direct service workers who help people with disabilities and older adults to live independently and with dignity. [\(PDF Quick Tip Sheet\)](#) June 30, 2011

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- A synthesis of direct service workforce demographics and challenges across intellectual/ developmental disabilities, aging, physical disabilities, and behavioral health (November, 2008).
- Building Capacity and Coordinating Support for Family Caregivers and the Direct Service Workforce (March, 2011)
- This Issue Brief was authored by Betsy Dilla, Erika Robbins, and Carrie Blakeway at The Lewin Group with input from the full DSW RC team.