Workforce
What can be done now?
Today’s Speakers

Rahnee Patrick
Director
Illinois Department of Human Services Division of Rehabilitation Services

Jennifer Johnson
Deputy Commissioner, Administration on Disabilities Director, Office of Disability Service Innovations, Administration for Community Living

Erika Robbins
Vice President
Optum Health Consulting Program Director for CMS’s HCBS Special Programs

Brandi Kurtkya
CEO
MissionCare Collective myCNAjobs

Sarah Triano
Sr. Director
Complex Populations Centene
The Need for Direct Service Workers
Of the 61 Million Disabled Americans

(National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention, 2020 September 16).
Of the 61 Million Disabled Americans

Disability is especially common in these groups:

- **2 in 5** adults age 65 years and older have a disability
- **1 in 4** women have a disability
- **2 in 5** Non-Hispanic American Indians/Alaska Natives have a disability

(National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention, 2020 September 16).
The 5 Most Common Invisible Disabilities

### #1 Chronic Dizziness
With chronic dizziness, a person experiences the false sense that he/she is moving, and/or his/her surroundings are moving as well. Feeling faint, unsteady, weak, or woozy are some of the sensations that are experienced due to chronic dizziness. There are many potential causes for chronic dizziness, such as inner-ear issues, poor circulation, medication side-effects, and more.

### #2 Chronic Fatigue
Chronic Fatigue Syndrome (CFS) is a disorder where a person experiences extreme tiredness or fatigue which doesn’t disappear with rest. According to medical experts, the causes of this invisible disability have not been identified yet, but some theories suggest psychological stress or viral infection as possible reasons behind CFS. Statistically, women are nearly 4 times more likely than men to suffer from CFS.

### #3 Mental Illness
Mental illness and disorders refers to many health conditions related to the mind of a person. This invisible disability is responsible for affecting your moods, behavior, and thinking. Some examples of mental illnesses are addictive behaviors, depression, eating disorders, mood swings, insomnia, etc. According to professionals, almost half of adults will experience a mental illness at some point during their lives.

### #4 Chronic Pain
Chronic pain is defined as pain which lasts longer than acute or normal pain. Acute pain can be for a few minutes, hours, or weeks while chronic pain lasts for more than six months. This type of pain can be continued after a particular injury or illness has been cured perfectly, as the pain signals remain active in the nervous system of a person for months or even years.

### #5 Autism
Autism, or autism spectrum disorder, is a complicated invisible disability that is responsible for creating communicative and/or behavioral challenges for a person. Anyone who falls under ASD faces difficulty in sensing what other people feel and think, while also experiencing difficulties in expressing themselves through words, gestures, signs and affection.

Did you know about these hidden disabilities? Today, more than 95% of people suffering from chronic medical conditions are living with an ailment considered to be invisible.
“Say Stop”

Leading a Life with Home and Community-Based Community Services
Working Together

....

**Her job:** Apply soap, Loofah, Hot spray

**My job:** How hot, Say stop

....

Laura Hershey

**Illinois Department of Human Services**
**Division of Rehabilitation Services**
Who is Rahnee?
Résumé

• Graduated High School in 1992
  – Had no in-home assistance and no knowledge of available services
• Elected President of Disabled Student Group at Indiana University South Bend
  – Met a woman with a disability who had in-home assistance and was a group member
• Graduated in 1996
  – Received services through Medicaid
  – Applied for waiver services and on waiting list for seven years
The Workforce Problem and Opportunities

The direct service worker perspective
A Perspective From The Frontlines
Many workers live paycheck to paycheck

SERVING THE UNDERSERVED

- About 9 in 10 home care workers and nursing assistants are women; more than half (62% and 57%, respectively) are people of color; and 31% and 21%, respectively, are immigrants.

- Sixty-two percent of home care workers work full time and 48% live in low-income households.

- Eighty-one percent of nursing assistants work full time and 44% live in low-income households.

- Fifty-three percent of home care workers and 36% of nursing assistants rely on some form of public assistance.
# A Strong Desire to Help People

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Reason</th>
</tr>
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<tbody>
<tr>
<td>97%</td>
<td>The desire to help people</td>
</tr>
<tr>
<td>92%</td>
<td>Experience caring for elderly/disabled loved ones</td>
</tr>
<tr>
<td>73%</td>
<td>To learn; planning nursing career</td>
</tr>
<tr>
<td>71%</td>
<td>The ability to work on my own</td>
</tr>
<tr>
<td>66%</td>
<td>More flexibility than other jobs</td>
</tr>
<tr>
<td>65%</td>
<td>I have friends/family that are caregivers</td>
</tr>
<tr>
<td>61%</td>
<td>Needed a job for which I was qualified</td>
</tr>
<tr>
<td>59%</td>
<td>Experience raising my own kids</td>
</tr>
<tr>
<td>57%</td>
<td>Personal challenge that I faced</td>
</tr>
<tr>
<td>42%</td>
<td>Religious/spiritual beliefs</td>
</tr>
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</table>

On-the-job injury rates are **HIGHER** than the mining & oil industry!
Leave for Flexibility, Career Paths, Higher Wages, or Due to a Poor Client Relationship

Top Reported Reasons Caregivers Leave A Job

1. Different Hours
2. More Money & Benefits
3. Client Relationship

<table>
<thead>
<tr>
<th>Reason</th>
<th>How frequently do you want a review?</th>
<th>How frequently do you perform reviews?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly</td>
<td>29 %</td>
<td>0 %</td>
</tr>
<tr>
<td>3 Months</td>
<td>28 %</td>
<td>11 %</td>
</tr>
<tr>
<td>6 Months</td>
<td>18 %</td>
<td>10 %</td>
</tr>
<tr>
<td>Annually</td>
<td>25 %</td>
<td>58 %</td>
</tr>
<tr>
<td>As Needed</td>
<td>22 %</td>
<td>22 %</td>
</tr>
</tbody>
</table>
Post COVID, the Hiring Landscape Worsened

The pipeline of new workers halted

The market has never been more competitive; caregivers receive 4+ calls for work each week!

It’s even more competitive to find vaccinated workers with vaccine hesitancy concerns
Many Industries are Battling it out for Hourly Workers and Nearly all are More Competitive

Can you think of a job that pays less than a caregiver or CNA?

Photo taken Allen TX!
Although all Companies Struggle to Recruit and Retain this Workforce, We’re Seeing Some Providers Struggle More than Others.

Caregivers Report
Where do you want to work?

- PRIVATE FAMILY: 29%
- HOSPITAL: 23%
- HOME CARE AGENCY: 18%
- ASSISTED LIVING: 22%
- SKILLED NURSING: 8%
Where the Opportunity Resides...

- Showing people a path into the industry
- Giving people an individualized path upward
- Helping companies better connect to their teams to keep people engaged
- Creating a better ecosystem and care culture, allowing people to thrive. Happier employees lead to better care outcomes.
Blazing New Trails for Community Based Direct Support Professionals (DSPs)

ACL’s Innovations to Transform the Direct Support Professionals Workforce
OVERVIEW OF THE ADMINISTRATION FOR COMMUNITY LIVING

The Administration for Community Living (ACL) aspires for all people, regardless of age and disability, to:

1. Live with dignity;
2. Make their own choices; and
3. Participate fully in society.

ACL MISSION

Maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers.
WHAT ACL IS DOING TO ADDRESS THE DSP CRISIS

Living Well Grants
Developing and testing model approaches for enhancing the quality, effectiveness, and monitoring of HCBS for people with developmental disabilities. There are 8 grantees: AL, GA, ID, IN, MO, NH, VA, & WI.

DSP Prize Competition
Supporting rapid innovation and adoption of models that will better meet market demand, including any factors unique to specific markets, such as geographic location (e.g., be urban, suburban or rural).
LIVING WELL GRANTS
Key DSP ACTIVITIES
Georgia’s Key Living Well Grant DSP Activities

**Goal:** Develop sustainable career pathways and build capacity among DSPs and frontline supervisors.

- Developed three tracks of online training curriculum (CDS):
  1. New hire track
  2. Existing staff track
  3. Frontline supervisor track

The team created a provider manual that cross-walked the Georgia Department of Behavioral Health and Developmental Disabilities training requirements CDS courses.

- Providers can create and add their own training content (i.e. a module on safety precautions during the COVID-19 pandemic). Partners developed content on person-centered planning, community inclusion, and crisis prevention.
New Hampshire’s Key Living Well Grant DSP Activities

- **Goal:** Engage high school students in the Care and Support 18-week program to complete coursework and experiential training to prepare them for successful employment as a DSP. Training mirrored mandatory training for new DSPs.

- **Pilot:** Engaged 11 students

- **Partners:** Gateways Community Services, the PLUS Company, Community Support Network Inc., New Hampshire service providers, and Alvirne High School
Idaho’s Key Living Well Grant DSP Activities

• **Goal:** Bring together service providers, direct support workers, self-advocates, parent advocates, and representatives from the Idaho Department of Health and Welfare to form the *bFair 2Direct Care workgroup*.

• **Efforts** of bFair 2Direct Care Workgroup:
  − Developed a series of recommendations to increase the retention, skills, and knowledge of the direct support workforce.
  − Discussion topics include required training and competencies of direct support workers, code of ethics, wages and benefits, career pathways, and direct support worker evaluations.
  − Ensures that the recommendations align with evidence-based practice and are designed to recruit and retain quality individuals into the DSP workforce.
DSP Prize Competition
WHAT IS A PRIZE CHALLENGE?

Prize Challenges and Competitions

A prize challenge is a tool used to solve problems and drive innovation for specific needs.

Challenges use a focused problem-statement approach to obtain solutions and stimulate innovation from the broader public rather than a specific named group or individual.

Federal prize challenges are an alternative instrument for spurring innovation and should not be confused with a grant.

THIS IS NOT A GRANT!
Goal: To encourage the development of innovative business models that will help to stabilize the DSP labor market.

Other Prize Competition Goals

• Create a better balance of the supply and demand of qualified DSPs;
• Achieve better rates of retention through incentives, advancement, career paths, etc.;
• Factor in and address any real and measurable barriers such as geographic (e.g., rural vs. urban, etc.), transportation, and training;
• Redefine career development requirements and pathways using non-traditional methods.
• Include individuals from the ID/DD community throughout the development and testing of models;
• Include a business commitment to implement the model for Round 2 (small scale testing) of the challenge;
• Lead to improved stability of the Home and Community Based Services (HCBS) system and outcomes for individuals with ID/DD; and
• Provide a more innovative business model than the current standard
Round 1 Model Winners

- Able South Carolina
- SEEC
- RCM of Washington
- The Collaborative for Citizen Directed Supports – NJ
- The National Alliance for Direct Support Professionals, Inc. (NADSP)
Guided by the belief that all DSPs benefit from access to well-constructed educational experiences, NADSP created the E-Badge Academy to provide a path to credentialing.

The academy will provide DSPs with the opportunity to earn electronic badges, which demonstrate the acquisition and development of knowledge, skills, and values that otherwise go unacknowledged.

The E-Badge testimonials collected by NADSP indicate that the academy has led to meaningful personal outcomes for DSPs.
In partnership with the Maryland Direct Support Professional Training Consortium, SEEC proposed the Building Tomorrow’s DSP WorkFORCE (Fostering Opportunities, Recognition, Competencies & Excellence) initiative.

This is a comprehensive career pathway and socioeconomic advancement program that includes elevated training, formal credentialing, and a variety of on-the-job mentoring opportunities.

SEEC’s proof-of-concept pilot identified and validated a set of core competencies needed by direct service workers across the long-term service and supports industry.
Round 2 Model Winners

• Able South Carolina
• RCM of Washington
• The Collaborative for Citizen Directed Supports – NJ
RCM of WASHINGTON

• Expand *The DSP Academy* - a customized vocational training program - to certify people with ID/DD to work as DSP by using classroom and on-the-job training to complete state DSP training requirements.

• Pilot testing indicated tailored cohort recruitment, strong collaboration with state partners, and a person-centered curriculum could improve and gain stability for the DSP workforce.
ABLE SOUTH CAROLINA

- Two-pronged solution:
  - Reinvent the purpose and value of the DSP field by framing the role of DSP as an advocate and an ally.
  - Develop an innovative marketing campaign for recruitment that offers a fresh perspective on the DSP role paired with Disabilities Rights training for new and current DSPs.

- Small-scale testing demonstrated promising success at recruiting DSPs by reframing them as essential to equity and social justice; while supporting the role through training modules that reinforce better relationships with the individuals they serve.
Round 3 Model
Grand Prize Winner
The Collaborative’s Interactive Map is an innovative way to indicate where Self-Directed Employees (SDEs) and DSPs are located, enabling clients to contact them about their services.

DSP agencies can submit lists of their available staff to the Map each week and SDEs can submit information about their staffing preferences, as needed.

The Collaborative has built a network of over 700 people who share and promote the MAP and DSP/SDE support solutions.

Small-scale testing demonstrated that through proper formalized partnerships, effective marketing, and professional training, it is possible to increase the size and improve the stability of the DSP workforce while also improving the capability of the DSP.
<table>
<thead>
<tr>
<th><strong>Interactive Map</strong></th>
<th><strong>Size:</strong> Increase DSP Workforce</th>
<th><strong>Stability:</strong> Improve DSP Stability</th>
<th><strong>Capability:</strong> Improve DSP Capability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Evidence</strong></td>
<td>Technology enables access to the Sharing Economy</td>
<td>Creates opportunities for freely chosen relationships</td>
<td>Makes self learning accessible and readily available</td>
</tr>
<tr>
<td><strong>Partnerships</strong></td>
<td>Requires cooperation MOUs with system partners</td>
<td>Fosters outreach and effective marketing</td>
<td>Invites continuous quality improvement</td>
</tr>
<tr>
<td><strong>Implementation</strong></td>
<td>Our Goal was to: Increase visibility and access to the Interactive Map</td>
<td>Our Goal was to: Provide opportunity for continuous feedback to help build effective relationships</td>
<td>Our Goal was to: Increase access to professional training and shared learning opportunities</td>
</tr>
<tr>
<td><strong>Impact</strong></td>
<td>Outcome 100% + increase in Map views during the Implementation Test Phase</td>
<td>Outcome Increased opportunities for DSPs to co-produce the Interactive Map per Roundtable sessions</td>
<td>Outcome Learning and development opportunities available on the Interactive Map</td>
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Home and Community Based Services
Centers for Medicare and Medicaid Services Special Projects Contract
## CMS Home and Community Based Service Special Projects

### Technical Expert Workgroups (TEW) and Stakeholder Engagement

### Summits
- **Quality Jobs Equal Quality Care: Building Capacity in the Direct Service Workforce (DSW) Conference Intensive**
- **Supporting Adults with Intellectual and Developmental Disabilities (I/DD) and Their Aging Caregivers Summit**
- **Youth with Disabilities Transitioning Out of Foster Care Summit**

### Webinars
- **Building Capacity in the DSW: Advancing Learning and Recommendations from the HCBS Conference Intensive**
- **Supporting Adults with I/DD and Their Aging Caregivers: Post-Summit Webinar (planned)**

### Learning Collaboratives
- **Addressing the Needs of the DSW State Medicaid Learning Collaborative**
- **Supporting Adults with I/DD and Their Aging Caregivers State Medicaid Learning Collaborative**

### DSW Online Training and Self-Direction Briefing Papers
Quality Jobs Equal Quality Care: Building Capacity in the Direct Service Workforce

- **Date:** December 3, 2020, 2:00 – 6:00PM ET
- **Structure:** Interactive session with three breakout sessions corresponding to each of the topics

Person-Centered Practice

Coordinating Care across Systems and Settings

Professional Development
# Quality Jobs Equal Quality Care: Building Capacity in the Direct Service Workforce

**Practices**

- Scale person centered practices across and through the programs and systems to include workforce and its’ interface with people in need of supports
- Engage individuals receiving HCBS and their workers in system change
- Build training on core competencies and encourage meaningful relationship-building

**Resources**

- CMS Steps to Creating a Statewide Person-Centered Service Planning System
- CMS Direct Service Workforce Core Competencies
- District of Columbia’s No Wrong Door Initiative
- Massachusetts One Care Implementation Council
## Quality Jobs Equal Quality Care: Building Capacity in the Direct Service Workforce

### Practices
- Pursue Value-Based Payment (VBP) to address quality and retention challenges
- Incorporate workforce quality measures and DSW professionalism (e.g. training and credentialing) into contracting and continuous quality improvement
- Develop cross-sector partnerships
- Employ the use of matching registries

### Resources
- New York VBP
- Texas pay-for-performance model
- Tennessee’s VBP called QuILTSS
- Tennessee’s TennCare
- Maine Commission to Study Long-term Care Workforce
- PHI’s list of matching service registries
- New York Wage Benchmarks
- Pennsylvania HealthChoices
Quality Jobs Equal Quality Care: Building Capacity in the Direct Service Workforce

<table>
<thead>
<tr>
<th>Practices</th>
<th>Resources</th>
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<tbody>
<tr>
<td>• Institute credentialing initiatives to increase career ladder opportunities</td>
<td>• CMS Core Competency Project</td>
</tr>
<tr>
<td>• Explore apprenticeship programs</td>
<td>• CMS Coverage of DSW Continuing Education and Training within Medicaid Policy and Rate-Setting</td>
</tr>
<tr>
<td>• Implement training programs that are competency-based as opposed to hours-based</td>
<td>• DOL Apprenticeship Program Toolkit</td>
</tr>
<tr>
<td>• Build upon existing competency and certification models</td>
<td>• Maine Direct Service Worker Training Program</td>
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<tr>
<td>• Ensure that training programs are flexible allowing people receiving services to tailor content</td>
<td>• Washington State Training Requirements and Curriculum</td>
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<td></td>
<td>• NADSP Training, Certification and E-Badge Academy</td>
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Building Capacity in the Direct Service Workforce: Moving Forward from the Intensive

**Date:** April 28, 2021, 3:00 – 4:30 ET  
**Structure:** Interactive session building upon the three summit topics

<table>
<thead>
<tr>
<th>Person-Centered Practice: Delivering Quality Supports People Want</th>
<th>Sheli Reynolds, Associate Director, Institute for Human Development, University of Missouri Kansas City</th>
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</thead>
<tbody>
<tr>
<td>Coordinating Care across Systems and Settings</td>
<td>Erika Robbins, Vice President, The Lewin Group</td>
</tr>
<tr>
<td>Professional Development: Building Competencies</td>
<td>Barbara Kleist, Program Manager, Institute on Community Integration, University of Minnesota</td>
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</table>

**Featured States:**  
- D.C.  
- North Dakota  
- Oregon  
- Pennsylvania  
- Tennessee  
- Washington State
A Focus on Person-Centered Practice: Delivering Quality Supports People Want

**Promising Practices**

- Use tools like Charting the LifeCourse framework, One-Page Profile, “All About Me Book” to establish goals
- Encourage individuals using services to record their preferences on video
- Create a family support network
- Use virtual meeting platforms
- Hold listening sessions

**Spotlight on Oregon**

The Oregon Healthcare Commission provides mandatory person-centered training to both direct service workers and case managers. The agency also has an Employer Resource Connection program, which gives individuals who are hiring a direct service worker the tools and resources they need to manage their employees.
A Focus on Coordinating Care across Systems and Settings

Promising Practices

- Increase communication and coordination between state agencies and funding sources
- Incorporate workforce quality measures
- Leverage VBP models
- Promote the DSW as a viable professional career option
- Support DSW cooperatives, especially in rural areas
- Create and maintain registries of direct service workers.

Spotlight on Tennessee and the District of Columbia

Tennessee is in the process of developing a VBP approach that will initially tie payments to organizational and capacity building measures, designed to increase the competency of the provider, and eventually transition to making payments based on individual outcomes.

The District of Columbia has created a private-public partnership to place young job seekers in care and service roles.
A Focus on Coordinating Care across Systems and Settings

**Promising Practices**

- Increase stakeholder involvement in designing training, credentialing, and career path programs
- Partner with the state department of education to offer a career ladder for direct service workers
- Design realistic and varied career ladders with more than one path to advancement
- Develop a mentor network
- Implement a stratified wage system
- Allow flexibility in training

**Spotlight on North Dakota**

The North Dakota Center for Persons with Disabilities has partnered with the state Department of Education and Minot State University to offer a Community Staff Training program for direct service workers. The program includes a variety of learning modules and a career ladder for direct service workers to advance in the field. Upon completion, learners can submit credits from the program towards a degree at Minot State University.
Addressing the Needs of the Direct Service Workforce: State Medicaid Learning Collaborative

30 participating states
State Medicaid Learning Collaborative Sessions

Session 1, 5/25: Introduction
Session 2, 6/22: Training
Session 3, 7/22: Data collection
Session 4, 8/26: Diversity and inclusion
Session 5, 9/23: Pay, wages, rates, and payment models
Session 6, 10/28: Recruitment
Session 7, 11/18: Retention
Session 8, 12/16: Progress and Accomplishments

Expert presenters from:
- Administration for Community Living
- CMS Office of Minority Health
- Institute on Community Integration, University of Minnesota
- PHI
- National Association of State Directors of Developmental Disabilities Services
DSW Online Training

Recruiting, Selecting, and Retaining Direct Service Workers to Provide Self-Directed HCBS covers six modules, in addition to providing resources and a glossary.

- Understanding Self-Directed Supports
- Finding the Right Direct Service Worker for You
- Selecting and Hiring the Right Direct Service Worker for You
- Welcoming and Training Your New Direct Service Worker
- Supporting Direct Service Worker Professionalism
- Recognizing and Managing Direct Service Worker Stress and Burnout
What’s Next?