

Ohio Direct Care Expansion Working Group

2022



REPORT OF CONSIDERATIONS

Final Report

Executive Summary:

The Direct Care Workforce Expansion Working Group was created to advance the conversation about labor shortages in direct care professions by identifying and elevating the challenges of providers and consumers.

Purpose:

The Direct Care Workforce Expansion Working Group was comprised of subject matter experts from 11 departments within state government and external partners. The Working Group was tasked with soliciting public comment, reviewing responses, providing a forum for public testimony and collaborating with community leaders to elevate unique perspectives into a report that highlights the issues being seen by community members working and living these challenges daily.

The Working Group acknowledges that rate structures are an issue and one that community members addressed in their feedback frequently. While rates are a critical issue, the Working Group was tasked with soliciting and reviewing feedback on the following topical areas associated with the direct care workforce shortage:

- Rules, Regulations and Laws
- Education and Training Support
- Scope of Practice
- Employee Wellness
- Leverage Technology and Innovations

Meetings:

The Working Group distributed a survey through multiple channels within the 11 working group member departments to ensure a broad distribution. The survey solicited responses on the above areas and received 326 responses from individuals who

provided 1,371 separate responses. These comments were reviewed by the Working Group's subject matter experts, survey respondents were identified and invited to present at one of five public meetings held during the week of July 25 – 29, 2022.

July 25, 2022

On the morning of July 25th, the working group met and heard from five members of the community. Presenters were asked to provide their perspective on rules, regulations and laws that may affect the direct care shortage. They were asked to identify regulatory pain points that may restrict entry or sustainability in the workforce. Presenters included two consumers, two associations, and one provider organization.

July 25, 2022

On the afternoon of July 25th, the working group heard from five members of the community. The topic for the meeting was education and training supports that may be leveraged to add a layer of support to those interested or currently working in the direct care field. Presenters included one consumer, three associations, and one advocate.

July 27, 2022

On the morning of July 27th, the working group met and heard from four members of the community. The topic for the meeting was addressing the scope of practice for the professions associated with the direct care profession. Presenters were asked if the duties and tasks associated with the various direct care professions needed to be expanded, decreased or if there was opportunity to improve upon those occupations. Presenters included two associations and two provider organizations.

July 27, 2022

On the afternoon of July 27th, the working group heard from five members of the community. The topic for the meeting was to further understand employee wellness and social supports the state might be able to affect. Best practices were sought for retention and recruitment. Presenters included one consumer and four provider organizations.

July 29, 2022

On the morning of July 29th, the working group met and heard from six members of the community. The topic for the meeting was to seek insight on how to leverage technology and innovations within the industry. Presenters were asked to provide their perspective on innovative or underutilized technologies. Presenters included one consumer, three associations and two provider organization.

Considerations for alleviating direct care workforce shortage:

Consideration 1: Streamline the current provider certification process by creating a common application across the multiple state agencies and waiver programs with help available for applicants to complete the certification process.

“If an agency or independent person is certified to do personal care in one waiver, they cannot work for someone who gets services from a different waiver without going through another certification process.”

—*Dana Charlton, Association*

“Having a single certification process for each system would allow for significant flexibility in addressing provider shortages. While existing efforts to modernize these processes is progress in the right direction, state agencies have more to do in creating a single provider enrollment process.”

—*Nathan Turner, Advocate*

“Current provider certification system needs overhauled.... policies that Medicaid providers have are different than DODD’s.... Both systems have different certification requirements.”

—*Amy Clawson, Consumer*

Consideration 2: Evaluate current licensing and certification requirements, as well as a statute for improvements that may prevent quick and efficient accession into direct care professions. Explore the use of temporary or emergency licensure to alleviate current shortages as well as technology options that allow for more access to the required training.

“Using state professional certification and licensure rules, we recommend Ohio create viable career pathways with more visible opportunities for employment and advancement, creating value in direct service work particularly in home and community-based settings, and is likely to expand the available workforce to meet a wider range of service needs.”

—*Theresa Lampl, Association*

“Licensure reciprocity is an important tool in expanding the direct service workforce.... Given our workforce crisis, Ohio-based employers need more viable strategies to attract workforce from across state borders, such as Cincinnati-based organizations attracting professionals who reside in

Northern Kentucky and are licensed by Kentucky but not yet Ohio.”

—Mark Mecum, Association

Consideration 3: Highlight, expand and promote reference material, training, and technical support for providers that do not have in-house expertise regarding the direct care regulatory environment with a central storage location and contact to access the support. Resources should be written in plain language for easy understanding and should use already existing associations to provide this support when possible.

“I comb the internet and solicit nursing students in person before and after their classes. Then it is entirely up to me to walk them through the ever-changing and convoluted process of becoming an independent provider.”

—Maria Sutter, Consumer

“The current rules do not say “welcome we’re glad you’re here” to new direct care staff. They significantly, negatively impact the workforce by requiring providers to have a law degree to understand the code and rules. This is one of the biggest deterrents in the system I feel.”

—Amy Clawson, Consumer

Consideration 4: Encourage the use of OhioMeansJobs.com among providers and offer specialized assistance in recruiting direct care workers with an emphasis on outreach to older Ohioans as caregivers and other types of direct care professionals.

“How might Ohio assist this industry to recognize the many ways the public workforce system can assist them, and encourage the industry to utilize their vast resources in partnership with their local boards and OhioMeansJobs Centers?”

—Jennifer Meek Eells, Association

“Programs aimed at fostering interest in careers in aging and providing expertise on aging could include developing an age-expertise certificate through OhioMeansJobs or a process for earning an “age readiness” seal from employers”

—Kate de Medeiros, Association

Consideration 5: Early exposure for high school and college students with an interest in careers in or related to the direct care profession and provide industry credentials as alternative pathways to high school graduation.

“Research has found that providing better initial and on-going training improves direct care staff satisfaction and retention across all long-term care settings and services, with providers who spend the most on training experiencing the strongest retention effects.”

—Latoya Peterson, Advocate

“Pilot-Collaboration with existing High School pre-nursing programs to address health care shortages.... allow for managed care plans in collaboration with the Ohio Department of Medicaid, the Ohio Department of Aging and the Ohio Department of Education.... students will complete Homemaker Service and Home Health Aid/ Personal Care Aid Training, American Heart Association CPR and First Aid, American Red Cross Disaster Preparedness, State Tested Nursing Assistant Certification, EKG training, and Phlebotomy Certification upon graduation.”

—Angela Weaver, Association

“The Ohio Alliance of Direct Support Professionals or OADSP has trialed several credential programs to further professionalize this career path. Programs such as DSPaths utilizes a curriculum based on national best practices to teach,

reinforce, and build upon the essential skills needed to become a highly qualified direct support professional. OADSP has also developed a secondary education program known as DSP U. This creative program introduces high school students to the field of developmental disabilities through classroom education and a year-long internship program that culminates with graduates earning a certificate of proficiency in this field.

—Nate Kamban, Provider Organization

Consideration 6: Investment in programs and credentials that offer a training pipeline for direct care professions. Consideration is given to reimbursable training time, incentivizing moving through the career pathway, and standardized curriculum for consistency. Research other states that already have these programs in place for best practices and implementation strategies.

“Provide reimbursement or tuition assistance to advance in the direct care fields - possibly set up something similar to an Individual Micro-credential Assistance Program (IMAP), where applications could be made at the state-level with participating colleges/universities for tuition assistance in advanced direct care programs and/or credentialing status.”

—Jennifer Meek Eells, Association

“One example that could be explored is the use of neighborhood or community navigators, to help acquaint available workforce from disadvantaged neighborhoods/communities with available opportunities within the hospital systems, and the career pathways connected to many entry-level direct care jobs.”

—Jennifer Meek Eells, Association

Consideration 7: Gather and publish best practices on alleviating the enumerate duties placed on direct care staff while identifying ways that non-care or non-clinical tasks can be completed in alternative ways.

“In Miami County, we believe in the support that this program management position provides to our system, and that there should be more funding available to focus on supporting a program management role within the provider agencies. This helps to take the weight off the DSPs in the home, so they can focus more on just providing the daily individual and personal care tasks in the home and have someone else to manage higher level planning for the individual. To support providers in Miami County, we have adopted Franklin County’s model of Limited Program Specialist (LPS) Funding, which is a locally levy funded initiative to fund providers for these program services.”

—Becky Snell, Provider Organization

“Providers won’t take referrals for homemaker services because of the low reimbursement rates and are prioritizing care of the person for as many people as possible over care of environment. We propose that the state consider outsourcing services like cleaning or laundry to alternative sources. The housekeeping service can be separate from the homemaker and home care attendant service so that it can be completed by a housekeeping type service agency or individual and not a home health agency.”

—Beth Kowalczyk, Association

Consideration 8: Lead collaborative effort to recommend informal standards or guidelines for the scope of duties for direct care professions while maintaining person-centered practices.

“The DSP Scope of Practice is expansive. Not only do DSPs perform life-essential tasks for individuals such as lifting or transferring to and from bed, providing personal care, assisting with restroom tasks, administering medications, they are responsible for all things. By all things, I mean that the DD system has been built services upon the premise that we must be all or provide all things that the individual and/or family wants, desires, needs.”

—Becky Sharp, Provider Organization

Consideration 9: Advertising campaign to raise awareness for careers in direct care professions.

“I think there should be a large amount of advertising. If people regularly saw commercials emphasizing DSPs as a valued Career path it would bring more attention to the crisis going on in our country and hopefully change societies view of the field to a more highly regarded field of work.”

—Kim Musgrave, Consumer

“Our services are tucked away in neighborhood communities (small 4-bed homes), blending in, and disappearing. The State of Ohio must work on an awareness campaign bringing more attention to this field of developmental disabilities and incentivizing applicants to apply.”

—Mark Schlater, Provider Organization

Consideration 10: Create tools, content, resources, and incentives aimed at providing stress relief for caregivers and other types of direct care professionals.

“Create a suite of tools for providers to access online (and agencies to promote) around skills related to financial support and wellness programming, and provide resources to employers to develop or promote programs aimed at supporting employees.”

—Joe Russell, Association

“One is the issues that I have seen in many locations is wellness programs are run by individuals who already have full time positions. For example, our HR director is also the chair of the Wellness Committee. This relegates wellness to a lower priority in their workday. One suggestion would be to have one position within an organization which is dedicated solely to the health and wellness of the employees.”

—Kathleen Carter, Provider Organization

Consideration 11: Provide training for caregivers, other types of direct care professionals, and those receiving services on the use of assistive technology across all waiver and funding types.

“Mastering digital technology has become a key component of what it means to fully participate in society. If we do not provide technology access and training to older adults, we shut them out from society, worsening an already worrisome trend of isolation and loneliness among the elderly.”

—Rochelle Sewer, Provider Organization

“To reach meaningful numbers of family caregivers in geographies across the State, agencies must deploy caregiver-friendly technology to enable timely communication and collaboration between family caregivers and caregiver coaches, and have the capability to deliver coaching remotely. While in-person caregiver support groups and training certainly have their place, the majority of caregivers prefer to receive coaching in their own homes, at times that are convenient to them....”

—*Susan Gregg, Provider Organization*

Consideration 12: Invest in assistive technology grants for all waiver types to provide much-needed technology for caregivers and those receiving services while evaluating how ongoing costs, such as subscriptions, can be covered.

“Assistive Technology like smart locks and ring doorbells which are good for people with physical disabilities who cannot see through the peephole because it is too high for their wheelchair, and they have trouble with their hands so touching a bottom to lock and unlock the door to their place. The ring doorbell is useful for health and safety because since they cannot see who is at the door having the ring connected to their phone can help them see if it is a Provider or a solicitor. There is also Med Minders that will open the tab when it is time to open and close and have locked other times of the day.”

—*Christine Brown, Consumer*

“Many providers do not have the resources, infrastructure, or experience with technology to fully embrace a tech-focused service system. Ohio should set up grant programs, training opportunities and subject matter expert resources for providers to upgrade and modernize their technological infrastructure to transition to a service system that integrates technology with traditional staffing.

—*Scott Marks, Association*

“Technology can prevent or reduce injury in professional caregivers. One member received grant funding to equip each of 170 nursing facility rooms with ceiling lifts that enable their nursing facility residents to be moved from bed to chair to bathroom with minimal exertion from the caregiver.”

—*Susan Wallace, Association*

Consideration 13: Establish a state system to improve data collection as well as matching between service providers, caregivers, and their clients in the disability and specialty health sectors.

“We have also suggested that the state create a statewide provider portal to improve referral efficiency and to track data on network/member needs....An exciting innovation created out of necessity, the Council on Aging of Southwestern Ohio’s AddnAide app is a secure digital platform where the employee/provider is matched with an older adult (the employer) who needs in-home care services based on user-created profiles.”

—*Beth Kowalczyk, Association*

Consideration 14: Improve the access and affordability of childcare, transportation, and other benefits that are barriers for direct care workers to enter or continue in the workforce.

“Any resources, allowances, or incentives that include childcare could make a huge difference in recruiting and retaining workers in the field of health and human services. The dilemma of securing high-quality childcare often results in students dropping out of school or leaving employment that does not assist with childcare obligations or costs.”

—*Tim McCarragher, Provider Organization*

“Ohio should consider what tuition, childcare, transportation, and income replacement support those seeking initial and advanced

direct care training will need and include that support in proposed reforms.”

—*Latoya Peterson, Advocate*

“Staff do not have transportation or childcare so they have to work with each employee intensely and individually to see how they can be supported to get to work, it is very time-consuming work.”

—*Becky Snell, Provider Organization*

Consideration 15: Funding for navigator positions to assist with recruiting and coaching new talent into direct care professions.

“One example that could be explored is the use of neighborhood or community navigators, to help acquaint available workforce from disadvantaged neighborhoods/communities with available opportunities within the hospital systems, and the career pathways connected to many entry-level direct care jobs. The navigators can connect candidates to receive additional training and supports through their local OhioMeansJobs Centers.”

—*Jennifer Meek Eells, Association*

Conclusion:

The Direct Care Workforce Expansion Working Group appreciates the opportunity to contribute to the body of knowledge regarding this critical issue on behalf of Governor Mike DeWine. Special thanks to the members of the community that took time to lend their perspectives, insights, and testimony to this effort.

State Agency Membership:

Ohio Department of Job and Family Services
Designee(s), Jonathon Field, Karine Hray & Julie Wirt

Ohio Department of Medicaid
Designee(s), Patrick Beatty & Jesse Wyatt

Ohio Department of Aging
Designee(s), Jennifer Carlson

Ohio Department of Veterans Services
Designee(s), Sean McCarthy & Jennifer Stires

Ohio Department of Health
Designee(s), Bobbi Krabill & Erica Wilson

Ohio Department of Administrative Services
Designee(s), Chelsea Wonski

Ohio Department of Developmental Disabilities
Designee(s), Steve Beha

Ohio Department of Mental Health and Addiction Services
Designee(s), Vincent Conner & Zandia Lawson

Ohio Department of Higher Education
Designee(s), Lauri White

Ohio Department of Education
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Governor’s Office of Workforce Transformation
Designee(s) William Ashburn & Rachel Johanson

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Community Partner Membership:

Ohio Self Determination Association
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Arc of Ohio
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Developmental Disability Council
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Ohio Statewide Independent Living Council
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County Boards of Developmental Disabilities
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Renee Kohler

Ohio Provider Resource Association
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Ohio Waiver Network
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Ohio Association of DSPs
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Ohio Hospital Association
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