

Direct Care Workforce Expansion Working Group- Scope of Practice DD Services

Over the years in Ohio, our DD system has transitioned from larger settings to smaller community settings. In the large settings, trained professionals such as therapists, nurses, and mental health professionals who also worked on-site. As individuals have moved into community settings, DSPs are expected to implement advanced supports with increased responsibility.



The Direct Support Professional Scope of Practice has been referenced in many publications recently in both Ohio and Nationally. The DSP Scope of Practice outlines that the DSP spends time practicing in a variety of disciplines to meet the needs of people with disabilities. The DSP role requires significant skill, judgement, independent problem solving and decision making. This scope reflects that the DSP serves as a personal trainer, driver, dietician, PT, OT, SPT, Psych and mental health professional, social worker, counselor, case manager, nurse, and teacher. (Source: Hewitt, 2017)



Additionally, The NY DSP Core Competencies document adds reference to DSPs acting as Maintenance, clerical, service coordinator, activity coordinator, and environmental services roles. This document outlines seven service areas and 23 competency areas that cover a broad scope of skills, knowledge, and abilities by DSPs. (Link to web reference: https://workforcetransformation.org/wp-content/uploads/2017/03/NYS_Core_Competencies_and_NADSP-Code_of_Ethics.pdf)

Furthermore, core competencies of the DSP position are outlined in The Community Support Skill Standards (Taylor, Bradley and Warren, 1996). These 12 domains include:

- participant empowerment
- communication
- assessment
- community and service networking
- community living skills and supports

- education training self-development
- advocacy
- vocational and career support
- crisis intervention
- organizational participation.

Since then, the NADSP has added 3 more competencies including:

- building and maintaining relationships
- providing person-centered supports and documentation
- supporting health and wellness.

More recently, the Center for Community Integration at the University of Minnesota identified a list of DSP competencies related to health and wellness. (Sedlezky, Reinke, Larson, and Hewitt, 2013). These specifically include:

- Individualized risk management (attention to dietary and texture restrictions, mobility issues, etc.)
- assistance and maintenance of technology linked to mobility, communication and supports; Medication Administration
- Health monitoring, documentation, and response (logs of intake, output, sleep, exercise, etc.)
- patient rights and protections including end of life care
- emergency preparedness and disaster response
- incident reporting
- culturally competent support
- wellness and healthy choices
- social and relationship support
- crisis and behavior management
- person-centered thinking and practices.

As evidenced in the core competencies contained above, 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, is interested in, dreams

of, etc. This creates the assumption (perhaps unintentionally) that the HPC provider must fulfill a wish list that is outside of a reasonable scope of practice. Sometimes, this creates so many objectives that place intense demands on providers and ultimately the DSP resulting in making it impossible to hire, train, and retain staff especially with the current level of reimbursement.

For example, in one of our Supported Living sites, a DSP (who must be female, nonsmoking, pet friendly and prefer to be young by parent's request) is responsible for:

- *Medical supports: medication administration, insulin, g-tube, communication with treatment team and doctors, documentation of medical logs, seizure protocols VNS, helmet, narcotic/controlled substance protocols, ordering meds pharmacy, health monitoring and health care coordination*
- *Diet: Monitoring intake and output, specialized diet, texture precautions for food and thickened liquids, supplements*
- *All hygiene and personal care needs; incontinence care*
- *Transferring, lifting to and from bed, chair*
- *Transporting in accessible vehicle with lift*
- *Be able to assist with swimming, bible study, church, horseback riding, taking her to boat ride on lake with her family*
- *Do individual funds, money tracking in home*
- *Cleaning and maintaining home*
- *Emergency drills and preparedness; infection control*
- *Shopping for all needs*
- *Behavior and mental health supports: physical aggression, property damage, self-harm, etc...*
- *Communication with physicians, family/guardians*

Possible actions:

1. Clearly define the scope of Homemaker Personal Care and transportation services.
 - Should it be all things to all people?
 - Is this what HPC is meant for and is the rate intended to support all things?
 - Review plans and demands for service
 - Possibly refine, narrow scope? *Revisit Medicaid's requirement of medical necessity and or health and safety priorities*
 - Address care coordination

2. Evaluate the Elements of HPC document and DSP Scope

- HPC services are so broad and in many other systems require professional licensure, certification, or other advance training, if being provided outside of the DD system. DSP Scope of practice needs clear definition with rate/reimbursement to reflect the responsibilities
- May assist with streamlined training and provide DSPs with the opportunity to know their jobs and be able to apply set skills across all settings/ systems
- (REFER TO Ohio Waiver Network Elements of HPC Crosswalk Document sample below)

Elements of HPC	Description	DODD Credentials Required	Similar HCBS	Credentials Required
Homemaker/Chore Services	Light housekeeping Laundry assistance Meal preparation	Completion of DODD required curriculum (approx. 8 hours)	Homemaker Services (Ohio Home Care, PASSPORT)	STNA or completion of ODA required curriculum
Personal Care	Lifting, transferring clients Assistance with hygiene Assistance with dressing Assistance with toileting	Completion of DODD required curriculum (approx. 8 hours)	Personal Care Services (Ohio Home Care, PASSPORT)	STNA license
Medication Administration	Administration of OTC and Rx medication, including controlled substances	16 hour initial training, 2 hour additional training for routes of administration (i.e. g/j tube, subcutaneous injections)	Nursing (community based)-Medicaid card or waiver service	RN, LPN license
Transportation	Providing transportation in a personal or agency owned vehicle, for the purposes of	Completion of DODD required curriculum	Not applicable	

	recreation, access to other services, such as medical care, assistance with ADLs (grocery shopping, banking, etc)	(approx. 8 hours) Valid driver's license with less than 6 points		
Community Access/Recreation	Providing support (including transportation) for recreational and enrichment activities	Completion of DODD required curriculum	?	
Service Coordination	Facilitating access to other needed services, such as housing medical, dental, mental health, etc. and coordinating necessary care and follow up to ensure positive outcomes	Completion of DODD required curriculum (approx. 8 hours)	CPST (ODMH) TCM?	CPST—specific training in MH, BA/BS, performing services under the supervision of an appropriately credentialed professional (ISW, SW, LCC)
"Day to Day" Financial Support	Assisting with daily purchases maintaining spending logs and receipts maintaining a cash box (outside or in support of money management service) filing tax returns	Completion of DODD required curriculum (approx. 8 hours)	?	Other HCBS services rely on a combination of natural supports and representative payees
Home Upkeep and Management	Providing or coordinating home maintenance and repair, such as lawn care and home repair Facilitating utility transfer and billing issues	Completion of DODD required curriculum (approx. 8 hours)	?	

Behavior Support and Intervention	Providing appropriate interventions for maladaptive behavior Provide trending and analysis of behavior data, as prescribed by CB staff or external agency	Completion of DODD required curriculum Individualized training for appropriate interventions	ACT--ODMH CPST--ODMH TBS—ODMH	Bachelor's level non clinician with additional training, under the supervision of a licensed professional Licensed MH provider
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Other notes—other home and community-based supports were designed with the assumption that the individual served could function better with these supports. Services operate with limited scope and an assumption or expectation that the person served has natural supports to provide assistance, if necessary, when needs fall outside of the scope of service. DD services, it seems, have kept the institutional service model, and expect it can be replicated in the community. This is dissimilar to aging and mental health services.

3. Examine system of supports for community and ensure accessibility and adequate reimbursement to allow for:
Therapy, nursing, nutrition/dietician, social work

Assistive Equipment and Technology supports (being addressed in another group), etc...

(These areas also serve as resources to DSPs)

4. *Review rules and regulations related to HPC scope, service definitions, staff requirements and evaluate (being addressed by another workgroup session)*

5. Review expectations being asked of HPC providers that are not reimbursed. Are these reasonable and should they be expected? Is there a service to cover these items or can we create means to be reimbursed? (refer to OWN list of under-reimbursed or uncompensated services-some examples listed below)

- Coordination of housing and moves
- Coordination of medical care
- Coordination of medical equipment, adaptive equipment, tech equipment liaison
- End of life planning

- Financial support and oversight; redeterminations benefits; benefit applications and paperwork; reporting wages; STABLE, etc...
 - Home Maintenance, snow removal, lawn/property care; coordination of repairs
6. Consider creating different levels of support/services tied to staff credentials/certifications/skills and ultimately reflect in increasing levels of reimbursement based on the intensity of need.

For example:

LEVEL A: ADLS basic homemaker personal care and light housekeeping tasks

LEVEL B: Community integration/connections (include costs for transportation)

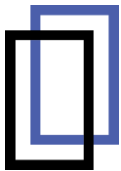
LEVEL C: Medical Supports (med admin, dialysis, wounds, seizures, insulin, gtubes, bowel/bladder support, intense dietary/texture needs, etc...)

LEVEL D: Complex Care- lifting and transferring, manual lifts, turning/repositioning, feeding, etc...

LEVEL E: Behavior supports (intense crisis intervention, mental health supports, implement emergency assistance; include costs for MH and other misc costs for property damage, injuries to staff, etc...)

7. If it is decided that all things are in the scope of practice, then we must reimburse at a rate that supports all things and allows for DSPs to be paid at a rate commensurate with the responsibility of their positions.

Further questions of information needed?



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References:

National Association for Direct Support Professionals. (2017). [*National direct support professional competency areas: The foundation of direct support practice.*](#) Accessed December 11, 2019.

National Association for Direct Support Professionals. [*NADSP Code of Ethics.*](#) Accessed December 12, 2019.

President's Committee on People with Intellectual Disabilities. (2017). [*Report to the President: America's Direct Support Workforce Crisis: Effects on People with Intellectual Disabilities, Families, Communities and the U.S. Economy.*](#) Accessed December 11, 2019

Sedlezky, L., Reinke, J., Larson, S. & Hewitt, A. (2013). [*National frontline supervisor competencies.*](#) Research & Training Center on Community Living Institute on Community Integration, University of Minnesota. Accessed December 9, 2019.

Taylor, M., Bradley, V., & Warren, R. (1996). [*The community support skill standards: Tools for managing change and achieving outcomes.*](#) Human Services Research Institute.