



Innovative Strategies & Promising Practices to Recruit & Retain DSPs

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The Role of ACL in Promoting DSP Workforce Development



The Direct Support Workforce: Trends and Promising Practices

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Person centered: One person, one context, one life at a time

Son

Little brother

Uncle

Divorcee

Outdoor Sportsman

Athlete

Friend

Volunteer

Fundraiser

High School Graduate

Co-worker

Apartment dweller

Driver (of cars)



LTSS and U.S. Economy Between 2007-2017

- 31% growth in the long term care industry compared to overall job growth of 6%
- 1 million+ direct care jobs (54% growth)
- 1 in 6 new jobs in U.S. was in LTSS
- 4/5 new jobs were in home care

Source: [Graph from PHI Data Brief Here's How we Achieve a Strong Economy: Invest in Direct Care Workers](#)

Source: U.S. Bureau of Labor Statistics (BLS), Current Employment Statistics (CES). 2017. Employment, Hours, and Earnings - National. <https://www.bls.gov/ces/>; analysis by PHI (October 4, 2017).

Direct Care Workers

Largest Occupational Groups in the US By 2020

- **Direct Care Workers 4,999,100**
- Retail Salespersons 4,968,400
- Teachers from K to 12th Grade 3, 902,000
- Cashiers 3,667,000
- Law Enforcement & public Safety Workers 3,612,000
- Fast Food & Counter Workers 3,553,000
- Registered Nurses 3,449.300

Source: [Occupational Projections for Direct-Care Workers 2012–2022](#)

Number of DSPs in U.S. 2007-2017

2007

- Home care 30%
- Nursing homes 21%
- Other industries 49%

Total 2,820,190

2017

- Home care 49%
- Nursing homes 14%
- Other industries 37%

Total 4,310,240

[Source: PHI. "Workforce Data Center." Last modified December 17, 2018](#)

Project Growth of Workforce 2016-2026 (BLS)

2016

Home Care 1,970,900

Nursing Home 603,700

Other Industries 1,863,300

Total 4,437,900

2026

Home Care 3,003,900

- Percentage Change 52%

Nursing Home 607,900

- Percentage Change 1%

Other Industries 169,700

- Percentage Change 16%

Total 5,781,500

- Percentage Change 30%

Projected Aging of the Direct-Care Workforce in the U.S., 2010-2020

2010

Age 16-34 39%

Age 35-54 38%

Age 55+ 23%

2015

Age 16-34 39%

Age 35-54 38%

Age 55+ 24%

2020

Age 16-34 **36%**

Age 35-54 **36%**

Age 55+ **28%**

[Source: PHI, 2012 for 2010 and 2020 and for 2015: PHI. "Workforce Data Center." Last modified November 10, 2017.](#)

NCI: Snapshot of Direct Support Workforce Challenges in the US (NCI, 2018)

20 States Participated: AL, AZ, CT, DC, GA, HI, IL, MD, MO, NE, NY, OH, OR, PA, SC, SD, TN, TX, UT, VT

- 224,818 DSPs employed in 2,364 reporting organizations
- 34% part-time 66% full-time

Turnover:

State average turnover for DSPs was 46% with a range of 24% to 69%. Of DSPs who left in 2016:

- 38% left in few than 6 months
- 21% left between 6 and 12 months
- 41% left after 12 months

Tenure(those who stay):

- 19% have been there less than 6 months
- 16% between 6 and 12 months
- 65% over 12 months

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Health Insurance

- 15% of providers offer health insurance to all DSP
- 66 % offer insurance to only full-time DSPs
- 17 % do not offer health insurance

Hourly Wages:

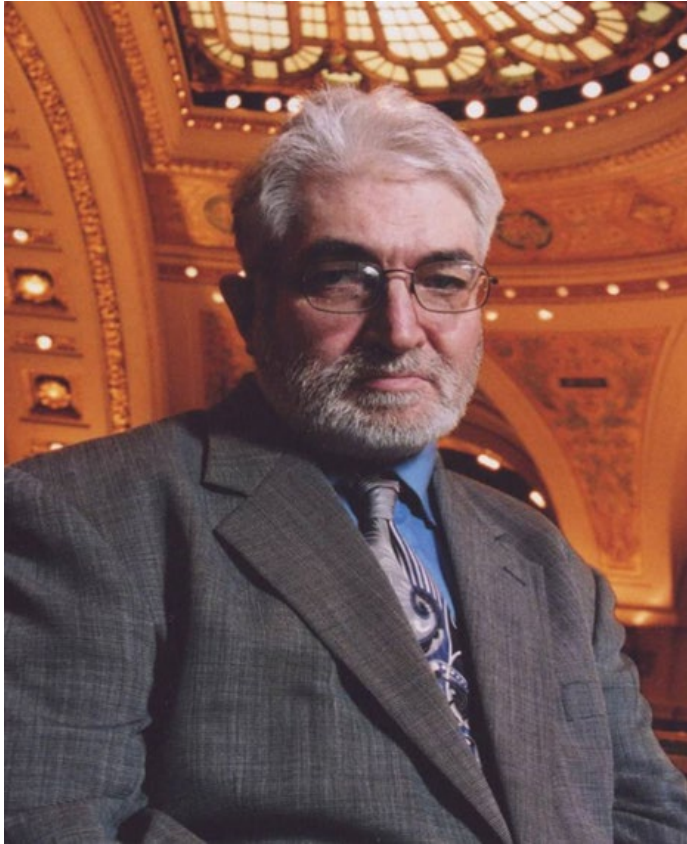
Starting average \$10.79 (wage ranges \$8.79-\$13.87) Overall average \$11.76 (wage ranges \$9.47-\$14.27)

Vacancy Rates – Average

Part-time 15% (Ranges- 5-28%) Full-time 10% (Ranges 4-15%) Overall 12% (Ranges 5-12%)

Source: NCI 2018

DSW recruitment and retention: A self-advocate perspective



**Cliff Poetz,
Advocacy Leader**

- We want staff who show up on time and help us get the stuff done we need to get done
- We want people who are paid enough to stay so they like what they are doing
- We want people who respect us and are respected for what they do and the pay they earn

Source: IMPACT 2008

Pervasive, costly and sustained U.S. DSP workforce challenges

- High Turnover (24-69%)
 - Many leave early within first 3-6 months
 - Vacancy rates hover between 5-28%
 - Overtime costs are high
 - Annual costs for replacing one DSP is estimated at **\$4,872** (ANCOR 2010)
- Low wages
 - “roughly” \$10.00-\$14.00/hr
- Poor access to and utilization of benefits
- Limited access to adequate training and education
- Increasingly absent or ineffective supervision
- Status and Image

Emerging evidence base of interventions that help!

- **Kansans Mobilizing for Change (Larson & Hewitt, 2004)**
 - 12 organizations
 - Training on toolkit with RJP, marketing materials, on-line training, org assessment
 - 15% reduction in DSP turnover
 - 29% reduction in FLS turnover
 - Vacancy went from 3.1% in 200 to 2.4% in 2004
- **Removing the Revolving Door (Hewitt, Keiling & Sauer, 2008)**
 - 14 organizations 2004-2008
 - 13 of 15 organizations 1 year of reduced turnover; 5 had 2 yrs; 4 had 3 years and 2 across all 4 years
 - All experience FLS turnover reduction
- **National Technical Assistance and Training Initiative for FLSs (Taylor, Larson, Hewitt, McCulloh, & Sauer, 2007)**
 - 8 providers across 5 states
 - Train the trainer on assessment and mapping to intervention
 - Reduction in DSP turnover of 40% across orgs and FLS in 4/6
- **Randomized controlled comprehensive training study (Hewitt, Nord & Bogenschutz, 2015)**
 - 11 organizations
 - Comprehensive hybrid training model linked to desired outcomes
 - DSP turnover reduced by 16.4% over 12 month period

Biggest challenge = sustaining and scaling up

Promising Practices Building & Strengthening the DSP workforce

- **Recruitment & selection**

- Targeted Marketing
- Realistic Job Previews
- Structured Behavioral Interviewing
- Status and Awareness (PSAs)

- **Retention**

- DSW Competencies
- Education and Training
- Credentialing and Career Paths
- Recognition
- Membership and Networking

- **Implementation levels**

- Organization
- Systems
- Societal

DSP Recruitment and Retention Strategies

In the most recent NCI staff stability survey, states reported

- Pay incentive or referral bonus program 53.5%
- Realistic job preview 78.5%
- Train on the Code of Ethics 93.8%
- Sign Code of Ethics 84.8%
- DSP ladder to retain highly skilled workers 38.7%
- Staff supported to get credentialed* 44.1%

*Through a state or nationally recognized professional organization

Source: NCI staff stability 2017

Workforce development toolkits

- ANCOR
 - [ANCOR DSW Workforce Toolkit](#)
- The Arc of the United States
 - [The Arc DSP Workforce Toolkit](#)
- [Find, Choose and Keep Great DSPs \(self-direction\)](#)
 - [Find, Choose and Keep Great DSPs \(self-direction\)](#)

The Direct Support Workforce Crisis: A Call to Action

1. Ensure that who DSPs are, what they do and why they are important is known to community members
2. Improve DSP identity, respect and recognition
3. Create an occupational title in BLS
4. Fund use of competency based training models that result in credentialed or certified staff with wage increase
5. Develop industry specific pipeline programs
6. Gather comprehensive data at site, organization, state and national levels
7. Provide and use evidence based interventions
8. Promote increased use of self-directed options
9. Increase use of technology-enhanced supports

Building and sustaining a high quality direct support workforce: Invaluable: the unrecognized profession of direct support

Invaluable

The Unrecognized Profession of Direct Support



z.umn.edu/invaluable



Coming Soon from the Summit.....

- Special issue of AAIDD journal *Intellectual and Developmental Disabilities* on the direct support workforce anticipated early 2020
- Book published by AAIDD ***Turning the Tide: Strategies for Individual and Collective Action Toward Workforce Stability (Working title)*** anticipated 2020

Living Well Georgia: Capacity Building, Monitoring, and DSP Recruitment/ Retention Strategies

Carol Britton Laws, PhD, FAAIDD
Clinical Associate Professor of Disability Studies/PI



**UNIVERSITY OF
GEORGIA**
*Institute on Human
Development and Disability*



Project Overview

- The goal of the project is to develop a model which demonstrates how innovative interventions in training and documentation at the direct support level will improve the quality of supports and outcomes for people receiving support across HCBS settings
 - Advisory Council: DBHDD, GAO, GCDD, People First, ASO, Parent Mentors, Support Coordination
 - 5 HCBS Support Provider Orgs (various sizes, services, rural/urban)
- Anticipated Outcomes:
 - 1.) Staff of participating organizations will gain knowledge and skill in supporting informed decision making;
 - 2.) Providers will demonstrate increased ability to retain and develop staff;
 - 3.) An HCBS Quality Enhancement Advisory Council is developed and supported;
 - 4.) Provider organizations will report increased ability to understand, and respond to, trends in incident reports which hinder quality;
 - 5.) People with I/DD receiving supports will demonstrate increased achievement of personal goals

Capacity Building – Enhanced Professional Development DSPs and FLS

- Direct Course /College of Direct Support
 - 3 learner tracks have been developed by LWG:
 - Front Line Supervisor Track
 - New Hire Track (follows DBHDD Pre-Service & First 60 Days requirements)
 - Existing Staff Track
 - Total learners: 247
 - Total # of Lessons Assigned: 7,628
 - Total # of Completed Lessons: 4,954
 - Average Pretest/Posttest scores (sampled lessons)
 - Community Bridge Building and Networking 77/99
 - Foundations of Person-Centered Planning 63/86
 - Universal Precautions: Infection Control and Prevention 68/93

Capacity Building – Enhanced Professional Development DSPs and FLS (2)

- In-person Training
 - Supporting Informed Decision Making
 - Total # of learners: 121
 - Significant learning outcomes in what IDM is, why IDM is important, and how to support IDM
 - Supporting Social Roles
 - Total # learners: 33
- NADSP membership/webinars/conference
 - 20 DSPs/FLS sent to NADSP conference each year – uplifts staff, value of work
- Recruitment
 - Realistic Job Previews
 - Revamped Onboarding Practices to focus on competency/skills
 - Mentorship

How have you used the resources provided by the Living Well project to recruit/retain DSPs?

- *Both the online development and professional development have been beneficial to staff. Having the resources to send a group of DSP's to the national conference was not only beneficial because of what they learned, but it was the broader aspects that we all gain from networking and shared learning. Some DSP's felt valued simply because they had never experienced the opportunity to leave the state for a conference...some had never set foot on an airplane before! Use of technology to train staff has been incredibly beneficial on many levels and in a world where business is driven by technology, human services have to be able to fully utilize and keep up with the rest of the world!*

Enhanced Monitoring- Therap Business Intelligence Tools

- General Event Reporting
 - Aggregated data regarding incidents to alert to trends and respond
 - Multiple queries possible (time, location, staff, PWD, incident)
 - Just in time training for staff as needed
- Data Driven Outcomes
 - Maps Individual ISP goals and progress notes to aggregated domains
 - Choice, Meaningful Activities, Person-Centered Practices, Safety, Health & Wellbeing and Social Connectedness & Relationships
 - Important to/Important For
 - Goals achieved/In Progress/Not Achieved
 - Allows staff to see progress and meaning in documentation and to have a voice in outcome /goal attainment

How have Therap's Business Intelligence tools improved your supports and/or impacted staff?

- *Therap has allowed our organization to aggregate data and then make changes given this information. Track progress after we have change one identified variable in our process. Therap made it very clear through the important to and important for process that we were not focusing near enough on important to, in fact with some folks we supported we seemed to only be focused on Important for. Therap reflected this back to us through the process and put us back on the proper course in line with our mission.*
- *We have professional tools to report to staff, Board of Directors, Quality Assurance committee members, and others. This enables us to show instead of only tell about the work we do.*
- *Mapping the goals helped us to think about the basics of relevant person centered goal development.*

Relevant Results to Date (10/1/17- 10/1/18)

- Annual Survey based on NCI Staff Stability Survey
 - Process of collecting staff data valuable and challenging
 - Increased turnover rates in +6 months in Year 1 (improved economy in GA)
 - Lower staff termination rates, higher voluntary separation within 6 months
 - Fewer DSPs separated in less than 6 months of hire
 - Fewer DSPs recruited but increased tenure (12 or more months)
 - More full time staff (30 + hours)
 - Wages stagnant (\$10.39 average; NCI National =\$11.76)
 - Bonuses provided stable (> \$500)
 - Increased professional development/training beyond mandatory training
- Provider Organization Community of Practice

What changes have you observed in your staff/organization that you attribute to the Living Well project?

- *Turn over is lower. Focused more on assuring staff are receiving training/development and then assuring we have observed competence in identified areas of training, Staff seem to be empowered to take more responsibility for their own growth and learning, bringing content from CDS and in person training with LWP up and asking for development around particular topics etc. LWP has helped us to create a better sense of our company as we are spread out into 3 major locations but through the LWP we have had more interaction and shared experiences across all 3 locations with are staff.*
- *We are more able to collect, analyze, and use data to improve our quality of services.*

Next Steps

- GCDD White Paper Recommendations – under review
 - Creation of a standard DOL occupational code for DSPs;
 - Expansion of nationally accredited competency-based training;
 - Development of a career ladder with affiliated wage increases;
 - Reassessing Medicaid reimbursement rates to include training costs and wage increases for staff;
 - Creation of a public-facing DSP registry, and
 - Establishment of an HCBS Innovation Fund to support pilot studies to address the workforce shortage in Georgia.



Innovative Strategies and Promising Practices to Recruit & Retain Direct Service Workers

*Disabled and Elderly
Health Programs
Group, Center for
Medicaid & CHIP
Services*

August 2019

Welcome

- Session purpose
 - To share information on innovative strategies and promising practices that states and local communities can implement to address direct service workforce (DSW) shortages
- Session overview
 - CMS and ACL resources to address direct service workforce challenges
 - Examples of state and local strategies
 - Questions and discussion

Medicaid in Brief

- States determine their own unique programs
- Each state develops and operates a State Plan outlining the nature and scope of services; the State Plan and any amendments must be approved by CMS
- Medicaid mandates some services, states elect to provide additional optional services
- States choose eligibility groups, optional services, payment levels, providers

Medicaid Authorities That Include HCBS: Most Frequent Use of DSWs

- Medicaid State Plan Services – 1905(a)
- Medicaid Home and Community Based Services Waivers (HCBS) – 1915(c)
- Medicaid State Plan HCBS – 1915(i)
- Medicaid Self-Directed Personal Assistance Services State Plan Option - 1915(j)
- Medicaid Community First Choice Option – 1915(k)
- Medicaid Managed Care Authorities
- Medicaid Section 1115 demonstration waivers

DSW Retention Payment Strategies

1 of 3

- Tiered Rate Methodologies
 - Provider receives payment for services in which the rate varies by an identified characteristic of the individual (e.g., acuity), provider (e.g., qualifications), or both.
 - May be used to incentive providers to obtain additional qualifications or provide services to individuals who may have greater service needs.
- Pay-for-Performance
 - Incentive payments based on specified events or some measurable criterion of performance, such as:
 - Milestones
 - Outcomes
 - Quality-related performance measures
 - Other pre-specified criteria set by the state
 - For example, to help address workforce shortages, providers who meet certain staff retention and/or training milestones could be eligible for an enhanced rate.

DSW Retention Payment Strategies

2 of 3

- Monitoring Rate Sufficiency
 - States must ensure HCBS rates are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers.
 - Approaches for reviewing rate sufficiency include:
 - Analyzing and incorporating feedback from stakeholders during the rate development process.
 - Benchmarking rates to rates for comparable services.
 - Analyzing whether services are delivered in accordance with the type, scope, amount, duration, and frequency specified in individuals' service plans.
 - Measuring changes in provider capacity, including surveying providers on staff turnover, retention, etc.
 - Benchmarking rate assumptions to available data (e.g., Bureau of Labor Statistics).

DSW Retention Payment Strategies

3 of 3

- Monitoring Rate Sufficiency (cont'd)
 - Results of a rate sufficiency review might lead the state to perform one or more of the following rate revision methods:
 - **Rate Adjustment:** The state revises the rates based on budgetary, programmatic and/or other legislative changes.
 - **Rate Rebase:** The state maintains both the existing service definitions and methodology but adjusts the individual inputs that comprise the rate with new data
 - **Bundled Rate Recalibration:** In the case of bundled service rates, recalculate the bundled rate when the services and/or mix of services changes.
 - **Rate Methodology Redesign:** The state develops a new rate setting methodology or completely reevaluates the existing methodology.

Leverage Caregiver Supports to Supplement DSW Pool

- Certain optional Medicaid services can reduce the reliance on DSWs:
 - Respite (in-home or out of home)
 - Home modifications (ramps, Hoyer lifts, accessible hallways and bathrooms)
 - Vehicle modifications
 - Assistive Technology/ Augmentative Communication Devices
 - Training to build skills for natural support networks



Direct Support Professional Academy

Montrel Tennessee

Project Manager (DC Learners and Earners)

State Office of Policy, Planning, and Innovation (SOPPI)

District of Columbia Department on Disability Services

DC Department on Disability Services

Direct Support Professional (DSP) Academy

The DSP Academy will address the shortage of DSP professionals in the District while providing an employment opportunity for youth and young adults with disabilities across the District. Over 8 weeks, students met to obtain the knowledge and certifications required of direct support professionals. Each student who successfully completes the academy will have an opportunity to be employed with either RCM or potentially another provider in the District. This is an integrated program in which seven of the nine students are students with disabilities and of those seven, six students attend one of the two separate schools (for students with disabilities only) within the District.



Direct Support Professional (DSP) Academy

Program Structure

- Over 8 weeks, students from across the District traveled to RCM of Greater Washington to receive instruction to work in the direct support professional field.
- The curriculum was taught over 3 days each week and students had the opportunity to job shadow and have hands on experiences.
- When required, students took certification exams to meet the qualifications required by the field.

Direct Support Professional (DSP) Academy

Outcomes

- RCM and RSA are partnering to create a General VR cohort to launch this summer.
- Every student passed the required certificate exams.
- Two students were offered full-time employment and others are working with RCM to develop part-time opportunities that will be paired with other work-based learning opportunities.



Innovative Strategies and Promising Practices to Recruit and Retain Direct Service Workers



2019 Fall Home and Community-Based Services Conference

Curtis J. Cunningham
Assistant Administrator
Long-Term Care Benefits and Programs
August 28, 2019

Wisconsin's Innovative Workforce Initiatives

- Direct Care Workforce Funding Initiative
- WisCaregiver Career Program
- Innovative managed care program design
- Self-direction model
- Data points to assess workforce
- Stakeholder engagement

Direct Care Workforce Directed Payment Funding

- The 2017-19 state budget included \$60.8 million to providers for much-needed wage increases or bonuses to caregivers.
- DHS utilized the authority under 42 CFR 438.6(c)1 and received approval from the Centers for Medicare & Medicaid Services to make directed payments to direct care professionals.

Direct Care Workforce Directed Payment Funding

- Providers must provide wage increases, bonuses, and/or additional paid time off to identified direct care workers.
- Funding cannot go toward supporting base cost.

WisCaregiver Careers Program

- \$2.3 million grant uses nursing home Civil Money Penalties (CMP) to train and hire 3,000 new certified nursing assistants (CNAs) for Wisconsin nursing homes.
- Participants receive:
 - Free CNA training
 - Free testing
 - \$500 retention bonus paid for by the nursing homes

WisCaregiver Careers Program

- Workforce Solutions website has resources and webinars to help providers with recruitment and retention.
- Marketing program to show the importance of the work caregiver do and the ability for career advancement.

Innovative Managed Care Program Design

Many policies in Wisconsin's Managed Long-Term Services and Supports program help support direct care workers.

- There is not a maximum allowable fee-schedule for home and community-based services (HCBS) under Family Care
- The Family Care model allows individuals to self-direct all services except for case management and residential services.

Innovative Managed Care Program Design

- Managed care organizations (MCOs) are required to provide the necessary HCBS services regardless of cost.
- Managed care allows MCOs to efficiently use provider networks
- A robust HCBS benefit package allows for the use of technologies and other benefits to reduce workforce demands.

Self Direction Model

- Wisconsin has a self-directed model with almost 20,000 participants.
- It gives participants full budget authority and employer authority.

Self Direction Model

This supports the direct care workforce by allowing participants to:

- Negotiate rates for home and community based services.
- Hire individuals who would not otherwise be a Medicaid provider.

Self Direction Model

- Prioritize within their budget higher paid providers vs. additional services.
- Determine what services best meet their needs to achieve their identified outcomes.

Data Points to Assess Workforce

- Participants, members and stakeholders
- National Core Indicators: Aging and Disability
- National Core Indicators: In-Person Survey
- Consumer Satisfaction Survey
- Long-Term Care Scorecard
- External Quality Review Audits

Stakeholder Engagement

- Governor Evers' Task Force on Caregiving in Wisconsin
- Long-Term Advisory Council
- IRIS Advisory Committee
- Managed Care Leadership meetings
- Long-Term Care Advocate meetings
- Residential Representatives meetings

Resources

WisCaregiver Careers

<https://www.dhs.wisconsin.gov/caregiver-career/index.htm>

Direct Care Workforce Funding

<https://www.dhs.wisconsin.gov/medicaid/ltc-workforce-funding-faq.htm>

Governor Evers' Task Force On Caregiving

<https://evers.wi.gov/Pages/Newsroom/Press-Releases/021919-Governor-Evers-Creates-Governor%E2%80%99s-Task-Force-on-Caregiving.aspx>

Resources

Long-Term Care Council Workforce Recruitment and Retention

<https://wcltc.wisconsin.gov/recruitment-retention.htm>

Wisconsin Long-Term Care Scorecard

<https://www.dhs.wisconsin.gov/publications/p01265.pdf>

Contact

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Questions?
