



Workforce Shortage

Live polling feedback from 3/10/21

Focus Area #1: Direction of our Service System (System Barrier)

- System trend to encourage and seek smaller settings for people
- Coupled with national trends in a shrinking workforce.
- We want to investigate and research alternative, efficient delivery systems in hopes of finding a balance and solutions that will embrace people with DD striving for an independent life while not threatening the ability for providers to sustain services.
- This effort must include a fresh look at setting sizes and current vacancies and studying their impact on the workforce crisis.
- If we are to impact the workforce crisis in any meaningful way, we must recognize that Ohio has a limited or potentially declining number of people who will work in this field, while the number of people eligible for and needing services continues to increase.

Focus Area #1: Considerations

- *There must be relief to mandating smaller site locations; instead, rules and regulations must provide flexibility in developing larger site locations, increasing numbers served in existing locations and reducing the 24/7 – 1:1 site locations that have high medical and behavioral needs. Could there be an “assisted living” type residential model for DD services? Could we create a “latchkey” type model to meet the needs of people attending day services living at home with their families?*

Focus Area #1: Considerations cont.

- *Should we advocate for no new providers for 1-year so we are able to get a good idea of the status of providers, the number of providers, and the number of vacancies.*

Questions

- What do you like about this Focus Area?
- What are you concerned about?
- Is this a high priority? (1 = low priority and 5 = high priority)

What do you like about this Focus Area?

Service Direction- Smaller Settings: Definitely need person-centered and options to accommodate everyone's need.
Think this is a important initiative
I think it is the heart of our issues we face now and into the future. The more smaller sites we have, the more staff we will need and given the current situation the more staff we need is problematic. I do think a 1-year moratorium on new providers is a good idea to address vacancies, workforce, etc.
Very important for system to evolve and progress
setting size
I like that it promotes truer person centered services
Need to be pcp and fluid for more or less or more again services
Limiting or addressing providers not actively providing services will allow time to address real needs in the system. With so many new providers, we are seeing a huge increase of staff jumping back and forth between agencies. Needs reviewed.
I like thinking about how to make settings more efficient for everyone. I think it is important models are sustainable.
This is an important area to look at - Focus needs to be placed on the specific needs of the individual and not so much on the size of the location - One size does not fit all and may not be the best for staffing.
We need to make the workforce we have meet the needs of folks we serve. It's a good option to increase setting size rather than not serve folks. Plus, I like having at least 2 staff everywhere!
Makes sense for targeted focus on size. Meaning for for those groups.
This will hopefully help consolidate services and maximize our most limited and important asset, the direct support professionals.
Good way to share information and creative ideas to attract staff.
One size does not fit all. I like that we are presenting a person-centered model of support/service needs. Small and/or large is not always better. The workforce is shrinking.

What do you like about this Focus Area?

I feel it brings a reality to the discussion. When you private pay for a service you can have anything you want. When you get a government benefit, there are limits. You may have to share services.

The information given and communication regarding small groups is important for us to focus on.

Smaller settings is great for quality of life, community access, etc... It makes staffing crisis worse as more staff are needed.

Person centered direction for larger groups and smaller groups.

I like the idea of advocating for a 1yr provider freeze so statewide we can do a "right sizing" analysis as it comes to vacancies and group sizes

Setting size is directly related to workforce, very important to address.

Regroup and review vacancies, provider statuses, not one size fits all

Important area of focus

We would no longer be pigeon holed into one size fits all

We are continually struggling to maintain staff. I think this is an essential focus area for all providers.

Regroup and review c

I like it , it is very important

Continuum of services is crucial

It is the #1, single biggest concern in our industry.

I like that it offers multiple options for people to choose from.

What are you concerned about?

Suggestion to stop new providers for one year might cause individuals to not receive services when needed.

Are we looking at others issues that are causing staffing issues

Resources. Can adequate attention be split among different setting and group size?

Are we able to have real discussions about philosophy and reality. Smaller settings might be ideal for some individuals, but with no staff how do you meet the need.

Do not want to default to larger settings only because of the staffing shortage. Should be based on what people actually want/need.

Concern that we will go backwards with philosophy of inclusion in community

Concerns: That the tie to funding and budget constraints will not make this possible and continue to drive settings based on financial need rather than health and safety needs.

Will we have enough employees to cover everyone's needs?

more rules, more politics

What are you concerned about?

Does DODD have the %%^\$ to seriously look at these issues?

Freezing providers without knowing status of current cd bkfire

It will not be left open for the needs of individuals and will be difficult to reach consensus.

How can we begin down this path with DRO and some federal rules in the way?

I worry about making sure that services don't devolve into warehousing people or more about the agencies needs than the people supported

Will 'our ' timelines match the county board and client wait list needs ?

We obviously don't want to warehouse people but can't imagine that happening today.

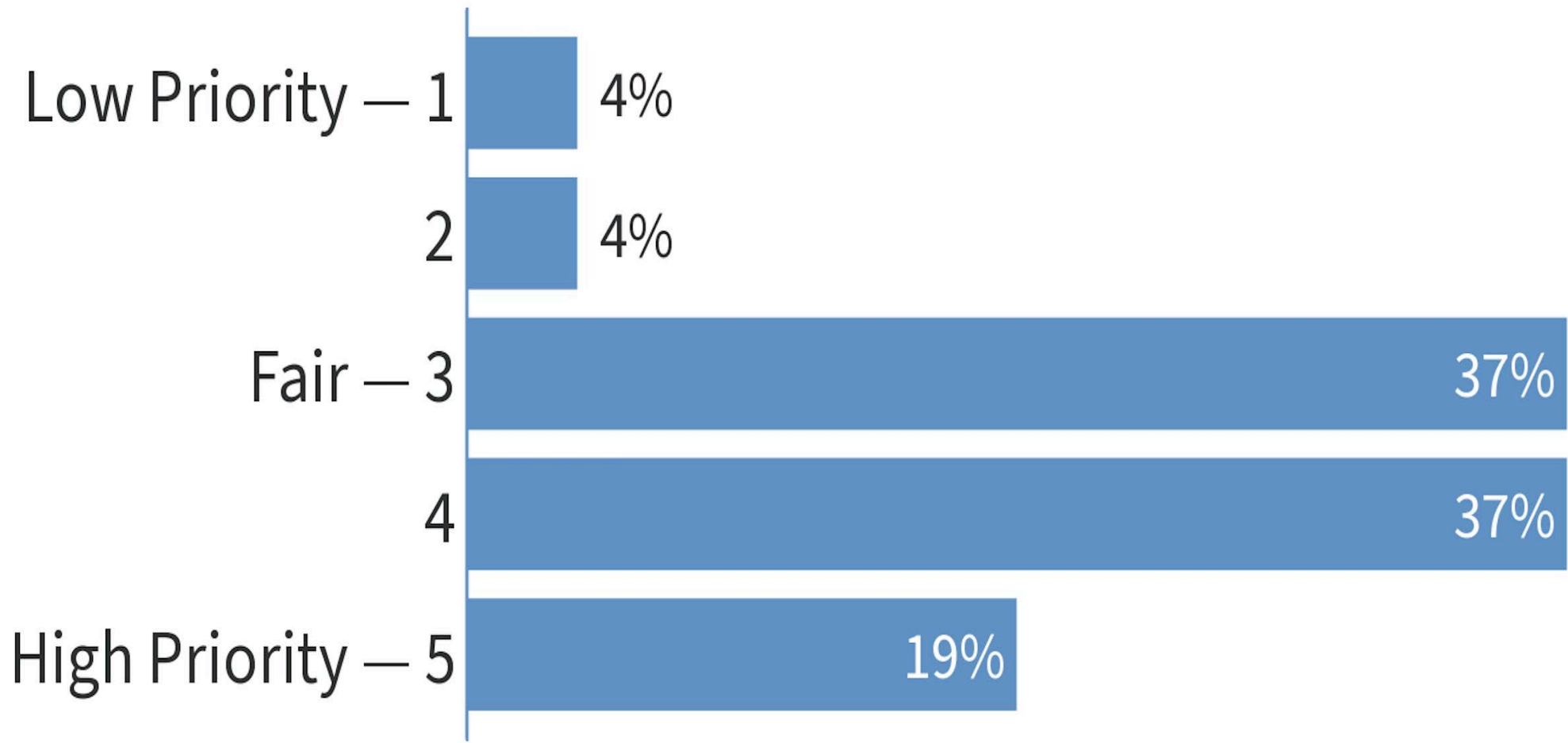
Advocate organizations may fight it without listening to their stakeholders.

More rules

Philosophically, may be very difficult to get agreement

Will it ultimately become too complicated?

Rank this Focus area in terms of priority for you.



Response	Count
4	10
Fair — 3	10
High Priority — 5	5
2	1
Low Priority — 1	1
Total	27

Focus Area #2: Onboarding Staff (System Barrier)

- Ways to reduce the costs associated with onboarding new staff which will also allow new DSPs to begin providing services more quickly.
- Throughout the global pandemic DODD has allowed for flexibility to make it easier for providers to onboard DSPs.
- There have not been negative outcomes associated with the flexibility. We want to explore how we can make these changes permanent.
- Is it a DODD or CMS discussion?
- Can a system be created to track DSP trainings and experience which would reduce the amount of training an agency needs to provide when a DSP moves from one agency to another?

Focus Area #2: Considerations

- *Reduce the workforce demands placed on DSPs by reducing the onboarding requirements specifically around mandated training. Focus should be on simplification of hiring and more attention to on-the-job training and relationship development with clients served.*

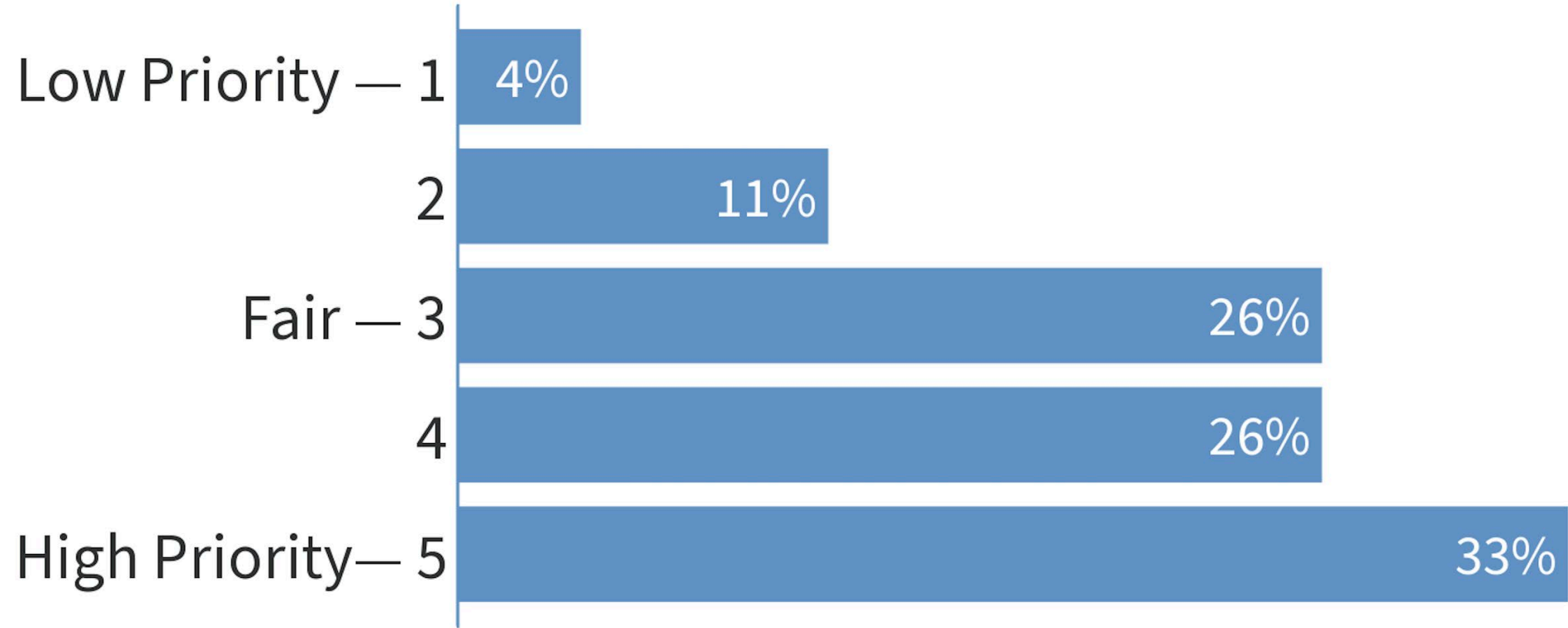
What do you like about this Focus Area?

\$\$, evidence it works exists, freedom for providers to focus where focus is needed
Anything we can do to speed up the process so people don't accept other positions while waiting on a status update from providers
We need to have new staff focused on developing relationships rather and learning the job than meeting compliance checklists for surveys.
Reduces assumptions around transfer of knowledge and skill to actual work setting
This is very beneficial as long as the on the job training has a focus on health and safety.
Onboarding flexibility has had even better outcomes and ability to connect to those we support
The flexibility is great vs waiting for a full, traditional orientation class
I think we need better training that are out of the classroom and teaches people as well as follows up
It allows the provider to have flexibility and onboard staff how they see fit and what might meet needs and relationship improvements.
Chance to have a point of reference. Beneficial for staff and managers.
Definitely need to reduce!
It's a factor but waiting 3-4 weeks to get a background check back is more of a barrier.
Very much on point, getting new staff into the homes/work site is most important
It's already working much better
Saving money

What are your concerns about this focus area?

none- people can add on training if they want still and have the flexibility to do it
Should collect data to see what training is most helpful for new staff
that something will slip through cracks or missed
Will staff be less prepared to provide services. May impact quality.
Lower requirements for new providers that may not have the expertise of the field
I haven't found any yet!
We need to be able to demonstrate that decreasing requirements/regulations truly equate to sustained quality of support and safety for people served, in
Loss of quality care -
Quality. But this is where we as providers need to stand by the training product they provide.
I worry that it will become more route and not include the experiences of people with disability.
NONE
It assumes there are people available to be dedicated to on site training
That people slip though the cracks that shouldn't be providing services to the people we serve.
None
Lack of integrity filled providers just getting people in the home

Rank this Focus area in terms of priority for you.



Response	Count
High Priority— 5	9
4	7
Fair — 3	7
2	3
Low Priority — 1	1
Total	27

Focus Area #3: Agency Waivers to enable the hiring necessary staff (System Barrier)

- We would like to work with DODD to establish a process where agency waivers can be granted. This would also establish an ability for 16 and 17 year olds to provide intimate personal care, when agencies have shown a history of providing this care with no negative outcomes.

What do you like about this Focus Area?

Awesome idea. Providers and DODD will save time and \$ by not having as much paperwork
Each agency can choose where or not to hire.
I like that it is another option and gives more people opportunities for employment.
Absolutely needed.
Gives the agencies more opportunities to get more people in our field
Would make life so much easier.
More options for hiring good caring people
Frees up administrative time to allow focus on staffing.
One application-
It's flexible if you want to use it
Simplifies the process that already is permitted
I like this idea especially for people who were not able to get their GED
Yes PLEASE!!!
Everything!

What are your concerns about this focus area?

It is somewhat paradoxical to our argument that DSP work is truly not entry level, compared to traditional jobs adolescents would do

Also may not get longer sustainability may not address

advocacy organizations will have trouble with this

Maturity level would need to be carefully assessed.

kinda

no

None

Nope

No

Legal liabilities towards minor.

None

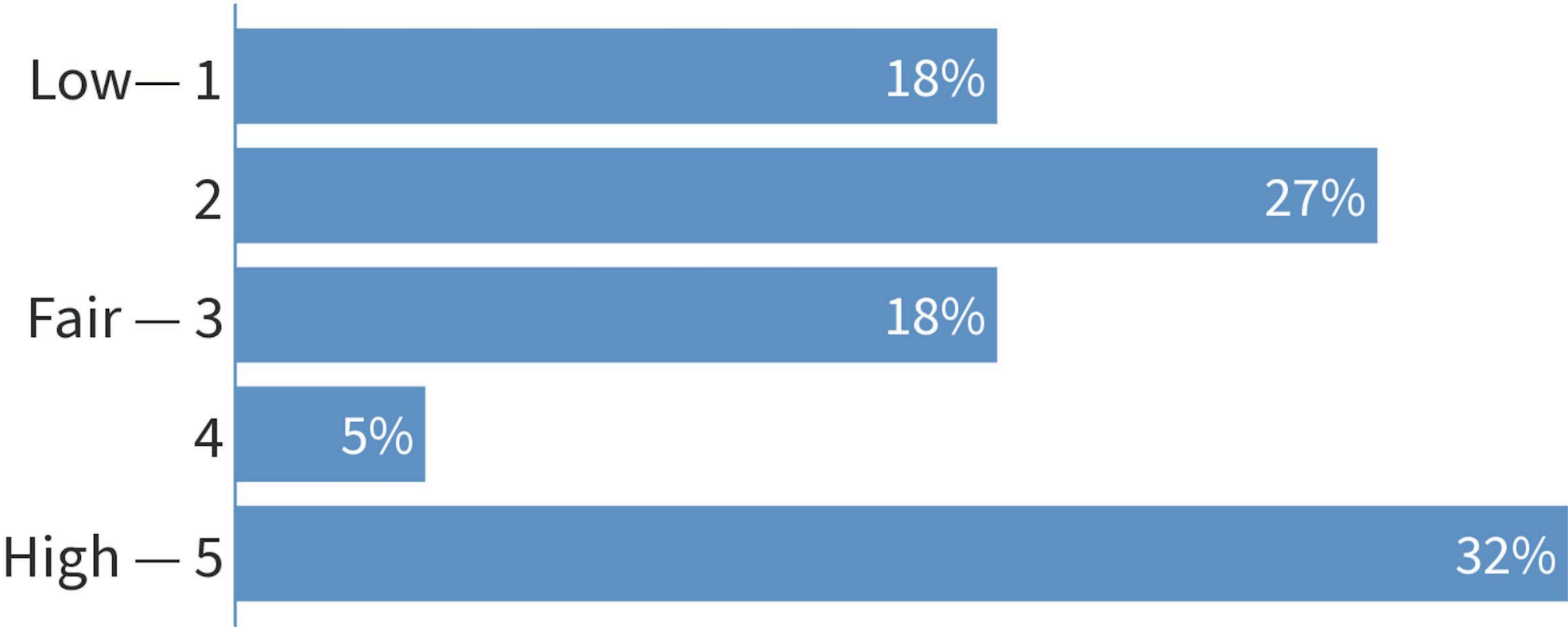
No

It is somewhat paradoxical to our argument that DSP work is truly not entry level, compared to traditional jobs adolescents would do

Also may not get longer sustainability may not address

advocacy organizations will have trouble with this

Please rank this Focus area in terms of priority for you.



Response	Count
High — 5	7
2	6
Fair — 3	4
Low— 1	4
4	1
Total	22

The DSP Experience

Focus Area #1: Establish the base qualifications, skills and job requirements for a DSP (What does Medicaid require) (*System Barrier*)

- There are basic service requirements the DSP/Provider is required to offer per Medicaid. Much of those requirements revolve around ensuring health and welfare.
- The DSP position has expanded to include many tasks/requirements that stretch the DSP/Provider. We would like to understand the current “DSP Experience” in Ohio compared to what is required by Medicaid.
- We would then like to work on a process that compensates the DSP/Provider appropriately for the tasks they are performing.

Understand the skill and the compensation needed to provide the following services

- Nursing/med pass requirements
- Complex medical conditions
- Addressing challenging behaviors and mental health conditions
- Assisting multi-system youth
- The skill and expertise needed coordinate, support and assess access to the community and the communities ability to grant that access
- The varying skill and expertise needed across the spectrum of day services (including employment services, behavior support services, complex medical services, etc.)

What do you like about this Focus Area?

Think this is definitely a much needed assessment as we can align compensation for extra skills needed to provide appropriate supports

I think it's very relevant- requirements, demands, and liability of DSPs has exponentially increased over the past 20 years since I was a DSP

People who love the job but have to go up the ladder based on money not what they like to do

It calls specific tasks and needs to address training, expectations, and compensation related to that. Allows for a career ladder and opportunities for higher pay.

It identifies and addresses the different levels of responsibilities DSPs have.

Builds up sustainability

The more required training should be more compensated

YES, we ask DSP's to do too much.

I like that at a minimum it shines a light on the multitude of services dsps provide.

Rewarding people for working in tougher areas

It aligns actual expectations with funding

I believe that it will allow for greater results for the people we support.

Places focus on specific skill sets and would provide an opportunity for DSP advancements.

Addresses the high expectations of a DSP in a system that does not compensate well.

I think this is a major focus for the DSP at our place. They love what they do but is a lot of strain on them

What are your concerns about this focus area?

Does DODD have \$%#^ to take this on seriously?

Where you are staffing a blended group it is difficult to determine pay

Will the department say, "That's what the add-ons are for?"

Worthy area of focus!

Only concern is complicating a system we are trying to simplify.

Nada

No

None

None

No

Nope

None

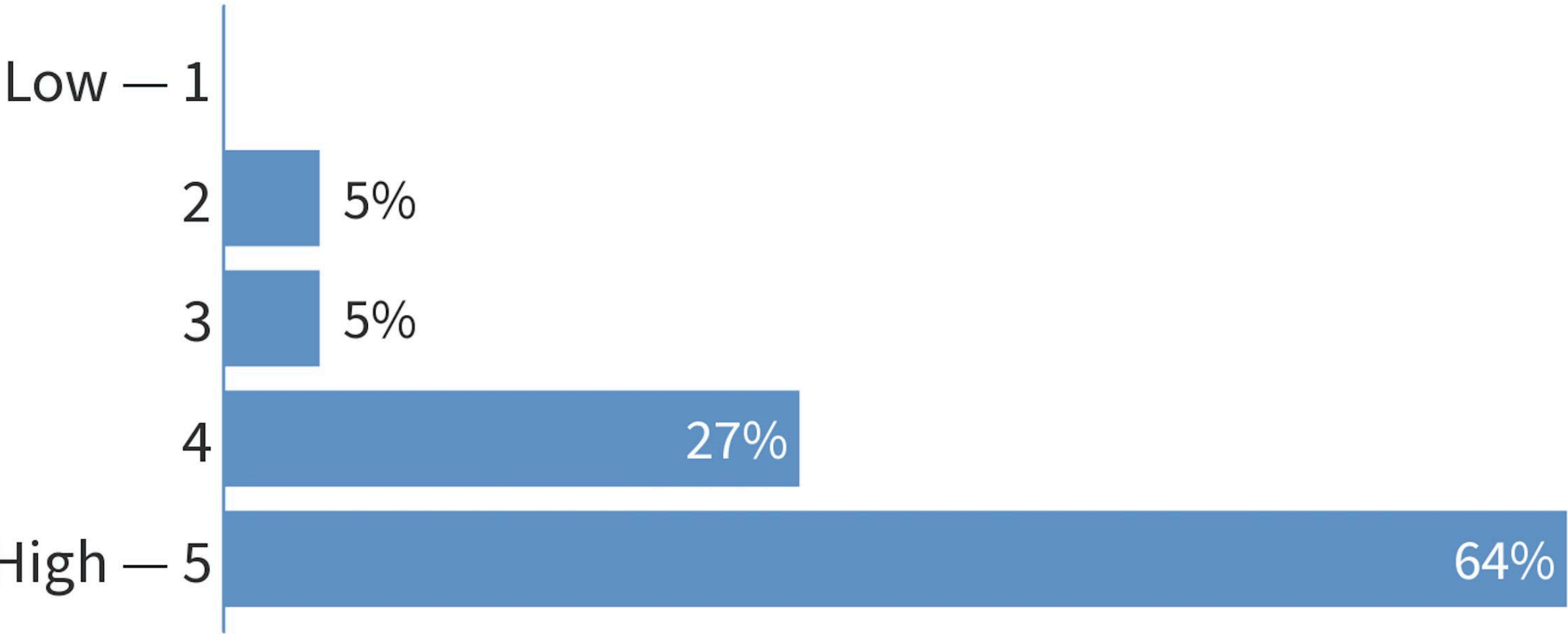
NONE

Does DODD have \$%#^ to take this on seriously?

Where you are staffing a blended group it is difficult to determine pay

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Please rank this Focus area in terms of priority for you.



Response	Count
High — 5	14
4	6
3	1
2	1
Total	22

Focus Area #2: What training approach works best for DSPs? (*System Barrier and Retention*)

- Much of what we refer to as training is nothing more than information sharing, meaning that usually the information gained at the training is not transferrable and/or it is easily forgotten once the training ends.
- Many of our DSPs are not successful with retaining and implementing classroom or online trainings.
- The approach that we would like to explore includes a heavy concentration of “on-the-job” and “hands-on” training. The training required is multi—faceted and “real life”. It requires in the moment translation and application of multiple methodologies, rules, regulations, and a working knowledge of the particular plan for the person served.
- We would like to explore ways for DODD to partner with and support providers to provide meaningful training and trust the providers to work with their employees to ensure they have the appropriate skills for the job. This could include the identification of training best practices that can be shared and implemented across all settings. We would like to have this discussion on training prior to the finalization of the Provider Certification rule changes.

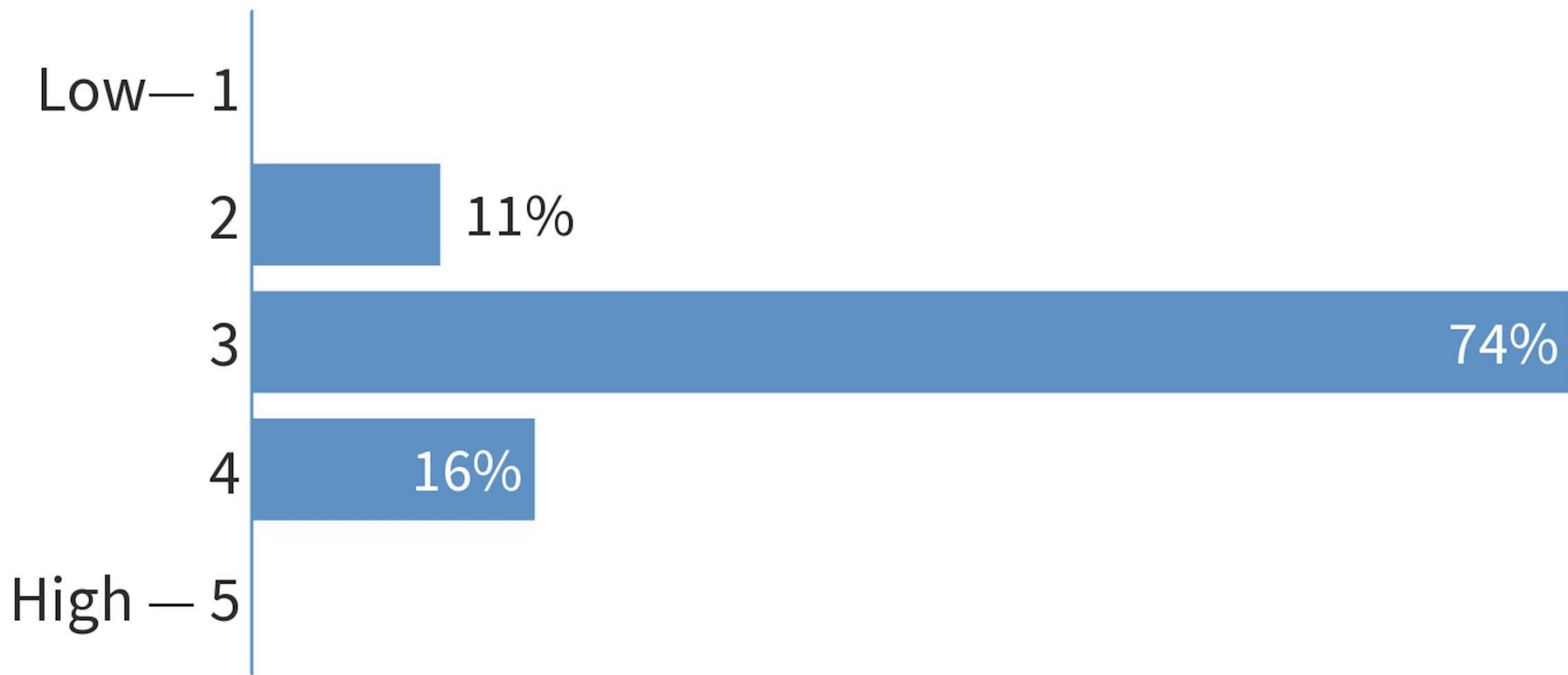
What do you like about this Focus Area?

Options for connections with those we support to provide practical application of what classroom online training covers
Can be specific to agencies needs and their philosophy, etc.
It is not productive for 20 plus year employees to take rights training year after year
Like the flexibility and confidence in providers
Options/Flexibility
Give providers the ability to be flexible.
Sounds good in theory
flexible for DSP's specific learning styles
Places trust in providers
It provides options
Options for connections with those we support to provide practical application of what classroom online training covers
Can be specific to agencies needs and their philosophy, etc.
It is not productive for 20 plus year employees to take rights training year after year
Like the flexibility and confidence in providers
Options/Flexibility

What are your concerns about this focus area?

As we are hearing, there are some providers that will opt for fast training rather than quality training.
Not sure what I'd cut? It all seems relevant.
New providers and new staff need the initial training.
Makes sure to include experiences of people with disabilities and history of disabilities
None
Nope
None
NONE
None
As we are hearing, there are some providers that will opt for fast training rather than quality training.
Not sure what I'd cut? It all seems relevant.
New providers and new staff need the initial training.
Makes sure to include experiences of people with disabilities and history of disabilities
None
Nope

Please rank this Focus area in terms of priority for you.



Response	Count
3	14
4	3
2	2
Total	19

Service Rates

Focus Area #1: Rates related to DSP job requirements (*Compensation*)

- Ohio's system must put a serious effort into establishing rates that are appropriate for what the system is requiring/demanding workforce to do (nursing, behavioral, mental health, and other related skills when establishing a rate).
- Throughout our history and in the recent past we have focused on blanket DSP wage/rate increases to address the workforce challenges providers are facing. What duties are DSPs required to perform (outside of the basic requirements of the job (see DSP Experience, Focus Area #1) and use market research to study the pay ranges of comparable jobs in other fields.
- Establish what it would take to implement new rates in our system.
- Moving forward, any proposed regulatory or rule changes should be required to include an estimated impact on the cost of providing care and provide for adjustments to reimbursement to appropriately fund the regulatory requirements.
- It is crucial that we support the provider's infrastructure needed (front-line supervision, specialized training, increased benefits, etc.) to support DSPs who require specialized skills.

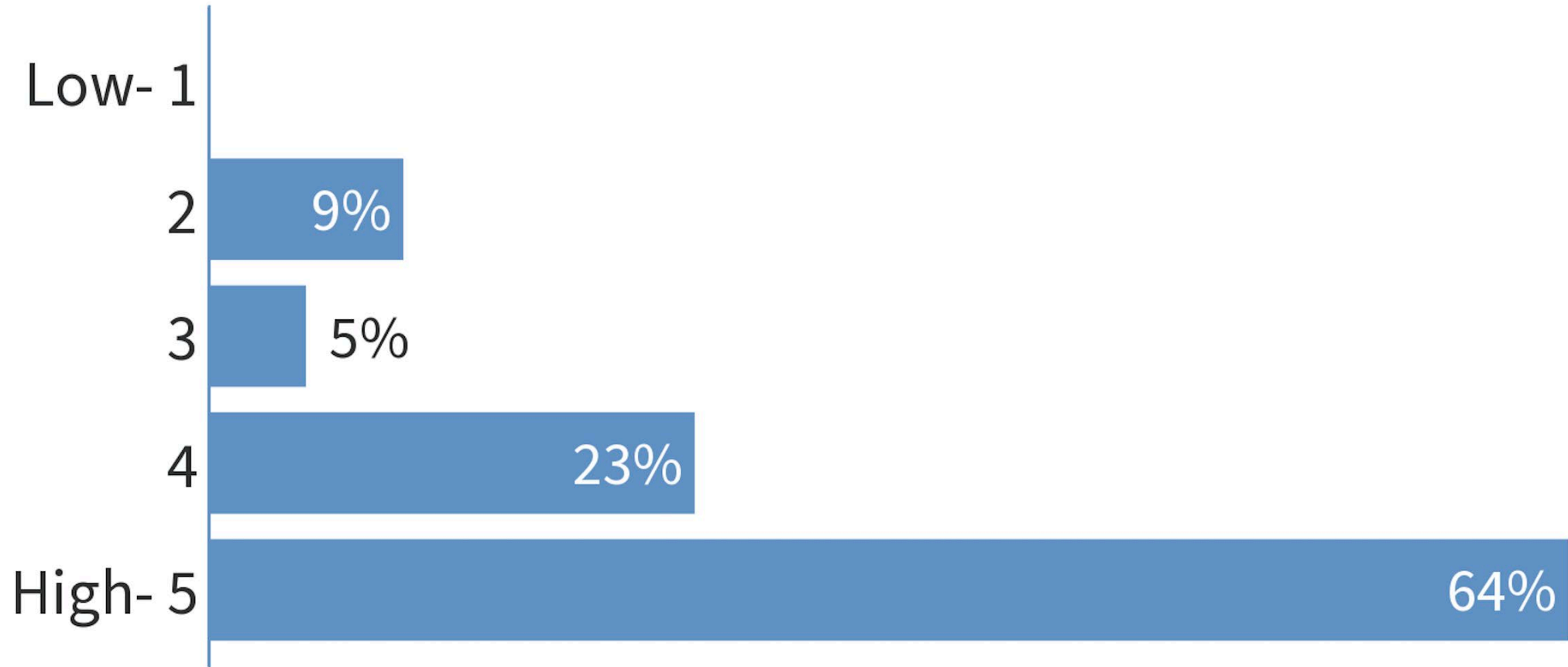
What do you like about this Focus Area?

This is vital to the future of service delivery
This is crucial. Strong management can build strong foundations. Need better funding for training, solid experience, and supporting the time it takes to actually be engaged with their workforce/individuals
Brings back the point that "the rate" overall should be the focus
Allows for growth within companies.
Clarifies DSP responsibilities which will add credibility and hopefully new rates.
like having different rates for different competencies
Any exposure to rates for providers and wages for direct support is worth the time and effort.
Absolutely critical to include looking at Frontline supervision and other infrastructural areas when increase to DSP
Need to support the entire organization for DSP's to be supported
May be able to accomplish thru reinstating a form of CAFS billing?
Absolutely crucial
Essential to support whole agency health
Like it.
I like this I think all boats rise with tide if they are not tethered
I like it in general

What are your concerns about this focus area?

None it's basic business sustainability concept
Agencies would have to adjust staffing more often based on qualifications
DSPs, with OT, could- and in some cases are, making more than my middle managers
Hard to explain to the legislature.
Only concerned if there is no support
could complicate billing
None
None it's basic business sustainability concept
Agencies would have to adjust staffing more often based on qualifications
DSPs, with OT, could- and in some cases are, making more than my middle managers
Hard to explain to the legislature.
Only concerned if there is no support
could complicate billing
None
None it's basic business sustainability concept

Please rank this Focus area in terms of priority for you?



Response	Count
High — 5	14
4	6
3	1
2	1
Total	22

Focus Area #2: Set outcome limits proportionate to individual funding (*System Barrier and Compensation*)

- The people that the provider supports will have many different outcomes associated with their ISP.
- For example a person who has a \$30,000 waiver will have 10 outcomes/supports that the provider is required to address and a person with a \$100,000 waiver may also have 10 outcomes/supports identified.
- Recommend a scale that would identify and/or prioritize the number of outcomes/supports based on the resources made available to the provider?
- This should be a part of the implementation of the Ohio Individualized Service Plan (OISP) initiative.
- Training and rules regarding the OISP need to clearly identify that while the assessment and plan are in one system, the service plan identifies the services and supports that a person needs and that the provider/DSP is responsible for providing.
- Regulatory reviews should not hold providers responsible for deficits identified in either the assessment or service plan where a service need or support is not identified for that particular provider.

Considerations

- *Simplification of service delivery documentation requirements and length of ISP. HPC services should be limited to paid waiver services following under “Homemaker and Personal Care” services and essential safety services. If the requirements cannot be reduced, the system must provide rates that recognize the amount of requirements and demands placed on DSPs*

What do you like about this Focus Area?

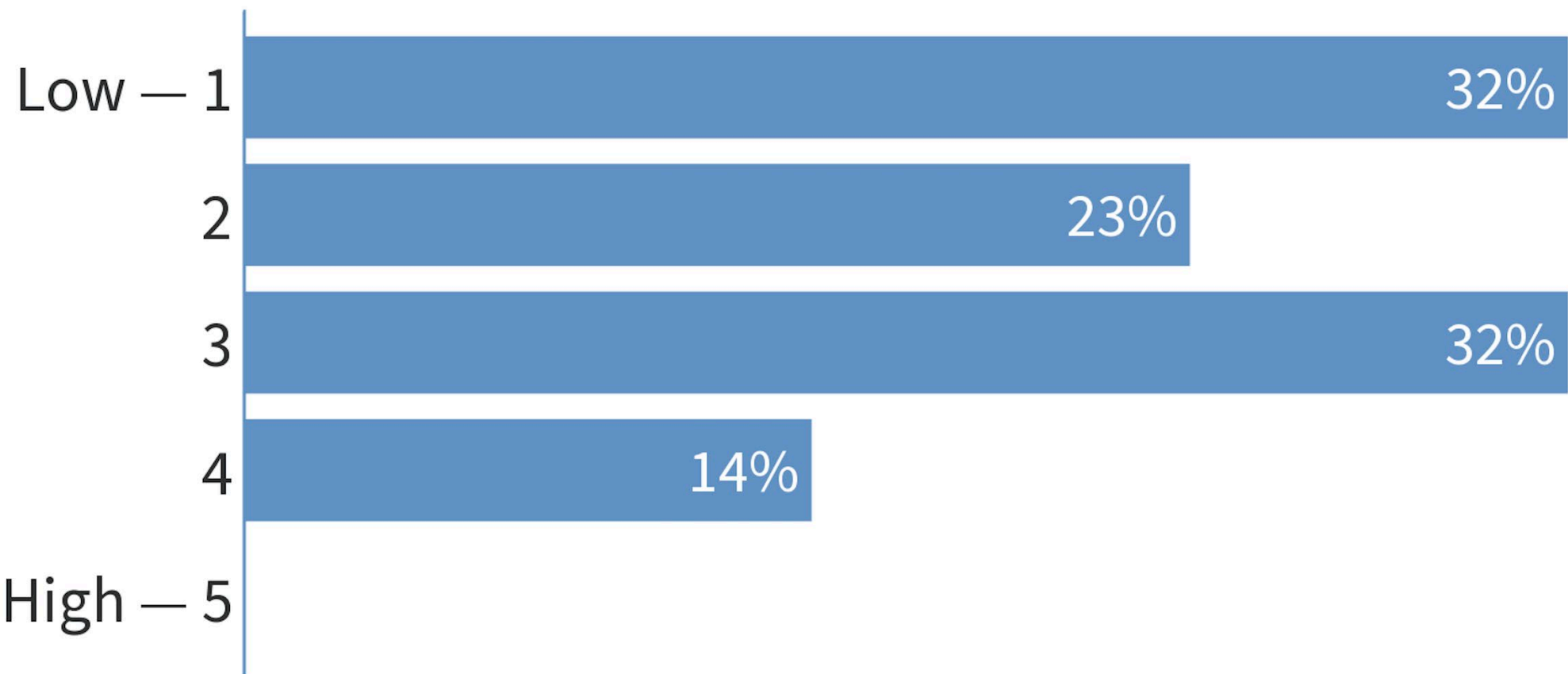
Provides clarity to limitations of providers
Places quality over quantity
It is worth the conversation. gives more support to actual person because staff isn't worried about just checking boxes
Effort to support an outcome needs to match funds to provide the support
Less time on paperwork means more time with clients
Smaller waiver-should equal less needs. In a "real" business, more focus and attention is paid to the larger contracts.
More requirements more funding
I like that it could bring up more person-centered and long terms goals that are deep and meaningful
Minmizes documentation
Provides clarity to limitations of providers
Places quality over quantity
It is worth the conversation. gives more support to actual person because staff isn't worried about just checking boxes
Effort to support an outcome needs to match funds to provide the support
Less time on paperwork means more time with clients
Smaller waiver-should equal less needs. In a "real" business, more focus and attention is paid to the larger contracts.

What are your concerns about this focus area?

This is an area that will have to be in conjunction with CB's. They won't let go of that medical model if they feel pressure from their regulators.
Just because DODD deems that a person doesn't NEED additional funding doesn't mean that they don't have more significant needs that are more specific than just cares.
Assessing outcome difficulty wi be challenging
I like the willing and able reasonably measurement that someone suggested and asking for that discussion
Setting a outcome number based in DDP range seems short sighted
Seems like it would create a more complex, tiered system to navigate.
Don't approach by focus on a number of outcomes
Everyone touched on them already
Pushback from SSA and County Boards
NONE
No
This is an area that will have to be in conjunction with CB's. They won't let go of that medical model if they feel pressure from their regulators.
Just because DODD deems that a person doesn't NEED additional funding doesn't mean that they don't have more significant needs that are more specific than just cares.
Assessing outcome difficulty wi be challenging
I like the willing and able reasonably measurement that someone suggested and asking for that discussion

Response	Count
3	7
Low — 1	7
2	5
4	3
Total	22

Please rank this Focus area in terms of priority area for you.



Culture of Trust

Focus Area #1: Strategies to support providers based on performance (*System Barrier*)

- Our system is built on an oversight structure that is punitive in nature
- Many times rules are modified and/or established based on a small group of providers who don't perform at a high standard or a small number of incidents that are beyond the scope of acceptable.
- Work with DODD and County Boards to identify an alternative to the traditional oversight approach and pursue partnership based, supportive, and problem solving approach.
- Some providers, due to their performance, need a high level of scrutiny and oversight but many only need partnership and support in their pursuit of quality services.

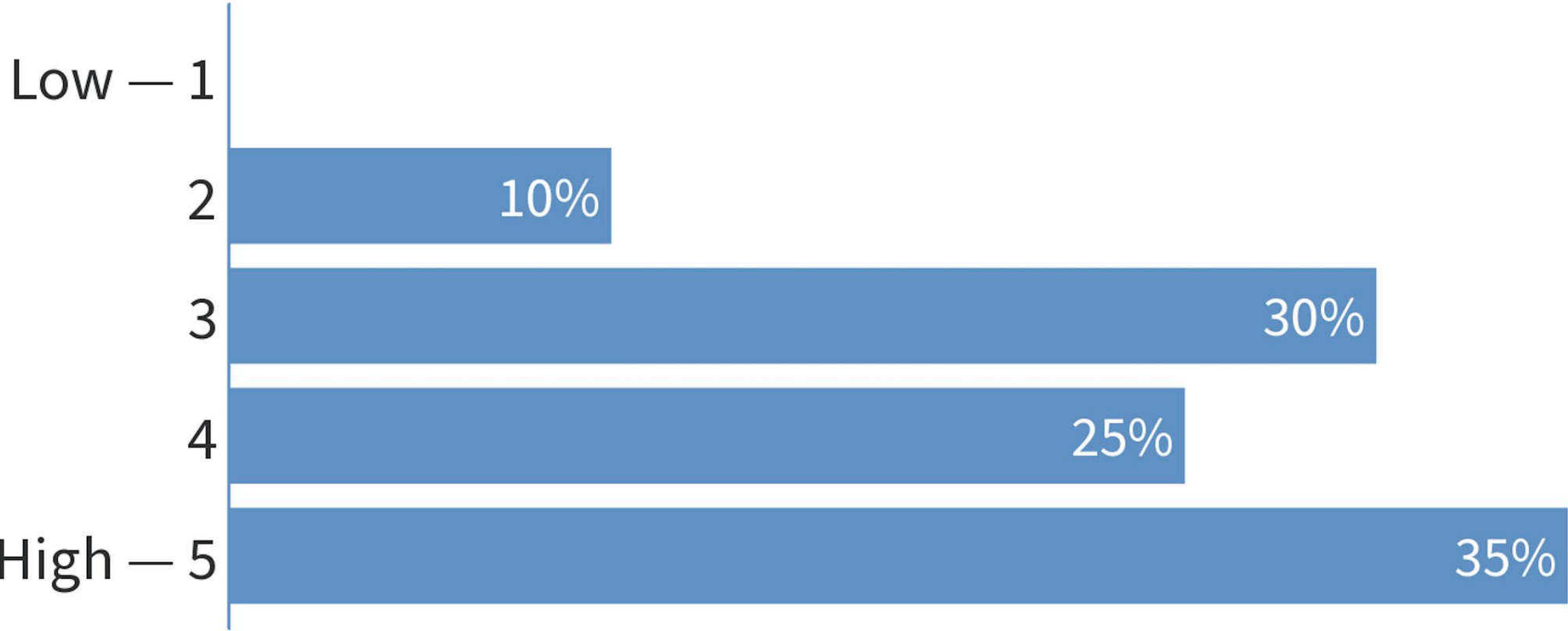
What do you like about this Focus Area?

While I like raising the collective bar and holding each other accountable, it feels that the cb politicking and lobbying creates an atmosphere of favoritism
support and trust should be the main focus
The trust issue is crucial to every single focus area we are addressing. This is at the core of many issues, so well worth pursuing.
It's long overdue, but will be a bear to tackle.
This absolutely makes sense. we should be rewarded for the trust we have earned
Need to improve and develop the trust with proven providers
It rewards quality providers...builds trust.
Creates a foundation of trust and true support.
We need positive reinforcement for agencies not just negative
Would move focus from compliance only to also attending to provider support
gives a way to seperate high performing providers from ones that are not
Yes it the most difficult area to tackle. We have too many providers. I'm tired of being lumped in with under-performing providers.
I think this could be the biggest driver of change in our system
Possibly look at getting some cred for CARF and similar certifications?
Trust is foundation for success

What are your concerns about this focus area?

Not
To make it more viable you might want to bring in someone independently, but DODD
Maybe don't reinvent the wheel. Other human services organizations have done this. Nursing homes, pre-schools, etc. not perfect systems but could be a starting point.
Does DODD have \$%(...oh never-mind
Need continued work between parties
It's a huge lift. Don't know if there is the collective will at Dodd and CB's and ability to accomplish
It will be a huge undertaking and it's difficult to identify specific actions that will improve things.
Lack of buy in with DODD.
Concern on how DODD would roll this out and monitor CB in their treatment of providers
May be perceived as favoritism
Could it cause surveyors to cite more?
Makign sure it is not based on nepotism or favortism
how would the free choice of provider rule tie in with this
The time it will take
Yes

Please rank this Focus area in terms of priority for you?



Response	Count
High — 5	7
3	6
4	5
2	2
Total	20

Focus Area #2: The MUI Culture (*System Barrier and Retention*)

- The MUI Culture is often discussed as a point of conflict between providers and the County Boards and/or DODD.
- The problems have less to do with the intent of the MUI rule and more to do with the interactions and practices that happen when an MUI occurs.
- Both providers and the entities who investigate and make decisions when an MUI occurs
- Take a fresh look at how the MUI is categorized, how the MUI impacts the person receiving services, how the MUI impacts the professionals involved and how the MUI impacts the cultures of organizations and ultimately how it contributes to the workforce crisis.
- The MUI investigation process should emphasize treating each other with kindness and respect and affording those involved the right to be treated as innocent until proven guilty.
- The current MUI culture has caused many excellent DSPs to leave our field due to either the stress involved in the process or the fear of being placed on a registry and potentially losing a professional license or the ability to find other employment.
- DSPs need to know that they will not be prosecuted for making an honest mistake and that the MUI process and referrals to authorities should be limited to intentional acts of harm.

Considerations

- *The revision of the MUI rules, requirements, and investigative processes. The development of a regional MUI Department that does not report to a specific county board. County Boards would pay into a regional system which employs and houses Investigative Agents. This would eliminate conflict of interests with county boards employing Investigative Agents. The current MUI system causes unfair harm to employees of residential programs and must be overhauled.*

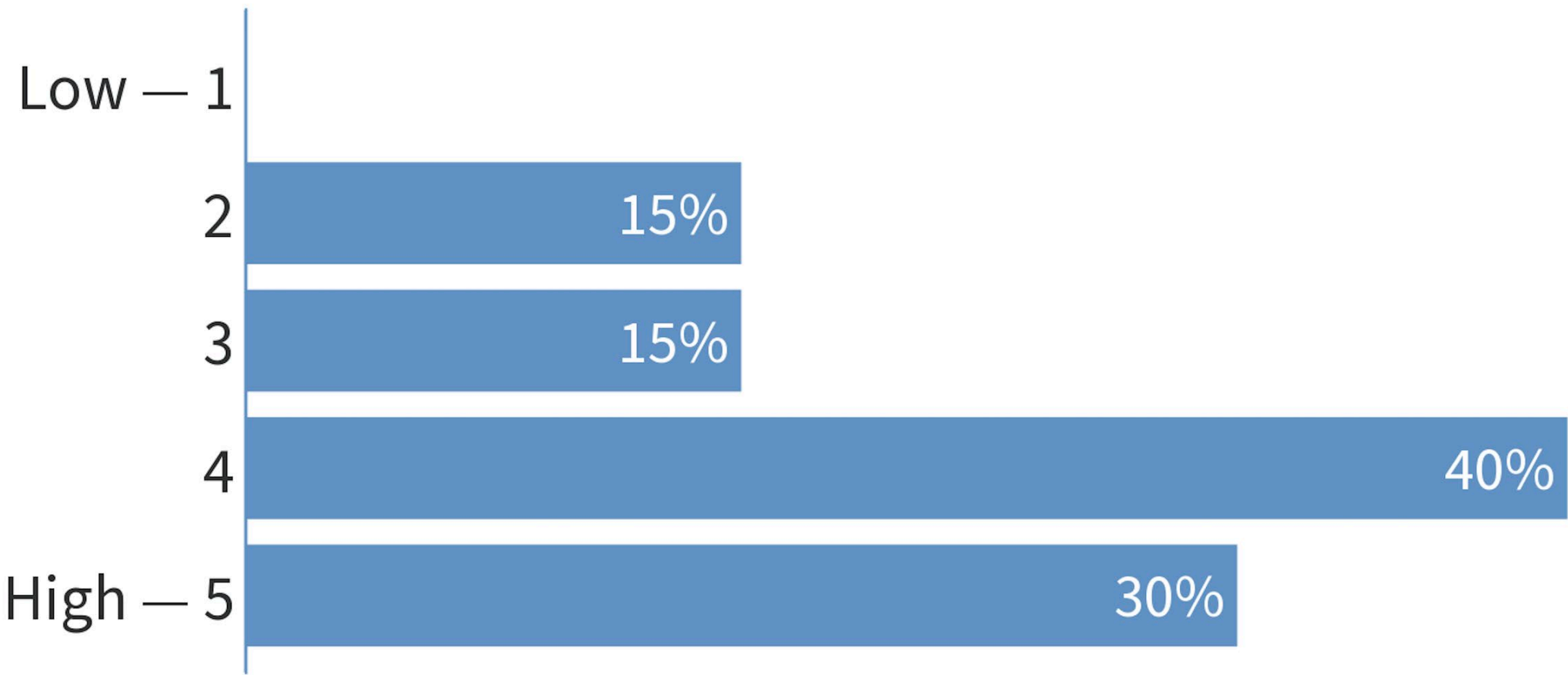
What do you like about this Focus Area?

Increase relational training for IAs.
Additional training, statewide, may help investigator consistency.
This is an area that is a way to create an impactful change that could build trust and support for providers
Again a tuff one. DODD needs to know how it impacts workforce. Also, I know some providers don't report, so those of us that do get punished
Helps entities working together and not against one another
Like the regional approach
Essential to relationships, staff retention, and positive systemic change.
It once again centers the need for support and trust rather than compliance and punishment.
Because there is so much inconsistency in how the rule is applied across the state, this is crucial.
Can create a positive change for the whole system
If addressed, is another layer to support workforce issues...
This is such an essential area to address and improve.
It is extremely important to review this system!
I would like to see the regional approach
Increase relational training for IAs.

What are your concerns about this focus area?

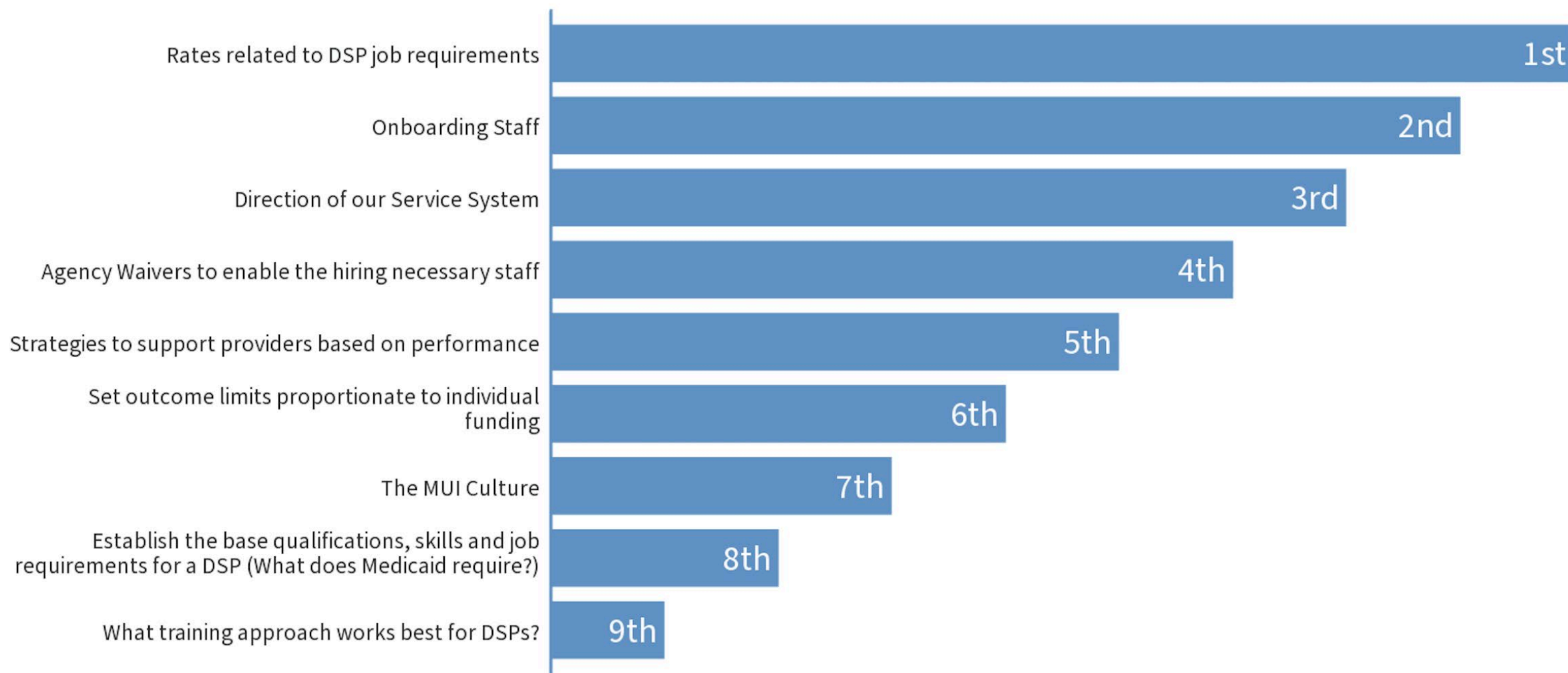
State and county have to be willing to address
Dodd needs to be convinced that system changes can be made without reducing the quality and integrity of process
Never understood why the mui is logged with the reporter even if it didn't occur there
Can easily look like we are advocating for less provider accountability
DODD feeling our intent is to not report or address actual concerns/issues.
Openness of DODD to listen when this topic is initiated
CB buy in. The MUI department and how they treat providers/staff is usually a result of the county as a whole.
Its a bit out of our control. Pete should fix it
None
None
None
State and county have to be willing to address
Dodd needs to be convinced that system changes can be made without reducing the quality and integrity of process
Never understood why the mui is logged with the reporter even if it didn't occur there
Can easily look like we are advocating for less provider accountability

Please rank this focus area in terms of priority for you.



Response	Count
4	8
High — 5	6
3	3
2	3
Total	20

DD Council - Pick your top Priority



DD Council Proposal- Pick your 2nd Priority

