

Summary of the Associations' Meeting

Workforce Crisis Strategy

Introduction

The DSP workforce crisis has been a known issue for many years however there has not been a unified and systematic plan developed to finally address this evolving emergency. These strategic priorities must become the number one priority for DODD, County Board and Providers.

The DSP workforce crisis has turned into a workforce emergency for many. The global pandemic has amplified the crisis providers were facing and it has created a sense of urgency in the provider community. We understand that there is not one solution to this problem/situation and there are probably hundreds of action items both big and small that need to be addressed and we will all play a part. We are stressing the need to take a step forward to address this problem instead of the problem freezing us in our tracks.

The COVID-19 pandemic taught us that the system can change, processes can be revised, regulations can be lightened, and there still can be high quality services delivered to individuals with developmental disabilities.

With this effort we hope to establish and prioritize several areas we need to focus on and start addressing immediately. The following items are the areas that represent some of the biggest challenges.

Workforce Shortage

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

Summary: For years the trend of Ohio's system has been to encourage and seek smaller settings for people receiving services in our DD system. This trend, coupled with national trends in a shrinking workforce, has impacted the ability of all providers to find qualified employees and threatens the sustainability of our system. We want to study this issue 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. This effort must include a fresh look at setting sizes and current vacancies and studying their impact on the workforce crisis.

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.

Focus Area #2: Simplification of onboarding staff (System Barrier)

Summary: We believe there are 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. Since this practice has been in place for almost 1 full year, 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? In addition, 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?

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.

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

Summary: We were anticipating that the ability to hire 16 and 17 year olds and people without a GED would be a part of the latest Provider Certification rule, but since the change was not made 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.

The DSP Experience: A Day in the Life of a DSP

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

Summary: There are basic service requirements the DSP/Provider is required to offer per Medicaid. Much of those requirements revolve around ensuring health and welfare. Over the years the scope of the DSP position has expanded to include many tasks/requirements that stretch the DSP/Provider. We would like to study 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. This study will include studying:

- 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.)

Focus Area #3: What training approach works best for DSPs? (System Barrier and Retention)

Summary: 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.

Service Rates

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

Summary: Our 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. We would like to study the duties that DSPs are 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. We can then establish what it would take to implement those 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 also crucial that we support the provider's infrastructure needed (front-line supervision, specialized training, increased benefits, etc.) to support DSPs who require specialized skills.**

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

Summary: **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. We are recommending a scale that would identify and/or prioritize the number of outcomes/supports based on the resources made available to the provider. These outcomes/supports need to be clearly detailed in the individualized service plan in plain language.

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

Culture of Trust

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

Summary: Our system is built on an oversight structure that is punitive in nature, and 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. We need to 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.

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

Summary: 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 need to 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. All included in the MUI process should be treating each other with respect and affording those involved the right to be treated as innocent until proven guilty.

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.