Potential State Strategies for Enhancement and Advancement of the Direct Service Workforce

Overview

Direct service workers (DSWs) are individuals that provide direct services (which primarily include assistance with activities of daily living and companionship services) to older adults or people with disabilities. When provided within the context of an individual's home or other community setting, these services are commonly referred to as Home and Community Based Services (HCBS). FSSA administers a number of programs which provide HCBS to patients/clients, primarily through Medicaid waivers (1915(c) and (i)).

During the COVID-19 pandemic, there was an identified shortage of DSWs which impacted the delivery of services and supports to in Indiana and nationwide. This brought broad attention to the shortage of essential DSWs though subject matter experts had long warned of direct service workforce capacity issues. In Fall of 2021, the Indiana Family and Social Services Administration (FSSA) identified an emerging need and opportunity for coordination and intentionality for Indiana's Direct Service Workforce. A group of stakeholders met on August 24, 2021 as a part of a "Direct Service Workforce Fact Finding" initiative. These stakeholders included representatives of FSSA's workforce team, broader FSSA staff, representatives from the state Department of Workforce Development (DWD), and the Indiana Economic Development Corporation. Within this meeting, stakeholders shared their thoughts on the top issues impacting DSWs. These top issues were grossly mapped to corresponding themes which are provided and described as headers within each section:

- Recruitment
- Training & Regulation
- Wages & Benefits
- Retention & Career Development
- Workforce Data & Tracking
- Social & Other Supports

After mapping the issue areas to the themes, research was conducted to identify strategies implemented in other states or strategies that may have feasibility and impact potential to address the theme areas. This document reflects strategies that are put forth for consideration in Indiana.
The following values were used to guide research and refinement of these strategies:

- Indiana has a unique opportunity to leverage temporary additional funding provided through enhanced Federal Medical Assistance Percentage (FMAP) to make a positive and sustainable impact for DSWs in home and community-based settings.
- Strategy options will undergo a thorough review process to determine 1) desirability, 2) feasibility, and 3) potential for impact.
- Although the FMAP increase may be temporary, Indiana plans to maximize use of these funds to support capital investments needed for long-term strategies.

- Ultimately, every strategy should be developed in a way that 1) enhances access to high quality HCBS workforce, 2) highlights the contributions and opportunity in direct service careers, and 3) supports the direct service workforce.

The remainder of the document outlines potential strategies which embody these values and may be considered by the State of Indiana for inclusion in the DSW State Plan.

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Recruitment

Workforce recruitment and retention are central to ensuring sufficient capacity of DSWs in the State of Indiana. The current state of organized recruitment and retention strategies is not well known. Currently, there are no coordinated state-level initiatives focused on the recruitment and retention of DSW in Indiana. Research into strategies that have been implemented in other states was performed to produce information to inform Indiana efforts in this space. Any recruitment and retention strategies pursued by the State should be done in coordination with strategies focused on wages and career pathways and informed by input from existing DSWs on why they joined the field and chose to remain in the workforce.

Strategy #1: Public Marketing Campaign

Develop a public marketing campaign to support recruitment through increased awareness of DSW roles and opportunities

Consideration: This should be done in alignment with #2 - Virtual information hub.

- WHAT: Marketing campaigns are commonly used by states to share information regarding a certain topic, such as the recent campaign related to COVID-19 or promoting tourism.
- WHY: There is a perception that DSW careers and contributions are not widely known by the public. To enhance recognition of the importance of DSW contributions and promote recruitment into DSW roles, the State could invest in a public marketing campaign. It is advised that any such initiative incorporate storytelling and information on what DSWs do and the perceived benefits from both DSWs, clients, and families. Such a campaign should target a variety of audiences, including untapped recruitment pools such as: men, faith-based groups, retirees, transition-aged youth, refugees, tribal members, Best Buddies participants, retired teachers, people with disabilities, recent immigrants, recent high school graduates, veterans, Amerigroup participants, retention of caregivers who experienced a loss in loved one/previous client, vocational rehabilitation, etc. The marketing campaign should be informed by previous marketing campaigns developed by the State (example: those related to COVID-19 health care workers/reservists). Upon implementation, the campaign could be created and released in coordination with the DSW Virtual Hub (Strategy #2) website/resources (see recommendation #2).
- WHO: All DSWs

Strategy #2: Virtual information hub for DSWs

Create a state-government hosted website to serve DSWs (example: IndianaCaregivers.com or IndianaCares.com)

Consideration: Should be implemented in alignment with #1 - Marketing Campaign.

- WHAT: A website to organize and facilitate the sharing of information related to the DSWs. Websites have been developed and hosted by the State of Indiana for other initiatives such as BeWellIndiana.com and coronavirus.in.gov. Exploration of these websites could provide historical insight as to the processes and resources required for build out.
- WHY: Indiana has not previously implemented an organized platform to centralize information and resources for the DSW. The DSW State Plan will include several strategies focused on enhancing and advancing various aspects of the DSW. The intent of a DSW hub is to serve as a centralized platform to support information sharing and providing resources for current or prospective DSWs. Similar one-stop-

shop websites have been developed for DSWs in other states, such as Oregon and Massachusetts.

- WHO: All DSWs

Strategy #3: DSW Career Pathways in Indiana High Schools

Collaborate with the Department of Education and DWD Office of Career and Technical Education to develop or enhance high-school based CTE programming.

- WHAT: Indiana's public high schools provide students with training and preparation for high-demand occupations through Career and Technical Education (CTE) programming. Indiana has prioritized CTE within the Indiana Strategic Workforce Plan prepared by the Governor's Workforce Cabinet. Currently, no CTE programming for DSWs exists under the Indiana Department of Education's programming document for Health or Human Service Career Clusters.
- WHY: High school students may be a major potential recruitment pool for DSW careers. In the case of some DSW roles, CTE programming could be developed to support high school students earning dual credentials (diploma and certification) as a DSW and secure employment. This strategy has been successfully implemented in South Carolina (pg. 5) whereby students can receive a "career-ready" certification as a Direct Service Professional. This strategy is also proposed because of the success of Best Buddy programs in partnering with high school students.
- WHO: All DSWs

Strategy #4: Supporting DSWs to Earn while they Learn

Fund the implementation of standardized training by supporting DSW wage during training completion

- WHAT: If the state were to move towards a standardized training for DSWs, completion of training should be prioritized by existing DSWs. It is recognized that completion of such training would impact productivity such that a DSW completing training would not be providing services to clients. In order to support and incentivize training among existing DSW, the state may offer incentives to providers to offset loss of productivity.
- WHY: This strategy is recommended as it would support paid training for DSWs in alignment with state curriculum standards implemented as a part of the DSW Workforce Plan.
- WHO: All DSWs

Training & Regulating

Enhanced clarity in training requirements across DSW roles, settings, and agencies was identified as a strategic opportunity by stakeholders. Stakeholders reported variations in training between roles and providers, resulting from a lack of state-standardized training for DSWs. Additionally, Indiana does not currently have any state-level mechanisms for documentation and/or credentialing of DSW training. Typically, such mechanisms are implemented as part of regulatory provisions in the form of a state registry. The lack of standardization and formal documentation process for DSW training threatens portability of the workforce and mobility of individual DSWs. For example, in the absence of standardization training and a state registry, a DSW may be required to complete training each time they change employers, even if they are working in the same role. Also, without standardized training, it is challenging for a state to develop and enhance career pathways for individuals seeking advancement opportunities.

The potential strategies outlined in this section draw from other States that have invested in and developed clear training requirements and regulatory strategies for DSWs to support portability of training (reduce the need for duplicative training/onboarding), mobility of the workforce, and enhance quality of services provided by DSWs.

Strategy #5: State Definition of DSW

Implement a standardized definition for direct service workers across agencies/divisions and payer programs.

- WHAT: There is currently a universal lack of clarity around *who* the direct service workforce includes. Direct service workers operate under a variety of titles, provide numerous types of services, and have inconsistent training requirements across roles, employers, payers, and settings. There may be an opportunity to standardize the definition of "direct service workers" through modifications to code, administrative code, or state plans. (As an example, Florida and Maine have established a statutory definition for "direct care workers.")
- WHY: Lack of clarity in the definition of direct service workers results in inconsistencies in training and services across programs.
- WHO: To be determined, likely will not include home health aide (HHA) and certified nursing assistant (CNA).

Strategy #6: Standardized State Minimum Training

Determine a standardized state minimum training for DSWs in alignment with services or populations.

- WHAT: Currently, there are inconsistencies of references, training, and services provided by DSWs across agencies/divisions, payers, and settings. Some states have created and adopted state minimum training standards for direct service roles.
- WHY: There is a need for training standards to support DSWs to provide necessary services and for the State to ensure a quality standard for services provided. For example, Arizona has multiple state trainings available for DSWs, for which provider agency employers determine which are necessary for the role. Other states have suggested minimum training standards and enable employers (provider agency) to have discretion to ensure the DSW has completed the level of training that is required/appropriate to serve the client/population.
- WHO: All DSWs (this currently exists for HHA already and is being worked on through the Indiana Department of Health (IDOH) to create state testing strategies)

Strategy #7: DSW Regulation (Regulatory structure, entry requirements, and registry)

Determine appropriate DSW regulatory structure and entry requirements

- WHAT: Among DSWs, only Indiana CNAs (inc. Qualified Medication Aides, QMA) and Home Health Aides currently have a clear regulatory structure and standardized, formalized entry requirements and registry requirements. The lack of clarity among other DSWs results in variations in entry training and regulation of other DSWs. Indiana could take steps to formalize and standardize the regulatory structure and entry requirements for all DSWs.
- WHY: In line with Strategy #5, there is a lack of clarity of regulation and minimum entry requirements of DSWs across agencies and wavier types. Illinois sets minimum entry requirements for all DSWs across agencies, waivers, and services provided. Creating foundational structure and requirements would help add clarity to the DSW and support advancement of DSWs into micro- or macro-credentials (if desired).
- WHO: All DSWs (this currently exists for CNA, QMA, HHA)

Wages & Benefits

Wages and benefits were identified as a significant threat to the DSW workforce. State stakeholders acknowledged there is a lack of understanding regarding DSW wages and benefits packages. However, it is widely recognized that DSW roles are poorly compensated and may not receive fringe benefits at the same rate as other workforces. Stakeholders acknowledged that although Indiana has made efforts to increase provider reimbursement rates, the extent to which these rates trickle down to the DSW workforce directly is unknown. The subsequent potential strategies may support DSW wages and benefits.

Strategy #8: Bonus Payments

Provide one-time bonus payments to DSWs through American Rescue Plan Act (ARPA) funding.

- WHAT: One-time bonus payments are a means to both recruit new DSWs into the workforce, while also rewarding the current workforce for their ongoing efforts and incentivizing retention. Funding provided by ARPA afforded states with an opportunity for additional financial resources that could be flexibly used to support workforce strategies. Many states, such as Delaware, Iowa, and Maine have also turned to ARPA funds to provide similar one-time payments to support their DSW workforce.
- WHY: There is a need to attract and retain DSWs to the workforce, particularly as workforce need are growing. One-time bonus payments can be used as short-term strategies to address recruitment and retention through supplemental wage and bonuses.
- WHO: All DSWs
- NOTE: This strategy has already been fulfilled through Provider Stabilization Grants allocated through FSSA in February 2022. Providers were encouraged to pass these funds on to the workforce.

Strategy #9: Routine payments to DSWs

Provide routine payments to DSWs in a manner that allows state flexibility on implementation (reward for quality, seniority, etc.)

- WHAT: DSWs generally experience low wages as compared to other entry-level occupations in the health sector and other sectors. As such, many states have sought strategies to address DSW wage issues through providing payments to be distributed to the workforce. These payments are generally referred to as “wage pass-through strategies” and the implementation structure of these strategies varies significantly by state. Wage pass through strategies are available under both fee-for-service and managed LTSS payment structures, but implementation varies significantly between the two payment modalities.
- WHY: Based on available wage data, DSWs experience low wages (Home Health and Personal Care Aides: $12.46 per hour, Nursing Assistant: $14.96 per hour, according to data provided by the Bureau of Labor Statistics). State Medicaid entities may provide a unique opportunity to direct funding to direct service worker wages and benefits using wage pass-through strategies.
- WHO: All DSWs

Strategy #10: Tiered or alternative reimbursement models

Create a tiered or alternative reimbursement structure for LTSS services that supports quality and is in alignment with DSWs micro- and macro-credentials (Strategy #11 and #12)

- WHAT: Reimbursement rates for a specific service may be structured to vary in amount by the type of provider that renders the service (for example, a physician may be reimbursed at a higher level than a physician assistant or advanced practice nurse). Such structuring may be referred to as “reimbursement tiers” which align rates with credentials or provider types through variations in provider fee schedules. Provider fee schedules or an alternative reimbursement or payment structure may be explored to create financial incentives for tiered credentials among DSWs to support additional training or credentialing which, in theory, results in higher quality services. For example, Tennessee developed a DSW credentialing pathway which outlines incremental wage increases in alignment with micro-credentials achieved by DSWs.
- WHY: DSW wage should be consummate with training completion and level of services provided. Fee schedules or other payment modalities could be explored to identify opportunities for the State to support training and higher quality care.
- WHO: All DSWs

Retention & Career Development

There is a dual need to retain current DSWs as well as provide opportunities for advancement (both in the DSW field and provide additional gainful employment opportunities). Indiana stakeholders identified a lack of defined career development opportunities for DSWs. However, opportunities may exist to align DSW workforce development strategies with Governor Holcomb's agenda. These strategies identify other state actions to create advancement and acknowledgement opportunities for DSWs while providing DSWs with autonomy to determine their career path.

Strategy #11: Micro-credentials

Support LTSS sector retention and LTSS career opportunities through the development of a micro-credential pathway within DSW workforce

- WHAT: Micro-credentials are stackable training, credits, or certificates that provide specialized training and result in new skills which lead directly to greater employability or promotion. In the DSW sector, micro-credentials could be implemented to support expansion of knowledge and skills related to specific services or populations, or as a mechanism to disseminate emerging best practices.
- WHY: The use of micro-credentials ensures DSWs have access to job-relevant training and provides an opportunity to grow within their field. Micro-credentials would empower DSWs to take greater ownership over their career and better equip them to meet the needs of the individuals they serve. They may also enable employers/provider agencies with the ability to create customized career pathways for their DSW staff. Oregon and Tennessee have both implemented a micro-credential strategies within the LTSS and DSW sectors. These micro-credentials are mapped to pathways which enable career growth and aim to enhance quality of services provided by DSWs.
- WHO: All DSWs (this currently exists for HHA)
- BUDGET REQUEST: Incorporated within Strategy #6
- BUDGET JUSTIFICATION: Incorporated within Strategy #6

Strategy #12: Macro-credentials

Work with community colleges to develop macro-credential pathways for DSWs to other roles

- WHAT: Community college networks are critical players in the development of career pathway programming from entry level roles to middle skills occupations (those requiring a vocational certificate or associate degree). DSW roles require minimal training (typically less than 1 month) and many enable earn-and-learn opportunities whereby individuals can be hired with no-to-little training and receive training from their employer while receiving a paycheck. Although DSW roles may be considered entry-level, they can be mapped to additional macro-credentials outside of DSW roles. In contrast to micro-credentials which are small stackable trainings and skills, macro-credentials are trainings or credentials that are widely recognized by industry/employers. Macro-credentials may be in the form of education or training (i.e. a degree), an industry certification (i.e. certified medical assistant), or a state-issued certification or license (i.e. certified nurse aide or licensed practical nurse). Macro-credentials for DSWs could be mapped within the LTSS sector (to roles such as Certified Nurse Aide, Qualified Medication Aide, or Licensed Practical Nurse) or within the health/human services sector but outside of LTSS (such as case management or medical assisting). Partnerships with career and technical education or community colleges can support the development of macro-credential pathways for DSWs, as career pathways or lattices would require alignment of education and degree programming to match credential requirements. As

an example, in Massachusetts a community college created a Vocational DSP (Direct Support Professionals) Certificate as a pathway to a Associates in Human Services degree. The formalization of this pathway and bridge program supports development of DSWs competencies and skill-building in alignment with credential achievement. Colorado plans to hire interagency coordinators to support the development of career pathways for DSWs.

- WHY: The development and expansion of macro-credential opportunities for DSWs may elevate the career prospects available for these workers, thereby supporting recruitment into DSW roles and supporting opportunities for stackable credentials after achieving the DSW.
- WHO: All DSWs

Workforce Data & Tracking

A common refrain from state stakeholders was the lack of available data on DSWs globally to support state workforce assessments and planning. Key areas of missing data include provider capacity (supply and demand), wages, motivations for serving in the workforce, training achievements, and practice characteristics. The following strategies seek to close the informational gaps in the DSW workforce to provide the State with additional data to support informed policy and programmatic decisions and enable evaluation of workforce strategies.

Strategy #13: Leverage Regulatory Processes to collect Workforce Data

Capture individual-level DSW workforce characteristics during license/certification renewal for existing and any newly regulated DSW occupations

- WHAT: Many occupations undergo a routine regulatory process to renew license, certification, or authorization to practice in the State. This renewal period provides a strategic opportunity for states to capture up-to-date information from the individual worker on their training, employment, or practice characteristics. Indiana currently collects data from several health professions during license renewal, including physicians, nurses, and many more occupations (IC 25-1-2-10). Some DSW roles, such as CNAs (certified nursing assistants), QMAs, and HHAs (among other technical and support occupations through IDOH), undergo routine certification renewals (biennially) and process renewals through the Professional Licensing Agency, similar to the other health occupations for which supplemental data is captured during renewal. A similar process could be pursued to capture information from these additional workforces through additional build-out and with minimal routine costs. Additionally, if occupational regulation is pursued for other DSW roles (such as DSP), information could be captured via a similar strategy. Other states capture information from DSW roles during certification renewal, including Virginia for certified nurse aide workforce.
- WHY: There is a dearth of individual-level information on the DSW workforce. This limits the ability to conduct workforce assessments and development of informed policies and programs to support the DSW workforce.
- WHO: All DSWs, with an initial focus on CNAs, QMAs, and HHAs

Strategy #14: Leverage Administrative Processes to collect Workforce Data

Explore enhanced individual-level data in Electronic Visit Verification (EVV) reporting

- WHAT: The 21st Century Cures Act mandated states to require use of an electronic visit verification (EVV) system to report details associated with certain home visits. On implementation, DSWs and other staff are required to verify the following: the type of service performed, the individual receiving the service, the date of the service, the location of service delivery, the individual providing the service; and the time the service begins and ends.[1] The mandate for EVV reporting initially extended to the aforementioned data variables and for personal care services. Expansion of EVV will be required to include home health care services by January 1, 2023. Beyond meeting certain requirements, states have flexibility on implementation of EVV practices. As such, EVV could be a potential data source to capture additional key data variables, such as virtual vs. in-person, linking EVVs/services provided to an individuals', etc.

[1] https://www.medicaid.gov/federal-policy-guidance/downloads/faq051618.pdf

However, with any modifications or expansion of EVV, care should be taken to ensure changes do not present a disproportionate barrier to service delivery.

- WHY: With recent implementation and forthcoming expansion of EVV for home health and personal care services, the State could consider aligning EVV design to create a data infrastructure that could be leveraged for reporting and evaluation.
- WHO: All DSWs

Strategy #15: Provider Workforce Reporting

Explore provider-level reporting to include key DSW characteristics

- WHAT: Providers (personal service agencies and home health agencies) enroll with the respective FSSA division (Aging or Disability and Rehabilitative Services) in order to receive reimbursement for services provided under an HCBS waiver. As such, the State could create a mechanism for collecting and maintaining data from providers on characteristics including workforce measures. Currently no such information is available (with exception of results compiled within the Staff Stability Survey. However, response to the Staff Stability Survey is voluntary and only includes collection of data variables which are standardized across states). As an example, Iowa captures information from providers during an annual self-assessment form which is then published on the state government website (this example includes workforce reporting measures related to how funds returned to providers were used to impact CNA wages/costs, other employee wages/costs, and PTO or benefit changes. Provider reporting could be required as a conduction of license, division, or Medicaid renewal.
- WHY: Provider-level reporting would enable the State to monitor workforce measures over time and identify areas of workforce need.
- WHO: All DSWs

Strategy #16: Longitudinal Workforce Tracking

Develop strategy to assess and evaluate DSW trends

- WHAT: The State is in development of a Statewide Direct Service Workforce Plan which will describe current supply and demand estimates and suggest strategies to enhance individual-level workforce data available for planning. Although it is important to have information available for point-in-time assessments, it will be critical to monitor the workforce closely over time. Care should be taken to develop a state-level strategy to monitor and report on trends in the direct service workforce over time. Such a strategy could include both primary and secondary data sources on 1) workforce supply, 2) workforce demand, 3) pipeline, 4) public program participation, 5) workforce satisfaction, and/or other measures as available.
- WHY: Longitudinal data tracking would enable the State to have the information available to support early and proactive policies and programs to strengthen the direct service workforce.
- WHO: All DSWs

Social & Other Supports

It was noted by attendees of the FSSA fact-finding meeting that many DSWs may be experiencing social barriers that could impact DSWs' ability to provide care to Hoosiers. These barriers may include transportation issues, health system and benefits navigation, career services, and other social supports. Additionally, there may be concerns of benefit "cliffs" surrounding wage increases and other social supports. These strategies include opportunities for provision of social and other supports that aim to avoid any potential negative impact on DSWs.

Strategy #17: Transportation Support

Explore opportunities to support transportation costs assumed by DSWs

- WHAT: DSWs that provide services in home and community-based settings may be required to travel significant distances to provide services to clients (particularly in in-home settings, and especially those in rural communities). Costs associated with transportation (such as reimbursement of gas or mileage, taxi or shared ride fees, etc.) may be supported through grants or other mechanisms provided to DSWs through providers. A first step would be to explore what, if any, current funding mechanisms exist to support transportation costs assumed by DSWs. Once that is determined, strategies could be explored to extend these offerings. As an example, New York has allocated APRA funds to create similar grants for DSWs.
- WHY: This strategy aims to address identified barriers to worker recruitment or retention based on limited transportation options. This strategy may be particularly desirable in rural areas where DSWs travel more miles to client homes and public transportation is not widely available.
- WHO: All DSWs

Strategy #18: DSW Navigator

Hire a specialized DSW "Social and Workforce Services Navigator" Role to sit within FSSA

- WHAT: DSWs may benefit from having a dedicated FSSA staff member to connect DSWs to social and workforce services. To facilitate providing these services to DSWs, FSSA could consider establishing a specialized DSW "Social and Workforce Services Navigator" role to advise and assist DSWs in accessing workforce programs and apply for other social benefits and services. This role could be implemented as a permanent position or term limited.
- WHY: This role would seek to provide support to DSWs looking to obtain health benefits, professional development programs, accessing the Federal Child Care and Development Fund Program, workforce services, and other general social supports to the DSW workforce.
- WHO: All DSWs

Strategy #19: Informational Resources and Guides for DSWs

Create and distribute DSW Information Guides & Resources

- WHAT: A DSW Information and Resource Guide could be prepared to serve DSWs through aggregating information on programs (social services, career services, etc.), contact information, and links to resources. These resources may be beneficial to DSWs personally as well as in their role relating to consumers/clients. Other states, such as Oregon have prepared this information for DSWs. The Oregon resource includes

information and links ranging from the Affordable Care Act, dealing with grievances of employers, occupational regulation/certification, trainings, and more.

- WHY: Providing DSWs guide of collated resources would facilitate access to various types of available resources. Such a guide could be published on the One-Stop Shop website (Strategy #2) and made available on-the-job by employers.
- WHO: All DSWs