

# Direct Care Workforce Expansion Working Group

Draft Explorations based on July 2022 Testimony

## **Exploration 1: Streamline the current certification process by creating a common application across multiple agencies and waivers.**

In their words:

*"If an agency or independent person is certified to do personal care in one waiver, they cannot work for someone who gets services from a different waiver without going through another certification process." (Dana Charlton)*

*"Having a single certification process for each system would allow for significant flexibility in addressing provider shortages. While existing efforts to modernize these processes is progress in the right direction, state agencies have more to do in creating a single provider enrollment process." (Nathan Turner)*

*"Current provider certification system needs overhauled.... policies that Medicaid providers have are different than DODD's.... Both systems have different certification requirements.... Both systems have different certification requirements." (Amy Clawson)*

## **Exploration 2: Evaluate current licensing requirements and statute for improvements that may prevent quick and efficient accession into direct care professions. Explore the use of temporary or emergency licensure to alleviate current shortage.**

In their words:

*"Persons with Associate's degrees in psychology, sociology, and criminal justice do not qualify for a Social Work Assistant (SWA) certification due to the fact the majority of credits have to be in Social Work specifically. Additionally, the internship is required to be in a Social Work type setting." (Tracey Campbell)*

*"Modernizing state licensing board requirements across all behavioral health professional disciplines (Certified Peers, Counselors, Social Workers, Therapists, and Psychologists) to include certification or licensure options at all education levels would create more opportunities for direct care workers to enter their chosen discipline and advance in the field of behavioral health care. Ohio's Chemical Dependency Professionals Board has developed a licensure and certification structure that could serve as a model for other professional disciplines." (Theresa Lampl)*

*"One agency reported that a staff person had been informed that they passed their licensure exam but still had to wait four months to receive their official certificate.... the state social work and counselor trainee status to extend six months beyond graduation, which would provide time for the exam and certification process to be finalized. Extending this status to them would make them more marketable to employers, and would allow employers to continue, or begin, to bill insurance for their services." (Mark Mecum)*

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## **Exploration 3: Highlight, expand and promote reference material, training and technical support for providers that do not have in-house expertise regarding the direct care regulatory environment.**

In their words:

*"The current rules do not say "welcome we're glad you're here" to new direct care staff. They significantly, negatively impact the workforce by requiring providers to have a law degree to understand the code and rules. This is one of the biggest deterrents in the system I feel."* (Amy Clawson)

*"I comb the Internet and solicit nursing students in person before and after their classes. Then it is entirely up to me to walk them through the ever-changing and convoluted process of becoming an independent provider."* (Maria Sutter)

## **Exploration 4: Encourage use of Ohio Means Jobs among providers and offer specialized assistance in recruiting direct care workers with an emphasis on outreach to older Ohioans as caregivers.**

In their words:

*"How might Ohio assist this industry to recognize the many ways the public workforce system can assist them, and encourage the industry to utilize their vast resources in partnership with their local boards and OhioMeansJobs Centers?"* (Jennifer Meek Eells)

*"Programs aimed at fostering interest in careers in aging and providing expertise on aging could include developing an age-expertise certificate through Ohio Means Jobs or a process for earning an "age readiness" seal from employers"* (Kate de Medeiros)

## **Exploration 5: Early intervention with programming among high school students with an interest in careers in the direct care profession.**

In their words:

*"Research has found that providing better initial and on-going training improves direct care staff satisfaction and retention across all long-term care settings and services, with providers who spend the most on training experiencing the strongest retention effects."* (Latoya Peterson)

*"Pilot-Collaboration with existing High School pre-nursing programs to address health care shortages.... allow for managed care plans in collaboration with the Ohio Department of Medicaid, the Ohio Department of Aging and the Ohio Department of Education.... students will complete Homemaker Service and Home Health Aid/ Personal Care Aid Training, American Heart Association CPR and First Aid, American Red Cross Disaster Preparedness, State Tested Nursing Assistant Certification, EKG training, and Phlebotomy Certification upon graduation."* (Angela Weaver)

*"One example that could be explored is the use of neighborhood or community navigators, to help acquaint available workforce from disadvantaged neighborhoods/communities with available opportunities within the hospital systems, and the career pathways connected to many entry-level direct care jobs."* (Jennifer Meeks Eells)

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## **Exploration 6: Investment in programs and credentials that offer a training pipeline for direct care professions.**

In their words:

*“Provide reimbursement or tuition assistance to advance in the direct care fields - possibly set up something similar to an Individual Micro-credential Assistance Program (IMAP), where applications could be made at the state-level with participating colleges/universities for tuition assistance in advanced direct care programs and/or credentialing status.” (Jennifer Meeks Eells)*

*“The Ohio Alliance of Direct Support Professionals or OADSP has trialed several credential programs to further professionalize this career path. Programs such as DSPaths utilizes a curriculum based on national best practices to teach, reinforce, and build upon the essential skills needed to become a highly qualified direct support professional. OADSP has also developed a secondary education program known as DSP U. This creative program introduces high school students to the field of developmental disabilities through classroom education and a year-long internship program that culminates with graduates earning a certificate of proficiency in this field.” (Nate Kamban)*

## **Exploration 7: Gather and publish best practices on alleviating the enumerate duties placed on direct care staff and adaption of Self-Directed Waiver to allow for non-care tasks.**

In their words:

*“In Miami County, we believe in the support that this program management position provides to our system, and that there should be more funding available to focus on supporting a program management role within the provider agencies. This helps to take the weight off the DSPs in the home, so they can focus more on just providing the daily individual and personal care tasks in the home and have someone else to manage higher level planning for the individual. To support providers in Miami County, we have adopted Franklin County’s model of Limited Program Specialist (LPS) Funding, which is a locally levy funded initiative to fund providers for these program services.” (Becky Snell)*

*“Providers won’t take referrals for homemaker services because of the low reimbursement rates and are prioritizing care of the person for as many people as possible over care of environment. We propose that the state consider outsourcing services like cleaning or laundry to alternative sources. The housekeeping service can be separate from the homemaker and home care attendant service so that it can be completed by a housekeeping type service agency or individual and not a home health agency.” (Beth Kowalczyk)*

## **Exploration 8: Lead collaborative effort to recommend informal standards or guidelines for scope of duties for direct care professions.**

In their words:

*“The DSP Scope of Practice is expansive. Not only do DSPs perform life-essential tasks for individuals such as lifting or transferring to and from bed, providing personal care, assisting with*

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*restroom tasks, administering medications, they are responsible for all things. By all things, I mean that the DD system has been built services upon the premise that we must be all or provide all things that the individual and/or family wants, desires, needs.” (Becky Sharp)*

## **Exploration 9: Advertising campaign to raise awareness for careers in direct care professions.**

In their words:

*“I think there should be a large amount of advertising. If people regularly saw commercials emphasizing DSPs as a valued Career path it would bring more attention to the crisis going on in our country and hopefully change societies view of the field to a more highly regarded field of work.” (Kim Musgrave)*

*“Our services are tucked away in neighborhood communities (small 4-bed homes), blending in, and disappearing. The State of Ohio must work on an awareness campaign bringing more attention to this field of developmental disabilities and incentivizing applicants to apply.” (Mark Schlater)*

## **Exploration 10 Create tools, content and resources aimed at providing stress relief for caregivers.**

In their words:

*“Create a suite of tools for providers to access online (and agencies to promote) around skills related to financial support and wellness programming, and provide resources to employers to develop or promote programs aimed at supporting employees.” (Joe Russell)*

*“One of the issues that I have seen in many locations is wellness programs are run by individuals who already have full time positions. For example, our HR director is also the chair of the Wellness Committee. This relegates wellness to a lower priority in their workday. One suggestion would be to have one position within an organization which is dedicated solely to the health and wellness of the employees.” (Kathleen Carter)*

## **Exploration 11: Provide training for caregivers and those receiving services on the use of assistive technology.**

In their words:

*“To reach meaningful numbers of family caregivers in geographies across the State, agencies must deploy caregiver-friendly technology to enable timely communication and collaboration between family caregivers and caregiver coaches, and have the capability to deliver coaching remotely. While in-person caregiver support groups and training certainly have their place, the majority of caregivers prefer to receive coaching in their own homes, at times that are convenient to them....” (Susan Gregg)*

*“Mastering digital technology has become a key component of what it means to fully participate in society. If we do not provide technology access and training to older adults, we shut them out from society, worsening an already worrisome trend of isolation and loneliness among the elderly.” (Rochelle Sewer)*

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### **Exploration 12: Initiate assistive technology grant to provide much needed technology for caregivers and those receiving services.**

In their words:

*“Assistive Technology like smart locks and ring doorbells which are good for people with physical disabilities who cannot see through the peephole because it is too high for their wheelchair, and they have trouble with their hands so touching a bottom to lock and unlock the door to their place. The ring doorbell is useful for health and safety because since they cannot see who is at the door having the ring connected to their phone can help them see if it is a Provider or a solicitor. There is also Med Minders that will open the tab when it is time to open and close and have locked other times of the day.”* (Christine Brown)

*“Many providers do not have the resources, infrastructure, or experience with technology to fully embrace a tech-focused service system. Ohio should set up grant programs, training opportunities and SME resources for providers to upgrade and modernize their technological infrastructure to transition to a service system that integrates technology with traditional staffing.”* (Scott Marks)

*“Technology can prevent or reduce injury in professional caregivers. One member received grant funding to equip each of 170 nursing facility rooms with ceiling lifts that enable their nursing facility residents to be moved from bed to chair to bathroom with minimal exertion from the caregiver.”* (Susan Wallace)

### **Exploration 13: Leveraging a portal or application that would allow for monitoring, referral, data gathering of needs, reviews of service providers and matching of clients and staff.**

In their words:

*“We have also suggested that the state create a statewide provider portal to improve referral efficiency and to track data on network/member needs....An exciting innovation created out of necessity, the Council on Aging of Southwestern Ohio’s AddnAide app is a secure digital platform where the employee/provider is matched with an older adult (the employer) who needs in-home care services based on user-created profiles.”* (Beth Kowalczyk)

*“When it comes to personal assistants, voice-activated devices like Alexa are more intuitive for older adults’ use than manual devices like tablets and can be used in a number of health-promoting ways, including daily health screenings, wellness reminders, medication cueing and even prompts for social engagement.”* (Susan Wallace)

### **Exploration 14: Provide childcare vouchers for direct care workers.**

In their words:

*“Any resources, allowances, or incentives that include childcare could make a huge difference in recruiting and retaining workers in the field of health and human services. The dilemma of securing high-quality childcare often results in students dropping out of school or leaving employment that does not assist with childcare obligations or costs.”* (Tim McCarragher)

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*“Ohio should consider what tuition, childcare, transportation, and income replacement support those seeking initial and advanced direct care training will need and include that support in proposed reforms.” (Latoya Peterson)*

*“Staff do not have transportation or childcare so they have to work with each employee intensely and individually to see how they can be supported to get to work, it is very time-consuming work.” (Becky Snell)*

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