

Summary Report: HCBS Direct Service Workforce Intensive

Quality Jobs Equal Quality Care: Building Capacity in the Direct Service Workforce

Overview

The Centers for Medicare & Medicaid Services (CMS) held an interactive conference intensive on the direct service workforce (DSW) on December 3, 2020 from 2:00-6:00 p.m. (ET) at ADvancing States' 2020 Home and Community-Based Services (HCBS) Conference. The title of the intensive was *Quality Jobs Equal Quality Care: Building Capacity in the Direct Service Workforce*. Participants collaborated, generated new ideas, and showcased best practices related to the DSW. In total, there were 228 participants. The DSW intensive focused on three key topics:

1. Person-Centered Practice: Delivering Quality Supports People Want
2. Coordinating Care across Systems and Settings
3. Professional Development: Building Competencies

Following a brief presentation of each topic, DSW intensive participants discussed challenges, approaches, and promising practices related to each topic in small groups of 8-10 people. This document provides a brief overview of the topics, links to relevant resources, and information on the panelists and speakers. The information provided by participants will be discussed at a DSW webinar planned for April 28, 2021. This webinar will include a more detailed look at themes, takeaways, and promising practices gathered during the DSW intensive.

Introduction: Environment and Trends

Speaker:

- Amy Hewitt, Director, Institute on Community Integration, University of Minnesota

Overview of Session Content:

Service Sectors and Roles

Direct service workers provide essential and fundamental support including, but not limited to, personal care activities, relationship building, companionship, and development of independent living skills. There are three identified sectors in which direct service workers commonly operate:

- Aging and Physical Disabilities
- Behavioral Health (BH)
- Intellectual and Developmental Disabilities (I/DD)

Data and Demographics

While data are inconsistently reported across sectors, some national estimates of employment and wages are available through the Occupational Employment Statistics (OES) program. The DSW is made up predominantly of women ages 30-49 and women of color. Immigrant women and immigrant women of color are overrepresented in the DSW when compared to their percentages in the general population. Direct service workers are frequently paid low wages, and nearly 50 percent rely on at least one form of public assistance.

Resources Shared during the Conference Intensive

- About the OES program, visit: <https://www.bls.gov/oes/home.htm>
- About earnings, visit <https://iwpr.org/iwpr-issues/employment-and-earnings/the-future-of-care-work-improving-the-quality-of-americas-fastest-growing-jobs/> and <https://phinational.org/policy-research/workforce-data-center/>
- About person-centered approaches, visit: <http://www.advancingstates.org/sites/nasoad/files/CMS-Person-Centered%20Planning.pdf>
- About self-direction, visit: <https://www.medicaid.gov/medicaid/long-term-services-supports/self-directed-services/index.html>
- About increasing demand for direct service workers, visit: <https://phinational.org/news/new-research-7-8-million-direct-care-jobs-will-need-to-be-filled-by-2026/>
- About value-based purchasing of services, visit: <https://www.medicaid.gov/resources-for-states/mac-learning-collaboratives/value-based-purchasing/index.html>
- About Medicaid managed care, visit: <https://www.medicaid.gov/medicaid/managed-care/index.html>

Topic 1: Person-Centered Practice – Delivering Quality Supports People Want

Speaker:

- Sheli Reynolds, Associate Director, Institute for Human Development, University of Missouri Kansas City

Overview of Session Content:

A Statewide Person-Centered Long-Term Services and Supports (LTSS) System

Person-centered practices include person-centered thinking as a philosophy, approach, and training that teaches a set of skills and tools to help direct service workers as they support people to achieve their outcomes. The philosophy of person-centeredness recognizes that people who use services are the experts on their lives and are integral to informing system reform. However, the wide

variation in services, eligibility, state rules, payers, and delivery systems in HCBS creates challenges in implementing person-centered practices.

One promising approach includes developing person-centered practices that are scaled and consistent across systems; some examples of this include Charting the LifeCourse or the Learning Community under the District of Columbia’s No Wrong Door initiative. Another promising practice is to engage individuals receiving HCBS and direct service workers in reform efforts. The Massachusetts demonstration under the Medicare-Medicaid Financial Alignment Initiative, One Care, serves as an example of this; the One Care Council aims to have at least half of its members be consumers of its services.

Resources Shared during the Conference Intensive

- About person-centered practices, visit: <https://www.medicaid.gov/sites/default/files/2019-12/steps-creating-a-person-centered-planning-system.pdf>
- About Charting the LifeCourse, visit: <https://www.lifecoursetools.com/lifecourse-library/lifecourse-framework/>
- About the District of Columbia’s No Wrong Door initiative, visit: <https://dds.dc.gov/sites/default/files/dc/sites/dds/publication/attachments/No%20Wrong%20Door%20March%20Newsletter.pdf>
- About the Massachusetts One Care Implementation Council, visit: <https://www.mass.gov/service-details/one-care-implementation-council>

The Role of Direct Service Workers in Person-Centered Practices

Direct service workers need a diverse skillset, designated supports, and trainings to help individuals advocate for themselves and ensure the implementation of an individual’s person-centered plan. In developing policies and regulations around training requirements for direct service workers, it may be conducive for state agencies to consider using core competencies from CMS and the National Alliance for Direct Support Professionals (NADSP) as a foundation.

States can support direct service workers in facilitating meaningful relationships and building social capital so that people using services are fully included in the communities of their choice. The Institute on Community Integration at the University of Minnesota is an example of an entity working to improve policies and offers training to agencies to support this inclusion.

Resources Shared during the Conference Intensive

- About the CMS core competencies, visit: <https://www.medicaid.gov/sites/default/files/2019-12/dsw-core-competencies-final-set-2014.pdf>
- About the NADSP core competencies, visit: <https://nadsp.org/15-competency-areas/>
- About the Institute on Community Integration, visit: <https://ici.umn.edu/education-and-training>

Topic 2: Coordinating Care across Systems and Settings

Speaker:

- Erika Robbins, Vice President, The Lewin Group

Overview of Session Content:

The shift to expand access to HCBS combined with a lack of career paths, low pay, and benefits, contributes to the direct service worker shortage. This shortage results in decreased quality of care, higher costs for providers, and increased incidences of preventable injuries.

Resources Shared during the Conference Intensive

- About the challenges facing the DSW, visit: https://nyalliance.org/images/downloads/lmillsvbp_in_mltss_for_ppl_with_idd_lmills_ny_11_30_18.pdf

Value-Based Payment (VBP) Models

VBP is one way to address the challenges of quality, direct service worker retention, and preventable injuries. Tying payment to outcomes encourages providers to increase quality of services, but instituting VBP is not without challenges, including risk adjustment, collaboration with providers, data collection, and performance measurement.

States can incorporate workforce quality measures in their contracting and quality measurement processes. Such quality measures can be found in Tennessee's Quality Improvement in LTSS (QuILTSS) program and Texas' pay-for-performance bonuses to managed care organizations (MCO). States can also support providers as they shift to VBP. Examples of provider support include cross-sector partnerships, such as the Maine Commission to Study Long-term Care Workforce Issues, and matching registries to connect people seeking direct support with direct service workers seeking employment. The Paraprofessional Health Institute (PHI) maintains a list of matching service registries by state and function.

Resources Shared during the Conference Intensive

- About Texas' pay-for-performance model, visit: <https://hhs.texas.gov/about-hhs/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/pay-quality-p4q-program>
- About Tennessee's QuILTSS program, visit: <https://quiltss.org/>
- About the Maine Commission to Study Long-term Care Workforce Issues, visit: <https://legislature.maine.gov/doc/3852>
- About PHI's list of matching service registries, visit: <https://phinational.org/advocacy/matching-service-registries/>

Managed Long-Term Services and Supports (MLTSS)

As of 2020, 25 states have implemented MLTSS programs. Despite the promise of MLTSS, recruitment and retention remain a challenge under managed care. Including recruitment and retention measures as well as expectations for professionalization of the DSW in MLTSS contracts may be one way to address this challenge. States can also require strategies for recruitment and retention, including training and credentialing, as part of provider contracting; Tennessee's TennCare and Pennsylvania's HealthChoices have such requirements for providers.

Resources Shared during the Conference Intensive

- About wage benchmarks, visit: https://www.health.ny.gov/health_care/medicaid/redesign/mrt_61.htm
- About TennCare, visit: <https://www.tn.gov/tenncare.html>
- About HealthChoices, visit: <http://www.healthchoices.pa.gov/info/about/community/>

Topic 3: Professional Development – Building Competencies

Speaker:

- Barbara Kleist, Program Manager, Institute on Community Integration, University of Minnesota

Overview of Session Content:

Career Ladders

Currently, there are limited opportunities for direct service workers to advance their careers as part of the DSW. There are limited opportunities for role advancement into supervisory positions, and few systemic incentives built into existing career paths. The majority of opportunities that do exist move direct service workers from direct support to mid-manager supervisory roles, often with more administrative responsibilities and less engagement with people who use services. However, apprenticeships, certificates, and advanced degree programs provide opportunities for career growth.

States can institute credentialing initiatives to increase career ladder opportunities. Washington state offers expedited nursing assistant training for certified personal care aides (PCA), and NADSP provides nationally recognized credentials. A state-based credentialing pilot can be found in Maine, and the Federal Department of Labor (DOL) apprenticeship programs require wage increases upon completion of their program.

Resources Shared during the Conference Intensive

- About Washington's expedited training, visit: https://phinational.org/wp-content/uploads/2017/11/wa_case_study_pca_training_standards_2017.pdf
- About NADSP's credentials, visit: <https://nadsp.org/e-badges/>

- About Maine’s credentialing pilot, visit: <http://mainedirectserviceworker.org/>
- About the DOL’s apprenticeship programs, visit: <https://aspe.hhs.gov/execsum/characteristics-long-term-care-registered-apprenticeship-programs-implications-evaluation-design>

Training

Training for direct service workers is frequently hours-based instead of competency-based. A regulatory-driven culture of training may hinder opportunities for providing individualized and person-centered supports. Alternatively, state agencies can create training programs that target specific competencies and are flexible enough to allow people receiving services to tailor training content to their unique preferences and needs.

Some states may want to consider strengthening training requirements. Examples include Washington’s ballot initiative on increased PCA training standards. States can also combine competency-based training with VBP and MLTSS; for example, Tennessee’s TennCare program requires contractors to develop strategies for recruitment and retention. Another promising practice is to support onboarding training and continuing professional development for direct service workers. The Direct Support Professional (DSP) Academy in the District of Columbia provides no-cost DSP training and certification for youth and young adults with disabilities. Wisconsin’s WisCaregiver Careers provides training, certification, and a retention bonus for prospective certified nursing assistant candidates. States can also provide support for and access to national platforms such as the College of Direct Support.

Resources Shared during the Conference Intensive

- About Washington’s PCA training ballot initiative, visit: https://phinational.org/wp-content/uploads/2017/11/wa_case_study_pca_training_standards_2017.pdf
- About TennCare, visit: <https://www.tn.gov/content/dam/tn/tenncare/documents/MCOStatewideContract.pdf>
- About the DSP Academy, visit: <https://rcmofwashington.com/training-and-consulting/new-dsp-academy/>
- About WisCaregiver Careers, visit: <https://www.dhs.wisconsin.gov/caregiver-career/cna.htm>
- About the College of Direct Support, visit: <https://www.directcourseonline.com/>

Next Steps

Post-Conference DSW Webinar:

On April 28, 2021, there will be a follow-up webinar to share findings from the small group discussions at the conference intensive and discuss prioritizing recommendations. If you are interested in more information about this event, please email HCBS-learning@lewin.com.

DSW Learning Collaborative:

The CMS will be extending invitations to all state Medicaid agencies to participate in a learning collaborative that will facilitate the development and expansion of innovative strategies for strengthening the DSW and addressing specific challenges related to the DSW. The learning collaborative will be conducted between May and December 2021. For more information, please email HCBS-learning@lewin.com.

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