



Member Forum

June 24, 2022

Welcome

- Debbie Bennett, President & CEO, Hillcroft Services, Inc.

Today's Agenda

- FSSA Direct Service Worker Initiative
 - Peggy Welch, FSSA Chief Advocacy Officer
 - Courtney Medlock, Assistant Director of Policy & Strategy, Bowen Center for Health Workforce Research and Policy
 - Hannah Maxey, Director, Bowen Center for Health Workforce Research and Policy
- Industry Update - John Barth, Brian Carnes, and Courtney Scott, INARF

Professional Interest Section Meetings / Professional Development:

- June 29 - DSP Series Webinar: Friends or Friendly: A Deep Dive into a Difficult Topic
- July 21 - Community Supports (10 AM-Noon) / Employment Supports (12:30-2:30 PM)
- July 26 & 29 - Person-Centered Individualized Support Plan Facilitator Training
- August 11 - Financial Management (10 AM-Noon) / Human Resources (12:30-2:30 PM)
- August 18 - Child and Family Services (10 AM-Noon)
- August 30 - Professional Development Opportunity: Balancing the Work-Life Equation

Upcoming Member Forum and Board of Directors Meetings:

- July 22 - Member Forum and Board of Directors Meeting
- August 26 - Member Forum and Board of Directors Meeting



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www.inarf.org/2022_annual_conference.html



Direct Service Worker Initiative

Peggy Welch, Chief Advocacy Officer, FSSA

Courtney Medlock, Assistant Director of Policy and Strategy, & Hannah Maxey, Director, Bowen Center for Health Workforce Research and Policy



Information Session

Indiana Direct Service Workforce Plan



SCHOOL OF MEDICINE
BOWEN CENTER FOR HEALTH
WORKFORCE RESEARCH & POLICY



Overview of Project Timeline

CY 2022

January February March April May June July August September

Defining the Workforce

Key informant interviews (DDRS, DOA, DMHA, IDOH)

Prepare/Deliver Synthesis

Regulatory Review

Researching State/Admin Code and Provider Modules

Supply & Demand Assessment

Identifying/requesting/obtaining existing data sources

Prepare assessment and analyze data

Prepare/Deliver Synthesis

Strategies

FSSA Review of Initial List

Ongoing Review

Stakeholder Listening Sessions

Strategy Refinement and Work Plan Development

(Tentative) Roll-out

Strategies

Recruitment

Training & Regulation

Wages & Benefits

Retention & Career Development

Workforce Data & Tracking

Social & Other Supports

1. Public marketing campaign
2. Virtual information hub for DSWs
3. DSW Career Pathways in Indiana High Schools
4. Registered Apprenticeships for Home Health Aides

5. Implement a standardized definition for direct service workers across agencies/divisions and payer programs.
6. Determine a standardized state minimum training for DSWs in alignment with services or populations.
7. Determine appropriate DSW regulatory structure and entry requirements

8. One-time ARPA Bonus payments to DSWs
9. Routine payments to DSWs – State flexibility on implementation (reward for quality, seniority, etc.)
10. Tiered payment for DSWs

11. Support LTSS sector retention through development of a micro-credential pathway within DSW workforce
12. Work with community colleges to develop macro-credential pathways for DSWs to other roles

13. Capture workforce characteristics during renewal for existing and any newly regulated DSW occupations
14. Enhanced individual-level data: Expand EVV Reporting
15. Require provider-level reporting to include key DSW characteristics
16. Longitudinal tracking: Develop strategy to assess and evaluate DSW trends

17. Transportation Reimbursement for DSWs
18. Specialized DSW “Social and Workforce Services Navigator” Role
19. DSW Information Guides & Resources

Strategies: The Six Buckets



- **Perceived Challenge:**
 - Not enough DSWs to serve clients
 - Lack of awareness of DSW as a career
 - Missed opportunities to recruit certain populations due to lack of accessible programming (high school students, adult learners, etc.)
- **Goal of these strategies:**
 - To ensure sufficient DSWs capacity in Indiana





Strategies: Recruitment

Strategy:	Public marketing campaign	Virtual DSW Hub	Strengthen DSW Pipeline programming	Explore expansion of Earn and Learn Models
What	<p>Marketing campaigns share information regarding a certain topic, such as the recent campaign related to COVID-19 or promoting tourism.</p> <p>May include storytelling and information on what DSWs do and the perceived benefits from both DSWs, clients, and families.</p>	<p>A website to organize and facilitate the sharing of information related to the DSWs.</p> <p>May include training information, links/connections to resources, job postings, etc.</p>	<p>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.</p>	<p>Earn and learn opportunities are where people are employed while completing training.</p> <p>Such programs remove or reduce training costs as a barrier to employment.</p> <p>Examples: Registered Apprenticeship for Home Health Aides and state earn and learn programs)</p>
Why	<p>Increase awareness of DSW careers and enhance recognition of the importance of DSW contributions</p> <p>To promote recruitment into DSW roles</p>	<p>No such platform exists for DSW.</p> <p>Centralized platform to support information sharing and providing resources for current or prospective DSWs.</p>	<p>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.</p>	<p>Provides paid training opportunities for prospective DSWs and support transition into jobs post-training.</p> <p>Registered apprenticeship programming is available through the federal Department of Labor.</p>
Who	All DSWs	All DSWs	All DSWs	DSWs and HHA

Strategies: The Six Buckets



- **Perceived Challenge:**
 - "What workers are we talking about?"
 - Varying training requirements across roles
- **Goal of these Strategies:**
 - To ensure quality of the workforce
 - Enhance DSW skills portability and career mobility



Strategies: Training & Regulation

Strategy:	Standardized definition for DSWs across agencies/divisions and payer programs	Determine state DSW training requirements	Consider developing and maintaining a DSW registry and associated regulatory provisions
What	<p>Indiana DSWs operate under a variety of titles, provide numerous types of services, and have inconsistent training requirements across roles, employers, payers, and settings.</p> <p>Some states have clearly defined DSWs.</p>	<p>Currently, there are inconsistencies of references, training, and services provided by DSWs across agencies/divisions, payers, and settings.</p> <p>Some states have created and adopted state minimum training standards for direct service roles.</p>	<p>Indiana Certified Nurse Aides (inc. Qualified Medication Aides) and Home Health Aides currently have a clear regulatory structure, formalized entry requirements, and registry requirements, but such provisions do not exist for other DSWs.</p> <p>Some states have DSW registries and associated regulatory provisions.</p>
Why	<p>The lack of clarity around who the direct service workforce is results in:</p> <ul style="list-style-type: none"> • inconsistencies in training and services across programs • threatens mobility of the workforce, and • may make it challenging for self-directed individuals to identify qualified DSW 	<p>Training standards would support DSWs to provide necessary services and encourages a quality standard for services provided.</p> <p>Consistent training requirements align with portability of skills between employers and consumer.</p>	<p>There is a lack of clarity of regulation and minimum entry requirements of DSWs across agencies and wavier types.</p> <p>Creating foundational structure and requirements would help add clarity to the DSW and support advancement of DSWs into micro- or macro-credentials (if desired).</p>
Who	To be determined, likely will not include HHA and CNA	All DSWs (this currently exists for HHA already and is being worked on through IDOH to create state testing strategies)	All DSWs (this currently exists for CNA, QMA, HHA)



Strategies: The Six Buckets



- **Perceived Problems:**
 - Relatively low wage
 - Competition from higher paying jobs in other sectors
- **Goal of these Strategies:**
 - Enhance DSW wages and benefits

Strategies: Wages & Benefits



Strategy:	One-time ARPA Bonus payments to DSWs ✓	Routine payments to DSWs – State flexibility on implementation (reward for quality, seniority, etc.)	Tiered payment for DSWs
What	<p>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.</p> <p>Funding provided by the American Rescue Plan Act provided states with an opportunity for additional financial resources that could be flexibly used to support workforce strategies.</p>	<p>DSWs generally experience low wages as compared to other occupations with comparable training in the health sector and other sectors.</p> <p>Many states have sought strategies to address DSW wage issues through providing payments to be distributed to the workforce.</p>	<p>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).</p> <p>Such structuring may be referred to as “reimbursement tiers” which align rates with credentials or provider types through variations in provider fee schedules.</p>
Why	<p>One-time bonus payments can be used as short-term strategies to address recruitment and retention through supplemental wage and bonuses.</p>	<p>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).</p> <p>State Medicaid entities may provide a unique opportunity to direct funding to direct service worker wages and benefits using wage pass-through strategies.</p>	<p>DSW wage should be commensurate with training completion and level of services provided.</p> <p>Fee schedules or other payment modalities could be explored to identify opportunities for the State to support training and higher quality care.</p>
Who	All DSWs	All DSWs	All DSWs

Strategies: The Six Buckets



- **Perceived problems:**
 - Lack of development opportunities threatens DSW retention and growth
- **Goal of these strategies:**
 - Enhancing DSW retention through development

Strategies: Retention & Career Development



Strategy:	Micro-credential pathway within DSW workforce	Macro-credential pathways for DSWs to other roles
<p>What</p>	<p>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.</p> <p>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 share emerging best practices.</p>	<p>Macro-credentials are stackable training, credits, or certificates that are considered large “rungs” on a career ladder that are tied to an industry-recognized degree or credential.</p> <p>An example of macro-credentials for DSWs would be DSW → LPN → RN (Associate) → RN (Bachelor).</p>
<p>Why</p>	<p>The use of micro-credentials ensures DSWs have access to job-relevant training and provides an opportunity to grow within their field.</p> <p>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.</p>	<p>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.</p>
<p>Who</p>	<p>All DSWs (this currently exists for HHA)</p>	<p>All DSWs</p>



Promising Practices: The Six Buckets

- **Perceived problem:**
 - Limited ability to identify and/or monitor DSWs providing services to clients in home- and community-based settings
- **Goal of strategies:**
 - To ensure information is available on DSWs to
 - Support state workforce planning
 - Support employer/providers/consumer-employers in verifying credentials
 - Supporting consumer-directed workforce strategies



Strategies: Workforce Data & Tracking



Strategy:	Capture workforce characteristics during renewal for existing and any newly regulated DSW occupations	Leverage EVV Reporting to Better Understand DSW Services	Enhance provider-level reporting to include key DSW characteristics	Longitudinal DSW tracking built into future LTSS initiatives
What	Data collected from DSWs during registry renewal	<p>Electronic visit verification (EVV) is required for personal care services (and soon, home health services) supported by CMS funding.</p> <p>EVV may be a source of member-level service delivery data. Such information could be used to support DSW quality metrics and interventions.</p>	<p>Provider-level data could include:</p> <ul style="list-style-type: none"> • DSW workforce characteristics • Wage/trends • Benefits • Supply/demand 	A periodic assessment of DSW supply, demand, wage, quality, and satisfaction (and other variables as deemed appropriate)
Why	Without sufficient information on DSWs, it is difficult to monitor workforce capacity and ensure members have sufficient access DSW services	Since only providers are enrolled with Medicaid, there is no mechanism to link members and services to direct service staff. However, recent implementation (and forthcoming expansion) of EVV may enable enhanced reporting/evaluation.	Provider-level reporting would enable the State to monitor workforce measures over time and identify current/emerging DSW workforce issues.	Longitudinal data tracking would enable the State to have the information available to support early and proactive DSW policies and programs
Who	All DSWs, with an initial focus on CNAs, QMAs, and HHAs	All DSWs	All DSWs	All DSWs



Strategies: The Six Buckets

- **Perceived Problem:**
 - DSWs experience barriers to providing transportation services to clients
 - Lack of awareness of social supports and resources available to DSWs and clients.
- **Goal of these strategies:**
 - To develop state programming to address social or occupational needs identified by the DSW
 - To support DSWs in order to fulfill job requirements



Strategies: Social & Other Supports



Strategy:	Transportation funding for DSWs	Specialized DSW “Social and Workforce Services Navigator” Role	DSW Information Guides & Resources
What	<p>Providing grants to alleviate transportation costs incurred by DSWs to provide transportation services to clients</p> <ul style="list-style-type: none"> Ex: Reimbursement of gas or mileage, taxi or shared ride fees, etc. 	<p>FSSA to staff a “Social and Workforce Services Navigator” role</p>	<p>Series of resources available on the DSW Hub</p> <ul style="list-style-type: none"> Ex: Social services, career services, ADA claim, Workers’ compensation, EVV guidance, Unemployment, Reporting Medicaid/care fraud, Reporting abuse, etc.
Why	<p>Rising gas and transportation costs may result in limited transportation services for clients</p> <p>Rural clients may experience more barriers than urban clients (with public transportation options)</p>	<p>To advise and assist DSWs in accessing workforce programs and apply for other social benefits and services.</p> <p>This role could also provide guidance to clients’ eligibility/services</p>	<p>Information currently exists in several different places and is difficult to find</p>
Who	All DSWs	All DSWs	All DSWs

Next Steps and Questions

Future Stakeholder Engagement

- July 26th DSW Strategy Session
- Post-July 26th: Continued stakeholder engagement during work plan development



*“The Academy is INARF’s commitment to, and investment in, **the development of leaders with high potential to positively impact industry growth and success.**”*

The INARF Leadership Academy – Class of 2022 attendees were selected by the INARF Leadership Skill-Building Workgroup from a pool of highly qualified and interested applicants advanced by their employers, INARF Member organizations who provide services to Hoosiers with intellectual and developmental disabilities”.





Pictured (L to R): Jacob Goldstein, Buffy Fredriksz, Kristyn Greenawald, Greg Jones, Kayle Sexton Leonard, Rachel Stevenson, Amy Jones, Jodi Neighbors, Elizabeth Malaterre, Victoria Parrett, Carissa Bickel, Hailey Matrone, Michelle Ringstrom, Tim White, Crystal Slabaugh, Ron dela Cruz, Krystal Coleman, and Michael Shepherd.

Not pictured: Andrea Arthur and Stacey Thomas



Leadership Academy - Class of 2022 Graduates

Andrea Arthur
Carissa Bickel
Krystal Coleman
Ronald (Ron) dela Cruz
Buffy Fredriksz
Jacob Goldstein
Kristyn Greenawald
Greg Jones
Amy Jones
Elizabeth Malaterre
Hailey Matrone
Jodi Neighbors
Victoria Parrett
Michelle Ringstrom
Kayle Sexton Leonard
Michael Shepherd
Crystal Slabaugh
Rachel Stevenson
Stacey Thomas
Tim White

Assistant Director
Associate Director of Employment Services
Community Services Region Director
Regional Associate Director of Supported Living Program
NEWS Program Manager
Assistant Vice President
Manager of Camps, Respite and School-Based Services
Practice Manager
Director of Community Connections
Director of Finance
Human Resources Manager
Director of Waiver Services
Community Living Manager
Program Manager
Senior Director of Family & Community Supports, Studios, & Wellness
Executive Director
HR Specialist
Assistant Executive Director
QDDP
Vice President of Client Services

IPMG, Inc.
Corvillia, Inc.
Southern IN Resource Solutions, Inc.
Stone Belt Arc, Inc.
Noble
Meridian Health Services
Easterseals Crossroads
Meridian Health Services
New Horizons Rehabilitation, Inc.
insights
LEL Home Services, LLC
The Arc Southwest Indiana
Cardinal Services, Inc.
Care Management Division, IPMG, Inc.
LOGAN Community Resources, Inc.
ResCare, Inc.
ADEC, Inc.
Putnam County Comprehensive Services
Marshall-Starke Development Center, Inc.
Janus Developmental Services, Inc.

- **My experience ...**

“I believe excellent thought and planning went into the selection of speakers.”

“I am very grateful for the opportunity to participate and for the many hours of planning that has been put into it. All have gone above and beyond!”

“Overall, this entire program was great, and I learned a lot to personally reflect on and bring back to my team.”

“Every presentation was well structured and relevant to our chosen career paths.”

“I am impressed with the organization and thought put into the INARF Leadership Academy Classes. I like the 2-day class sessions spread throughout 4 months. I felt that I was given a lot of valuable information and having 2-day sessions gives me the time I need in between to digest and even implement the ideas presented.”

“I thought the experience was amazing! Thank you!”

- 4 Classes, totaling 89 Individuals, have Graduated, incl 20 Graduates Today
- **4.34** Average Academy Curriculum Satisfaction (1-5 Scale)
- 57% of INARF Members have One or More Graduates
- Of the Class of 2019, 2020, and 2021 Graduates:
 - 81%* Remain Employed in the Industry
 - 35% Have Received a Promotion

* of respondents received

~ Save-the Date ~

Class of 2023 - Call for Applications: October 19, 2022



Industry Update

John Barth, Brian Carnes, and Courtney Scott, INARF

INARF attended the opening of Corvilla Furnishings and spent time with Lt. Governor Crouch



INARF staff and board members attended the Meridian Health Services Rialzo event and had the opportunity to catch up with Governor Holcomb.





INARF staff presented at the Putnam County Comprehensive Services Senior Leadership Retreat, along with DDRS Director Kelly Mitchell.

CMS Extends ARPA Spending Deadline to March 31, 2025:

- CMS extended the ARPA plan spending period by one year, to March 31st, 2025. The intention is “to strengthen the health care workforce, help people receive care in the setting of their choice, and reduce unnecessary reliance on institutional care.”
- In a State Medicaid Director letter, CMS announced the one-year extension providing states an additional year to spend the 10% FMAP increase available for HCBS expenditures.
- CMS also updated that states are only required to submit an HCBS spending narrative semiannually (every other quarter), rather than quarterly.
- Further in its rationale for the extension, CMS stated that it "recognizes that the complexity of federal and state mechanisms to award funding made available under section 9817 of the ARP have made it difficult for states to implement approved activities in HCBS spending plans in order to expend state funds timely."

Innovation Grants Details Released:

- Grants are aimed at HCBS waiver services providers, non-provider community entities, self-advocates and families
- Focus is on exploring new means to support and address areas of outstanding need among Hoosiers receiving services from the Bureau of Developmental Disabilities Services.
- Kelly Mitchell Described these grants as “projects you always wanted to do but couldn’t” due to resource constraints.
- Funding available: Up to \$50,000 for Phase 1 (Development of comprehensive proposal); Phase 2 grants will be awarded dependent upon project need and scope
 - Phase 1 Application Period: June 17, 2022- Sept. 30, 2022
 - Phase 2 Application Period: July 15, 2022- Dec. 31, 2022
 - Innovation Pilot Projects can run from July 15, 2022- March 31, 2024
 - [Innovation Pilot Project Guide is here.](#)

Open Future Learning and Direct Support Staff Stipend Opportunity:

- BDDS introduced new opportunity for HCBS waiver providers and their DSPs via the Open Future Learning platform
- This opportunity offers DSPs access to online training on relevant training topics, that also embeds philosophies and concepts to support person-centered services and integration strategies
- BDDS currently could offer subscriptions and DSP stipends to interested providers at no cost, through March 2024, or until all available subscriptions have been granted.
- To participate, providers must complete information via a [registration](#) process, where the applicant must commit to the following:
 - Each DSP will complete a minimum of three modules
 - Each DSP will complete a Reflective Action Plan after completion of the modules and answer 7-10 questions about how they will apply the knowledge they learned
 - Adequate management-level support, involving meeting with the DSP on a regular basis (at least monthly) and reviewing the completed Reflective Action Plan

1102 Subcommittee Structure and Charge

The 1102 Task Force has been charged, through HEA 1075, to make recommendations by September 1, 2022, to the legislative council as:

DSP Curriculum and Training

- Establishment of a statewide training curriculum for individuals who provide services to individuals with I/DD
- Feasibility of establishing training certification;
- Establishment of a statewide training registry;
- Feasibility of a pilot project to implement any recommendations made

Waiver Trends and Support

- Current trends related to health and safety requests for the community integration habilitation Medicaid waiver or any other service; and
- The feasibility of the division establishing a pilot program to create special service review teams to assist families or individuals in a crisis situation to identify available resources and sources of assistance

Incident Report

- Creation of a report to be distributed by BDDS to each authorized service provider; and
- To provide to the authorized service provider the name of each direct support professional who has been the subject of a substantiated incident report

1102 Subcommittee Structure and Charge

The 1102 Task Force has been charged, through HEA 1075, to make recommendations by September 1, 2022, to the legislative council as:

- The committees are to be comprised of individuals, family members, association members, elected officials, state employees, providers, and other external stakeholders who have lived experience and/or knowledge in the topic area.
- Committee chairs and facilitators have been assigned by the Division of Disability and Rehabilitative Services to provide support and leadership. A member of the Task Force will participate on each committee.
- Committees are scheduling next meetings to further discussion on their respective topics. Committees are expected to submit their recommendations by August 16, 2022.

Update to QSO-22-17-ALL: <https://www.cms.gov/files/document/qso-22-17-all.pdf>

CMS Guidance

- Survey oversight of the staff vaccination requirement for Medicare and Medicaid certified providers and suppliers will continue to be performed during initial and recertification surveys but will now only be performed in response to complaints alleging non-compliance with this requirement, not all surveys. Under prior guidance, all surveys included oversight of the staff vaccination requirement.
- CMS will revise QSO 22-11 to ensure deficiency determinations reflect good faith efforts implemented by providers and suppliers and incorporate harm or potential harm to patients and residents resulting from any non-compliance.

State Response

- Initial Certification: Yes
- Recertification: Yes
- Revisit: only if vaccination was part of the prior survey for which issues related to vaccinations.
- Complaint: Only if the complaint is an allegation that the vaccination requirement(s) are not being met by the facility.

- Communities for individuals with IDD, either with homes to buy or apartments to rent.
- The goal of these communities is to provide safe and accessible housing and create an environment with educational and enrichment programs and social opportunities for residents.
- Not designed for 24/7 supervision by support professionals.
- We are looking at communities in Whitestown, IN, Phoenix, AZ, and Jacksonville, FL.

INARF PAC Lifetime Achievement Award



John Barth presented the INARF PAC
Lifetime Achievement Award to
Chairman Tim Brown.



Thank You to our PAC Contributors!

Rick Adams
John Barth
Debbie Bennett
Patrick Cockrum
David Dreith
Nanette Hagedorn
Matt Harrington
Kelly Hartman
Stan Keepes
Connie Kurtz
Jason Meyer
Chris Nabors
Jodi Neighbors
Georgia Pomrenke

Colleen Renie
Kenneth Rose
Neil Samahon
Kelly Schneider
Melissa Sharp
Jim Sinclair
Katy Stafford-Cunningham
Pam Verbarg
Kelli Waggoner
Grant Waggoner
Melissa Walden
Allison Wharry
Barb Young



INARF PAC

Your contributions to the INARF PAC are a critical part of INARF's legislative advocacy efforts. They are used to support elected officials who serve as champions of the provider community. Please consider supporting the INARF PAC today.



For more information and to contribute, scan the QR code or visit: www.INARF.org/INARF-PAC





Thank you!

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