

Direct Service Workforce Learning Collaborative

Summary Report

Overview

The Centers for Medicare & Medicaid Services (CMS) contracted with The Lewin Group (Lewin) to host a series of events to identify challenges, approaches, and promising practices regarding the direct service workforce (DSW). The first event, *Quality Jobs Equal Quality Care: Building Capacity in the Direct Service Workforce* intensive, was held during the ADvancing States' 2020 Home and Community-Based Services (HCBS) Conference, and focused on three main topics: person-centered practice, coordinating care across systems and settings, and professional development. CMS and Lewin hosted a post-intensive webinar to highlight capacity-building strategies shared by states during the HCBS Conference intensive. Participants shared promising practices to address challenges in the DSW and provided feedback on recommendations and strategies shared during the HCBS Conference intensive.

Building upon the topics and challenges discussed during the intensive and the webinar, CMS developed the DSW Learning Collaborative to facilitate the development, implementation, and expansion of innovative strategies for strengthening the DSW and addressing specific challenges related to the DSW among state Medicaid agencies. With the support of subject matter experts (SME) and other stakeholders, CMS and Lewin hosted a series of eight virtual monthly peer-to-peer learning sessions between May and December 2021, reaching participants from 30 different states. The learning collaborative provided learning opportunities to help state Medicaid agencies and partner agencies address key DSW challenges related to training, capacity and demand, recruitment, retention, coordination with other agencies, workforce safety, and other emerging topics. A summary of the sessions, their speakers, and the states highlighted can be found in [Appendix A](#).

As a result of these events and the input from SMEs, stakeholders, and a Technical Expert Workgroupⁱ (TEW) on the DSW, CMS identified six key areas of focus. For each area of focus, CMS determined common challenges Medicaid agencies face and innovative strategies that states have used to address these challenges. This document summarizes current challenges and strategies for each of the six areas of focus, as well as data on current efforts of states participating in the learning collaborative.

Key Areas of Focus

- Training
- Data Collection
- Diversity and Inclusion
- Wages, Rates, and Payment Models
- Recruitment
- Retention

ⁱ The DSW TEW consisted of representatives from states, federal agencies, and partner organizations with nuanced understandings of state Medicaid agencies' experience and needs related to the DSW. TEW participants provided feedback on the structure, topics, and speakers for the learning collaborative sessions and served as faculty or facilitators for sessions as appropriate. The TEW met six times between November 2020 – February 2022.

Training



Challenges

- Lack of standard training requirements
- Retaining trained staff and training new staff
- Lack of funding for providers and trainers
- Barriers to participation in training (e.g., transportation, language, daycare)
- Lack of incentives for direct service workers to participate in training
- Lack of data collection around training requirements, participation, and outcomes

Strategies

Partner with education programs to create a pipeline into the DSW

- Arizona’s Home Health Aide/Direct Care Worker Training Program is a high school-based program that qualifies graduates to work as direct care workers in Arizona’s networks of long-term care service providers. Like all direct care worker training agencies in Arizona, each of the 20 high schools currently offering the program are approved by the Arizona Health Care Cost Containment System (AHCCCS), Arizona’s state Medicaid agency, in accordance with the standards of the [AHCCCS Contractor Operations Manual 429 Direct Care Worker Training and Testing Program](#), which is the policy governing direct care worker training agencies. Currently there are 20 programs serving approximately 800 students. The program is offered by the Arizona State Department of Education, Career and Technical Education Department as one of its Health Science Technologies Programs. While the Department of Education, AHCCCS, as well as some industry associations and provider organizations, publicize the program, all advertising and student recruitment is done at the local school district level.

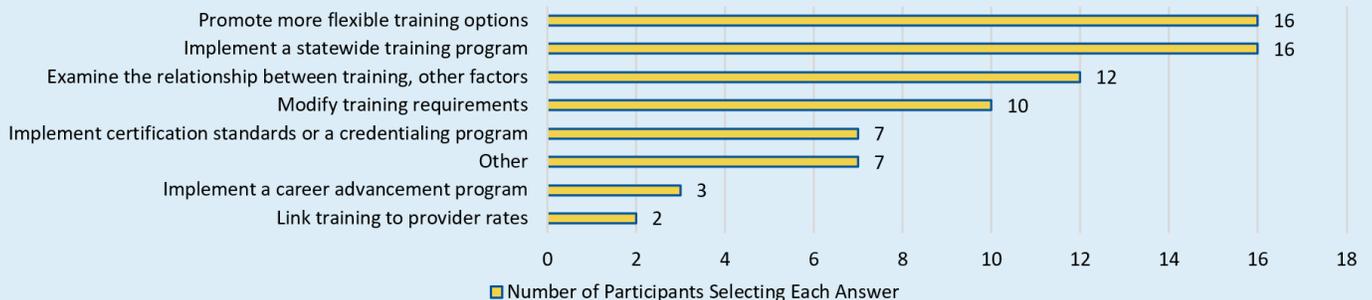
Leverage online trainings as resources

- Minnesota’s [Community First Services and Supports Training](#), formerly known as Personal Care Assistance Training, is a free online training for direct service workers that includes a competency assessment. The state partners with the University of Minnesota and Elsevier to offer this training for the DSW through the DirectCourse platform. There is also training in this platform that, when completed by workers in consumer directed programs, qualifies them for a higher rate of pay.

Allow for flexibility in approaches to training for direct service workers

- Washington offers flexibility in [training requirements](#) for individuals providing HCBS. This is a portable credential that is required in community residential and in-home settings. The only portion of training that must be completed prior to beginning work is a 5-hour safety and orientation course. The remainder of the training must be completed within the first 120 days of work. Earning 12 continuing education credits is required every year following the year in which basic/core training was completed. While the training does not vary by funding source, program, or setting, the training does vary by the relationship of the caregiver to the person served in the self-directed arrangement. Additionally, the training requirement varies if the caregiver has a credential that waives the certification requirement. Currently, individuals with the following certifications are exempt from the 75-hour training and Home Care Aide (HCA) certification requirements: Registered Nurses, Licensed Practical Nurses, Certified Nursing Assistants, nurse technicians, and advanced registered nurse practitioners. [Washington Administrative Code 388-112A-0090](#) details the full list of workers who are exempt from the HCA certification and 75-hour training requirement.

What strategies related to training have you tried in your state?



Data Collection



Challenges

- Lack of direct communication or registry to interface with direct service workers
- Lack of data coordination across agencies
- Lack of provider engagement to collect and share data

Strategies

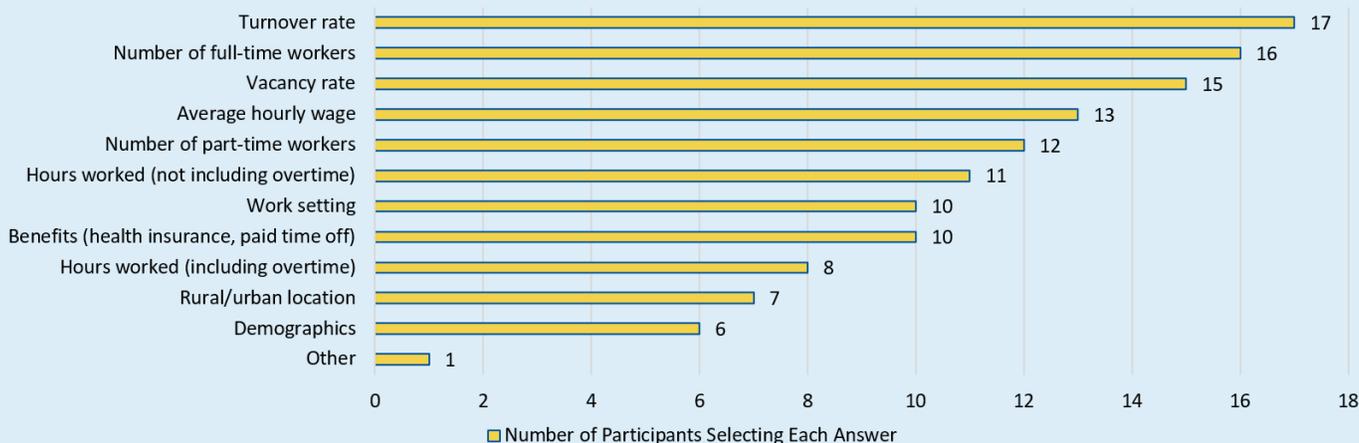
Create data collection mandates and agreements

- In 2017, the Minnesota legislature passed a statute requiring all providers (about 2,300 providers) paid through the Disability Waiver Rates System to report cost and workforce data.¹ Data that providers are required to collect include wage, benefits, and payroll tax information for administrative and direct service workers; facilities costs such as building and maintenance; transportation costs; and administrative costs.¹ The reporting process began in 2021 and will continue on a five-year cycle.² Collecting this data helps policy makers make adjustments to the rate setting system and provides Minnesota with insights on wages for direct service workers and other administrative staff.¹ Between 2018 – 2021, Minnesota also piloted and implemented annual labor market statutory reporting requirements through a survey of nearly all HCBS providers (roughly 10,000 providers), allowing the state to compare wages, benefits, retention, and vacancy rates across provider and payment types.¹ These cost reporting and labor market reporting requirements inform conversations with partners and policy makers such as the Minnesota Olmstead subcommittee and the Direct Care Workforce Shortage Cross Agency Steering Team.³ In Spring 2022, the Minnesota Department of Human Services submitted the results of their first two reports to the Minnesota Legislature. These reports are available at the following links: [DHS-8003A-ENG \(Disability Services Division Legislative Report: HCBS Labor Market Reporting 2022\)](#); [DHS-8224-ENG \(Disability Services Division Legislative Report: Disability Waiver Rate System and Cost Reporting, April 2022\)](#).
- Massachusetts developed a [directory](#) for personal care attendants. Access to the directory is provided free of charge to people with disabilities who qualify for the MassHealth (Medicaid) Personal Care Attendant program. The directory helps people to identify personal care attendants based on a series of employment questions, such as experience, availability, and access to a car.

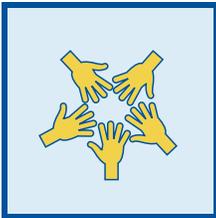
Leverage existing data sources

- The National Core Indicators (NCI) [Staff Stability Survey](#) is an effort to supply individual states with ongoing and dependable data. The results of these yearly surveys are publicly available dating back to 2014. Looking at trends in workforce stability over time can illustrate whether investments that the state government makes in the DSW are producing desired results.
- PHI houses a publicly available [Workforce Data Center](#) on its website. The data center shares both national and individual state data collections on many topics, including the number of direct service workers by parental status, educational attainment, and citizenship.

What metrics on the workforce does your agency regularly track?



Diversity and Inclusion



Challenges

- Language barriers between workers, providers, and people using services
- Lack of data around diversity and inclusion
- Lack of strategic activities and vision regarding diversity and inclusion

Strategies

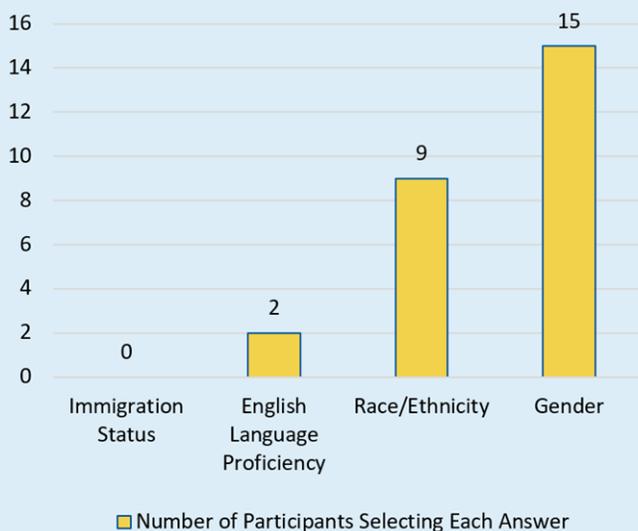
Establish workgroups to address challenges related to diversity, equity, and inclusion in the DSW

- In 2017, Minnesota’s [Olmstead Subcabinet](#) asked the Department of Human Services and Department of Employment and Economic Development to convene a [multiagency working group](#) with the intention to “expand, diversify, improve, and retain direct care workers.”³ The workgroup is called the Direct Care Workforce Shortage Cross Agency Steering Team, or the workforce shortage group for short.³ Stakeholders who participate in the workforce shortage group include disability leaders and advocates, people and family members of people who rely on services from direct service workers, employers and service providers, state universities, the Minnesota Department of Health, and the Governor’s Workforce Development Board.³ Part of this work included collecting demographic data about the DSW. There is also a new initiative, entitled GEAR, funded under the American Rescue Plan Act of 2021 (ARP) section 9817, that will be looking at increasing providers’ ability to furnish expanded services to underrepresented and rural populations in Minnesota.

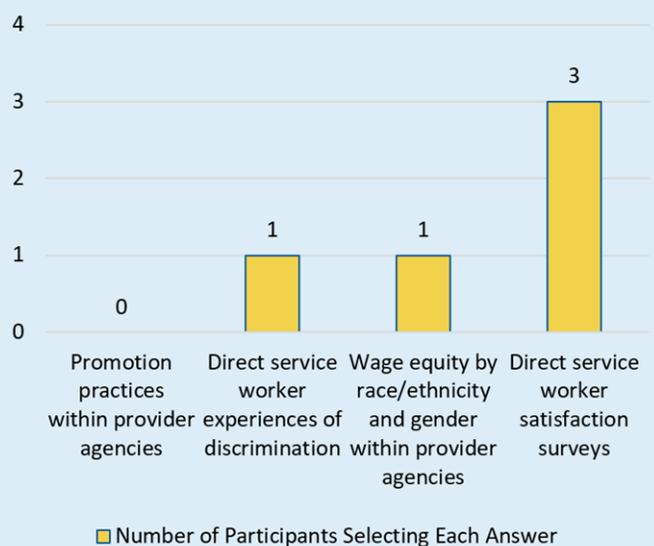
Provide supports and opportunities to diverse communities

- The Washington, D.C. Department of Disability Services partners with Revitalizing Community Membership (RCM) of Washington, a private intellectual and developmental disabilities (I/DD) service provider, to offer a customized vocational training program, the [Direct Support Professional \(DSP\) Academy](#). Through this program, adults with I/DD receive training to become paid DSPs in their communities. This free, six-week certification program not only creates new employment opportunities for adults with I/DD, but also has the potential to reduce shortages of direct service workers.

What type of quantitative data does your agency regularly track about the workforce?



What type of qualitative data does your agency regularly track about the workforce?



Wages, Rates, and Payment Models



Challenges

- Determining how to measure outcomes
- Inconsistency in legislative action
- Health insurance costs
- Provider control of wages
- Lack of supervision
- Existence of the benefits cliff (i.e., loss of benefits as pay increases)

Strategies

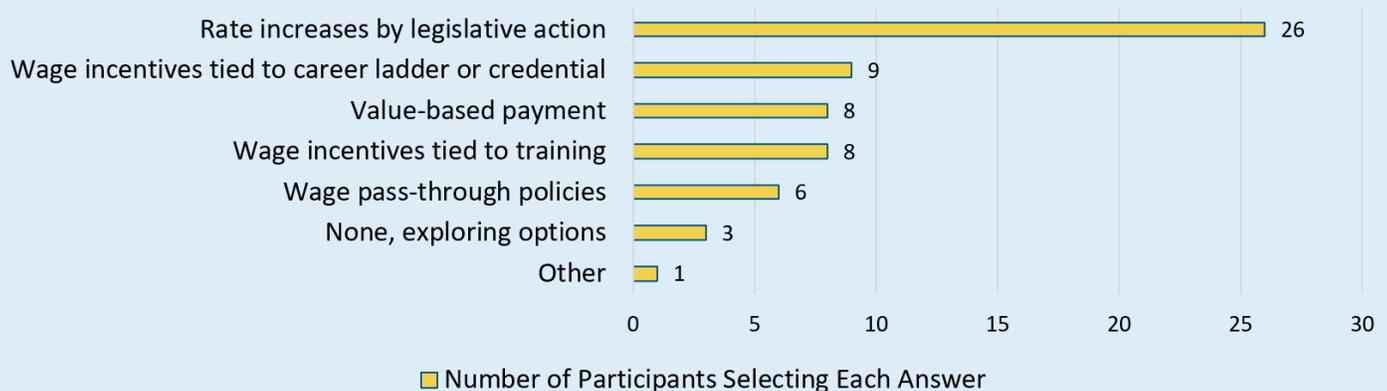
Work with legislature to approve rate or wage increases

- In 2021, Indiana legislators approved a 14 percent increase in reimbursement rates for services covered under the Community Integration and Habilitation and Family Supports waivers.⁴ This voluntary increase required a 95 percent pass through to wages and benefits for direct service workers. The 14 percent increase on certain services within Community Integration and Habilitation and Family Supports waiver programs was implemented by providers signing a letter of attestation and understanding of the requirement to pass through 95 percent in wages and benefits. An audit tool, developed in coordination with a provider trade association, the Indiana Association of Rehabilitation Facilities, was distributed to providers to assist with monitoring and compliance. Of 213 providers eligible for the rate increase, only five chose not to accept it.
- Colorado designated over 50 percent of [HCBS funds made available through section 9817 of ARP](#) to support the DSW. A key component of Colorado’s effort focuses on rate increases and a wage pass-through to implement a new \$15 minimum wage for Medicaid-funded workers. The increases included hero pay, retention bonuses, and hiring bonuses for non-administrative direct service workers and included services such as personal care, participant-directed services (i.e., skilled care under self-directed programs), community-based residential programs, Program of All-inclusive Care for the Elderly, and case management.

Eliminate or mitigate the benefits cliff

- Washington is seeking funding for a pilot program within its state to pay out benefits (Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP)) which would work similarly to rapid rehousing,⁵ a focus of the U.S. Department of Housing and Urban Development for many years, which has seen success. Under this program, benefits decrease incrementally in relation to an increase in employment wages, thus creating a benefits “offramp” rather than a benefits cliff. The program goal is to give workers time to scale up and train up to sustainable employment.

What type(s) of payment models does your state employ for HCBS?



Recruitment



Challenges

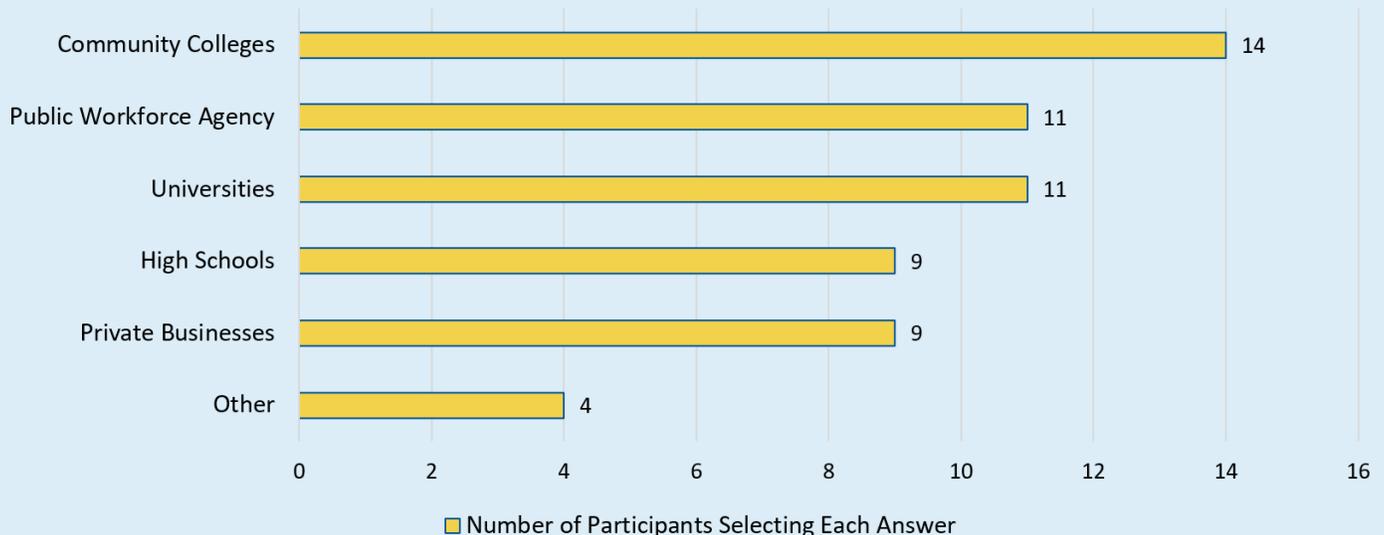
- Competition with other employers, particularly with other employers offering higher wages
- Lack of transportation for workers
- Lack of training and career ladder opportunities
- Lack of eligible employees
- High cost of living combined with low wages

Strategies

Support innovative methods to recruit workers

- In Arizona, Mercy Care (a managed care plan) and Solterra (a senior living company) partnered to launch Careworks. Careworks aims to produce new talent in the DSW, shift social perceptions of caregiving, provide career counseling about the DSW career path to middle and high school students, develop an apprenticeship program for direct care, create a platform to provide free tuition and hourly compensation for a caregiver certificate, and provide a care coach to every applicant to assist in the application process.
- Washington has a dedicated website, [Washington Care Careers](#), for DSW recruitment with training and job opportunities. Washington also designed an [advertising video](#) that directs people to their dedicated recruitment website that plays on streaming platforms such as YouTube, Spotify, and Hulu.
- In response to staffing shortages exacerbated by the COVID-19 pandemic, ADvancing States partnered with Centene Corporation to create [ConnectToCareJobs.com](#).⁶ This website is available at no cost to employers and jobseekers in all 56 states and territories. The website uses an algorithm to match long-term services and supports providers with available health care professionals and direct service workers so that urgent staffing gaps can be closed quickly. ADvancing States also provides states and federal agencies with workforce data that can be used to understand and respond to urgent and emerging staffing needs.

With which of the following stakeholders do you have relationships?



Retention



Challenges

- Adequate pay, especially where cost of living is increasing
- Competition from other industries, particularly where the work is less demanding or risk of exposure to COVID-19 is lower
- Transportation and low population density in rural areas
- Lack of universal training standards
- Lack of opportunities to move up career ladder
- Lack of onsite supervision

Strategies

Identify strategies for retention that are not tied to reimbursement

- Washington surveyed the DSW and supervisors to understand what is needed to retain workers. Participants suggested improving the onboarding process, improving communication, and providing a scholarship for training. Washington hired a Retention Specialist to help move the work forward and plans to publish a resource based on the results of the survey.

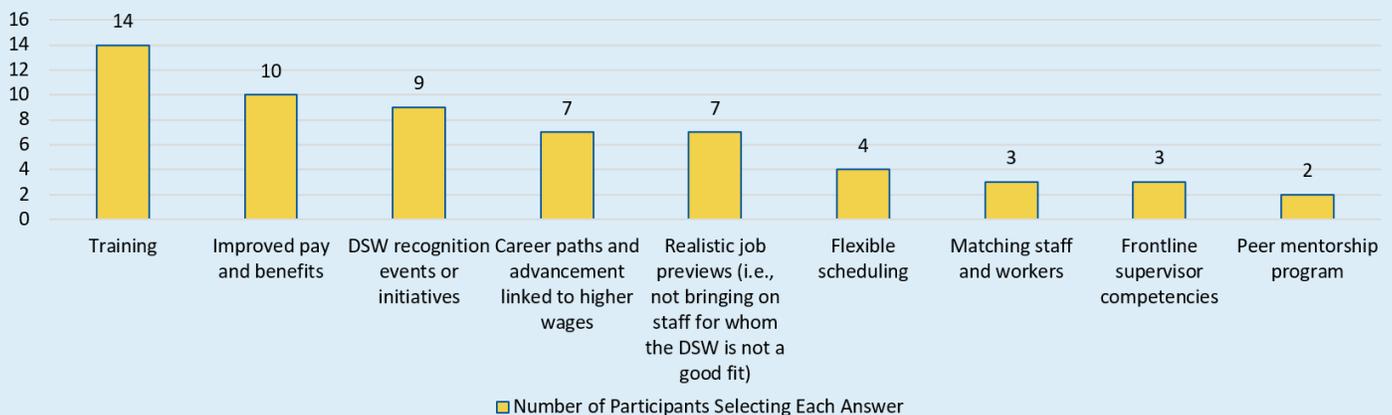
Ensure active participation of and feedback from direct service workers

- Indiana created a Direct Support Workforce Advisory Board, choosing 17 of over 90 applicants to represent a variety of settings, regions, backgrounds, education, experience, and populations served. The Board is designed to meet once a quarter, but because Indiana is active in the development of its Indiana Direct Support Workforce Plan, the board members currently meet more often to give input, ideas, and feedback.

Tie reimbursement to training

- Rhode Island established a [sustainable behavioral health rate enhancement](#) for home care agencies by launching a training program in partnership with Rhode Island College. The 30-hour certificate program offers a general introduction to behavioral health conditions that direct service workers may encounter. Rhode Island initially funded the program and provided incentives for workers to take the program using Coronavirus Aid, Relief, and Economic Security Act funding, but it was successful enough that the state made a budget proposal to make the program more permanent. The Rhode Island legislature adopted the budget proposal in July 2021, and the initiative went into effect January 1, 2022. Under this budget and payment model, provider agencies with 30 percent or more of their direct service workers certified in behavioral health can receive a pay rate enhancement of roughly \$1.56 an hour for all personal care and homemaker services rendered. The agencies are required to pass through 100 percent of the pay rate enhancement only to the direct service workers certified in behavioral health. Rhode Island College is now rolling out training opportunities and agencies have been eager to sign up their staff.

Which retention practices has your state tried?



Appendix A. Learning Collaborative Sessions, Speakers, and Facilitators

Table 1. List of Learning Collaborative Sessions

Session Topic	Date
Session 1: Overview	May 25, 2021
Session 2: Training	June 22, 2021
Session 3: Data Collection	July 22, 2021
Session 4: Diversity and Inclusion	August 26, 2021
Session 5: Wages, Rates, and Payment Models	September 23, 2021
Session 6: Recruitment	October 28, 2021
Session 7: Retention	November 18, 2021
Session 8: Progress and Accomplishments	December 16, 2021

Table 2. Speakers and Facilitators

Role	Speakers
Facilitators	<ul style="list-style-type: none"> ▪ Barbara Kleist, University of Minnesota Institute on Community Integration (UMN ICI) ▪ Erika Robbins, Lewin ▪ Laura Maynard, Lewin ▪ Todd Wilson, CMS ▪ Victoria Heller, Lewin
Faculty and State Presenters	<ul style="list-style-type: none"> ▪ Barbara Kleist, UMN ICI ▪ Brittany Pennington, Research Coordinator, Minnesota Department of Human Services Disability Service Division ▪ Cheryle Wilcox, Interagency Planning Director, Vermont Department of Mental Health ▪ Elizabeth Forslund, Provider Support Unit Manager, Wyoming Department of Health ▪ Jake Reuter, Money Follows the Person Grant Program Administrator, North Dakota Department of Human Services ▪ Jamie Buchenauer, Deputy Security, Pennsylvania Department of Human Services Office of Long-Term Living ▪ Julie Bershadsky, UMN ICI ▪ Linda Wolford, Interagency Coordinator on the Community Capacity and Positive Supports Team, Minnesota Department of Human Services ▪ Martha Roherty, ADvancing States ▪ Meagan Khau, CMS Office of Minority Health ▪ Rick Brooks, Director Healthcare Workforce Transformation, Rhode Island ▪ Sarah Hauck, Workforce Administrator, Mercy Care Arizona ▪ Stephen McCall, PHI ▪ Wendy Dannenfelzer, Assistant Director, North Dakota Department of Human Services Developmental Disabilities Division

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References

¹ PHI. (2020). *Caring for the Future: Strengthening the Direct Care Workforce in HCBS through Data and Innovation*. Retrieved from <http://www.advancingstates.org/sites/nasuad/files/u24453/Caring%20for%20the%20Future%20Combined%20Slides.pdf>.

² Minnesota Department of Human Services. (2022). Disability Waiver Rate System cost reporting. Retrieved from <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/long-term-services-and-supports/disability-waiver-rates-system/cost-reporting.jsp>

³ Minnesota Department of Human Services. (2022). The direct care workforce shortage in Minnesota. Retrieved from <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/long-term-services-and-supports/workforce/>.

⁴ Indiana Family & Social Services Administration. (2021). *Provider Rate Increase Implementation FAQ's*. Retrieved from <https://www.in.gov/fssa/ddrs/files/Provider-Rate-Increase-Implementation-Plan-FAQs-12.28.21.pdf>.

⁵ U.S. Department of Health and Human Services. (2014). *Rapid Re-Housing*. Retrieved from <https://www.hudexchange.info/resource/3891/rapid-re-housing-brief/>.

⁶ ADvancing States. (2020). ConnectToCareJobs.com. Retrieved from <http://www.advancingstates.org/initiatives/connecttocarejobscom#Additional%20info>.