



INDIANA DIRECT SERVICE WORKFORCE PLAN

Introduction



The Indiana Family and Social Services Administration is committed to individuals living in their community of choice and being supported to achieve their vision of an active life of their own design. To achieve this commitment, a diverse, stable and well-trained workforce is essential to providing quality person-centered services and supports. We recognize investment in this workforce—our direct service workers—is essential to the objective to serve more Hoosiers in their homes and communities.

These DSWs include certified nursing assistants, home health aides, direct support professionals, personal care aides and other non-licensed personnel. This workforce is historically understaffed in Indiana and across the nation. The ongoing challenges of low wages and the intense demands of these occupations were brought to light more so during the COVID-19 pandemic.

The need for these workers will only increase as Indiana’s aging population continues to grow and persons with disabilities live more independently, resulting in an increased demand for home- and community-based services.

To better understand the HCBS landscape, FSSA has been intently engaging for several years with individuals with lived experiences. This includes hosting more than 70 listening sessions with individuals and families supported through the Division of Disability and Rehabilitative Services and the Division of Aging. Feedback from these sessions clearly pointed to the desire of individuals to be supported in living a life of their own design, with the support of a Direct Service Workforce to help them realize their goals.

Using this feedback as a centering principle, FSSA began a more focused effort in 2021 to study the Direct Service Workforce shortage so that the state is best positioned in the coming years, especially as managed long-term services and supports is implemented in 2024. The effort has included direct input from individuals with lived experiences, DSWs and other stakeholders, and engaging the Indiana University School of Medicine Bowen Center for Health Workforce

Research and Policy for a review of information and deep research that were critical in informing the recommended next steps.

Feedback from individuals with lived experiences was most informative, consistently conveying the important role of the Direct Service Workforce in supporting their vision of a good life and the challenges presented by high turnover and vacancy rates. The key finding is that older adults and people with disabilities who require HCBS must have a Direct Service Workforce that is well-trained, reliable and stable.

FSSA also established a first of its kind Direct Service Workforce Advisory Board to ensure that this effort was clearly informed and guided by the perspectives and experiences of those who do this important work.

To that end, the Indiana Direct Service Workforce Plan focuses on short-term, mid-term and long-term strategies in three areas to build and sustain this workforce: wages and benefits; training and pathways; and promotion and planning. This builds on earlier strategies to support the Direct Service Workforce, such as diversification through technology-enabled support and through the spring 2022 HCBS stabilization grants to providers resulting in approximately \$132 million in direct financial benefit to DSWs.

FSSA is committed to ongoing collaboration to achieve the goals laid out in this plan. While not alone in addressing the challenges in building this workforce, Indiana is nation-leading in embarking on this work.

Wages and benefits

The challenge: Low wages and poor benefits are consistently among the top challenges impacting DSWs in Indiana and nationally. Competition from higher paying jobs at similar training levels is arguably the greatest barrier to workforce recruitment and retention. According to the Living Wage Calculator by the Massachusetts Institute of Technology, Indiana DSWs' wages are currently less than the national average and less than Indiana living wage estimates. In addition to low wages, these workers have a lower frequency of employer-offered benefits in comparison to other occupation types and are more likely to need public assistance programs to meet basic needs.

Stakeholders prioritized wages and benefits as the most important areas to pursue in an Indiana Direct Service Workforce Plan.

Key findings: During the Indiana Direct Service Workforce Plan Strategy Session in July 2022, stakeholders prioritized wages and benefits strategies as the most important areas to pursue in an Indiana Direct Service Workforce Plan. This feedback confirmed the importance of the rate

methodology work that was well underway when the stakeholder session was conducted and is one component of an overall strategy to build and support the workforce.

Goal: Increase the number of DSW by providing support through enhanced wages and benefits through strategic investment in Medicaid reimbursement.

Short-term strategies

HCBS grant opportunities. As a bridge to completion and implementation of HCBS rate-setting work, FSSA announced Workforce Investment Grants in November 2022. This \$130 million grant opportunity is available only to HCBS providers that employ DSWs. In response to feedback received from DSW during focus groups, 95% of the funding must go directly to the DSWs.

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Three rounds of Workforce Investment Grants will be issued beginning in January 2023. The purpose of the grant is to support HCBS providers to invest in their Direct Service Workforce through recruitment and retention efforts, financial compensation and wraparound benefits.

This builds from \$176 million in HCBS Provider Stabilization Grants awarded in February 2022 that impacted an estimated 80,000 to 100,000 individuals employed by HCBS providers.

Mid-term strategies

Staff Stability Survey. To collect data on the workforce that is providing direct service to individuals enrolled in the Medicaid Aged and Disabled Waiver, FSSA participated as one in five states in the pilot National Core Indicators Staff Stability Survey. The findings, expected in early 2023, will help to inform LTSS policy and innovation across the state. This follows and builds on the longstanding participation of the Division of Disability



and Rehabilitative Services in the National Core Indicators Intellectual and Developmental Disabilities Survey in its efforts to understand the landscape in Indiana regarding turnover, wages and benefits as compared to other states and to inform future policy and plans.

The LTSS rate study is advancing with stakeholders to initiate new rate setting methodologies in 2023 that comply with the Centers for Medicare and Medicaid Services rules and achieve alignment, sustainability, promote person-centeredness and value-based purchasing and reduce disparities.

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HCBS Rate Methodology. FSSA continues to build on the work from the 2021 state budget bill that provided a 14% rate increase for professionals providing services through the Medicaid Family Supports Waiver and the Community Integration Habilitation Waiver. The LTSS rate study is advancing with stakeholders to initiate new rate setting methodologies in 2023 that comply with the Centers for Medicare and Medicaid Services rules and achieve alignment, sustainability, promote person-centeredness and value-based purchasing, and reduce disparities.

Long-term strategies

Wages and Benefits Action Group. FSSA will establish a Wages and Benefits Action Group to explore strategies to address employment-related costs, benefits and value-based incentives.

Self-Directed Options. FSSA will develop expanded self-directed service options across FSSA’s HCBS programs to expand the pool of qualified DSWs and diversify opportunities.

Addressing Benefits Cliffs. To address the high prevalence of DSWs who must rely on public benefits, FSSA would like to better understand where “cliffs” exist. Simply stated, FSSA wants to learn more about how wage increases may impact financial eligibility criteria for certain benefits.

Training and pathways

The challenge: As noted earlier, across LTSS care settings, people who support older adults and people with disabilities with activities of daily living are referred to by various titles— “direct care worker,” “direct service worker” and “direct support professional,”—depending on the program and its funding source(s). Additionally, a minimum statewide standard of training across those titles does not exist for DSWs, and training may not always be portable across different types of DSWs, employers and settings, creating employment barriers.

Key findings: The different titles noted above reflect the preferences of the aging and disabilities communities (for example, in the disability community, the use of “support” rather than

“service” signifies beneficiaries’ independence). Another consideration is the use of “professional,” which connotes a certain level of training/certification and demonstrated competency. The consistent use of “direct” across titles underscores the hands-on, person-centered nature of LTSS. Feedback from Direct Service Workforce Advisory Board members indicated that DSWs should also be promoted based on seniority and job performance, not solely based on formal training or credentials as direct service work does not require a degree. They also noted a career pathways model should be inclusive of DSWs who are content in their current roles and do not wish to seek promotion, as well as those DSWs who support individuals who are self-directing their services and supports. The consistent use of “direct” across titles underscores the hands-on, person-centered nature of long-term services and supports.

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Goal: Help guide the establishment of a minimum statewide standard training that would allow for portability for workers who move between providers or for those who hold several part-time positions. A training standard would create efficiencies, uniform values, principles and quality standards, and reduce the administration and financial burden for providers.



Short-term strategies

A new identification. FSSA will explore options for developing and implementing a standard definition of “direct service worker” as well as all the work-related responsibilities and requirements. A standard definition will promote parity in training/credentialing requirements, service delivery and reimbursement as well as clarity for consumers and their family caregivers.

Mid-term strategies

Career pathways. FSSA will form a career and education ladder that outlines pathways from entry-level positions to more advanced roles within the workforce. FSSA will also determine with stakeholder input how to tie training, achievement and credentialing to wage increases. In 2022, FSSA awarded a two-year grant to Ivy Tech Community College’s Department of Human Services to develop a continuing education curriculum technical certificate program for direct support professionals. Those who complete the program can go on to earn an associate degree or transfer to any Indiana four-year college to pursue a bachelor’s degree in social work.

DSW Registry. FSSA will explore the development of a web-based registry, a key tool in transparency and portability of DSW credentials, to track completed trainings and pertinent information, reducing duplicative training and administrative tasks for providers.

Long-term strategies

Training opportunities. A comprehensive minimum curriculum will require input from individuals with lived experiences, DSWs, provider agencies and member associations, advocates and training professionals, among others. As the population of older adults and people with disabilities who use home- and community-based LTSS continues to become more diverse, more specialized trainings for DSWs will be required to reduce unmet needs and health disparities. Individuals with lived experiences will be instrumental in informing the design of training requirements. As FSSA expands self-directed options for HCBS, requirements must provide for person-specific training needs.

Promotion and planning

The challenge: Indiana’s data regarding the current Direct Service Workforce and individuals with lived experiences has many gaps, and data systems must be expanded to accurately inform various decisions regarding how to better recruit, train, support and retain this workforce. The needed data indicators include employee census, demographics, educational characteristics, practice setting, geographic location, wages and benefits, and demand data, such as unfilled positions, turnover, occupancy, population projections and geographic need. When stakeholders reported on the top issues impacting the Direct Service Workforce, many reported a lack of knowledge among the general public about DSW roles and a lack of coordinated marketing or recruitment strategies within the LTSS sector. Strategies will be developed to raise public awareness of the essential services and supports this workforce provides, who can serve in DSW roles and the opportunities to enter and/or advance the Direct Service Workforce.

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Key findings: Based on the data available through the Indiana Department of Workforce Development, as of 2020, approximately 68,000 individuals were employed in jobs classified as DSWs. Between 2020 and 2030, an estimated 14,000 additional DSWs are anticipated due to an increase in the aging population and demand for HCBS. This means Indiana is anticipating a 20% increase in the total number of DSWs to support LTSS in the state.

Additionally, information about the contributions of the Direct Service Workforce and how to become a DSW is not widely known, which may be a barrier to recruitment and training. Some states, in an effort to promote recruitment and career opportunities within direct service roles, have conducted marketing campaigns. These states include Idaho, Maine, North Carolina, New Hampshire and Wisconsin.

Goal: Increase general awareness of the DSW career path and increase available data to understand the workforce.

Short-term strategies

Data Collection. FSSA will partner with the Indiana Professional Licensing Agency and the Indiana Department of Health to include additional questions during the certification process of certified nurse assistants, home health aides and qualified medication assistants in order to build needed data about the workforce.

Mid-term strategies

Data Action Group. FSSA will form a Data Action Group led by the FSSA Data and Analytics Team that will include representation from persons with lived experiences, DSW Advisory Board members, multiple state agencies, and providers and/or their representative organizations that will help provide a better understanding of the Direct Service Workforce, their roles in the healthcare and social supports systems and what is needed to empower them in their roles. This foundational knowledge will be used to inform the provider network's retention and recruitment efforts and provide a system-level view of strategies, including Indiana's experience relative to other states.

Marketing Action Group. FSSA will form a Marketing Action Group led by the FSSA Director of Communications and Media, and include individuals with lived experience, DSW Advisory Board members, other state agencies, providers/and or their representative organizations. One result could be a marketing campaign to help raise awareness for these essential workers and to recruit and retain DSWs to meet the anticipated demand in Indiana.

Long-term strategies

DSW Hub. FSSA will create a website to serve as a hub for information on Indiana’s Direct Service Workforce. This will include at a minimum information on career pathways, training and hiring requirements, and guidance documents.

Next steps and commitment to stakeholder engagement

FSSA has already started implementing the goals and strategies pertaining to the three areas:

1. Wages and benefits;
2. Training and pathways; and
3. Promotion and planning.

In some cases, critical short-term strategies have been completed, such as with the HCBS stabilization grants. As FSSA works towards the goals set forth in this report, it will measure, monitor and share progress.

As the work continues, engagement across our diverse stakeholders remains a priority. FSSA is committed to first and foremost hear the voice of individuals with lived experiences about their needs and desires of the Direct Service Workforce. Additionally, FSSA will maintain its DSW Advisory Board to continue to hear directly from individuals serving in these critical roles across Indiana. And finally, engagement with our broader stakeholders—providers, advocacy organizations and other state partners—will continue, particularly as we work to form the action groups outlined throughout the three strategy areas of this report.

These robust efforts will continue throughout 2023 and beyond so that a well-trained, empowered Direct Service Workforce is ready to meet the demand that exists today and will grow in the future as the Hoosier population ages in place. This workforce is critical, and FSSA will work with its existing and new partners, such as the managed care entities who will implement FSSA’s managed LTSS program, to ensure that Indiana is prepared to come alongside Hoosiers as they live lives of their own design.

Many thanks to the members of the DSW Advisory Board:

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