

# Putting It All Together

*OHIO ADDRESSES THE  
DIRECT-CARE CRISIS*





# Action is Needed to Address Ohio's Direct-Care Workforce Crisis

It is no secret that we are dealing with a crisis in our direct-care workforce.

These are the individuals responsible for providing hands-on care to the most vulnerable of the people we serve. They bathe, dress, feed, remind, befriend, and drive. Because of them, people with disabilities can go to work and school, and stay active in their family, church, and community. They are, in short, the backbone of any care plan.

Unfortunately, this work is often part-time, without benefits, physically challenging, and grossly underpaid. It should be an embarrassment to the state of Ohio that some direct-care providers rely on such public benefits as food stamps to get by. Why should someone choose to work for under \$10 an hour, and often minimum wage, when the nearest fast-food restaurant pays more and offers benefits?

Ohio must address this issue.

On Feb. 6, 2019, a meeting was held by a group representing individuals with disabilities, family members, veterans, advocacy groups, agencies and independent providers, the Ohio Olmstead Task Force, the Ohio Department of Medicaid, the Ohio Department of Aging, the Ohio Department of Developmental Disabilities, and the Ohio Developmental Disabilities Council. This was not a meeting to rehash old issues. Rather, it was to create a plan of attack and a method for addressing these problems.

Along with the meeting, a survey was sent out as part of this effort. More than 300 direct-care providers, family members, and individuals with disabilities responded to questions about the direct-care provider shortage.

This report is our effort to capture the action items that came from the meeting and the statistical analysis and responses from the survey.



*Renee Wood, Chair  
Ohio Olmstead Task Force*

# Vision: A system where everyone is working together.

Meeting attendees were divided into four groups and asked to create three goals that could be achieved in six months. From these, priorities were created.

## GROUP 1

1. Raise the dignity of the profession;
2. Provide improved and increased training; and
3. Create a database of skilled/trained providers for individuals and caregivers.

## GROUP 2

1. Elevate the direct-care profession;
2. Use Ohio Health Transformation to bring stakeholders into alignment and break down silos; and
3. Provide personal assistance training through waivers so consumers can manage caregivers.

## GROUP 3

1. Initiate review across systems that shows services provided and data;
2. Focus on budget, using data to make strong workforce request; and
3. Develop a position paper on incentives for direct-support professionals.

## GROUP 4

1. Create a task force that includes all systems;
2. Budget Advocacy: Where allocated funds go, how much money will be needed, and how money will be spent; and
3. Outreach and educate others on our priorities.

## Our Immediate Priorities

Request a dedicated state office to bring stakeholders together. The goal is to eliminate silos, bringing stakeholders into alignment, streamline processes, elevate direct-care workers, and collect meaningful data and impact on the state budget.

Advocate for increased wages for direct-care workers. The intent is for workers to reap the benefit, not the employers.

# Survey Responses

Individuals attending the summit were asked to establish three top goals for the next six to twelve months. Since there was some overlap, a compilation of those goals is listed here.

- Elevate the direct-care worker profession and increase pay.
- Determine whether higher reimbursement rates would trickle down to the worker and not the employer, and establish a verification system.
- Training/workforce development; Establish the direct-care profession as a positive career that people would want to pursue, and market it as such.

Create a dedicated multi-agency state department to help direct individuals address issues, including waiver programs.

- Create training and certification requirements for direct-care professionals.
- Alignment of provider requirements.

- Technology/remote supports.
- Get buy-in from appropriate stakeholders (policymakers, etc.).
- Support the onboarding process for providers – training, supervision, and employment supports, such as child care, housing, and insurance.
- Simplify the language of all notifications to providers.
- Send input on budget.
- Conduct education and outreach to state-tested nurse aide and nursing schools regarding home-care opportunities and waiver programs.

Simplify enrollment process for providers that includes:

- > Clear and easy method of understanding rules;
- > Easy understanding of enrollment process for all waivers;
- > Direct enrollment for new providers to enroll with MCOs;
- > Create support hot line so individuals can get questions answered while enrolling.

- Align policies to eliminate silos.
- Create a comprehensive and accurate database of independent and agency providers.
- Better inclusion of providers in the policymaking process, especially with regard to IP inclusion in stakeholder groups.
- Conduct a top-to-bottom review of the current care-provider system.
- Identify all veterans currently receiving services.
- Communicate and commit to work together across state agencies, and with consumers and providers.
- Streamline process for becoming an independent provider, including training by employer.
- Support the Ohio Olmstead Task Force in the next steps of this project.
- Research the Lucas County Board of Developmental Disabilities' implementation of ERNs – support for direct-care workers.

Determine the total number of served and unserved individuals in the state.

- Seek tax breaks for direct-care workers.
- Review existing rules of various long-term care programs.

## Q What do you feel is the top issue in finding or retaining direct-care workers for community-based, long-term care services?

Of the 270 respondents, 188 – 70 percent – cited low wages and benefits as the top issue.

“Although I am not directly in this field, I constantly hear that low wages are a reason people move so much.”

## Q What are other issues in finding or retaining direct-care workers for community-based, long-term care services?

*Of the 254 respondents answering the question, 73 – 29 percent – cited wages and benefits as a top issue.*

*49 respondents – 19 percent – cited training as an issue.*

*Only 7 respondents – 3 percent – cited issues with consumers as a reason they were unable to retain direct-care workers.*

“To my understanding, the two least desirable factors are low wages and poor working conditions. In some cases, the conditions of the homes are terrible and caregivers are often asked by the client to perform household duties beyond the scope of what is contracted.”

“Consumers are often quick to blame the direct-care workers for any problems or thefts that occur in the home.”

“Offer incentives to work.”

“The lack of fuel reimbursement for travel is a problem for direct-caregivers.”

“Some homes have bedbugs and roaches, and some have family members using drugs. These are extremely difficult environments for direct-caregivers to work in.”

“The absence of transportation options to get workers to rural/remote areas. There is no reimbursement for mileage, which causes a problem for direct-caregivers.”

“Many home-health agencies have staff split between different areas. This causes an inefficiency when scheduling multiple clients who are located in the same area. If there was centralized scheduling or a partnership between home-health agencies, workers could pick up clients within the same geographic area.”

“A lack of up-to-date provider directories.”

“It is easier for home-health workers to take a job in a nursing facility where their schedule is consistent and they don't have to drive from place to place without compensation.”

“Low staffing leads to exhaustion and burnout.”

“Poor pay. The good employees often leave for better pay.”

“Rural areas of the state often do not have providers available.”

“It is important to find caregivers that understand they are a lifeline for the people they are caring for.”



## What types of services are impacted the most?

*To this open-ended question, overwhelmingly, respondents believed that personal-care services were impacted most. This included homemaking, transportation, skilled nursing and therapies, hygiene, and meal preparation.*

“This consistently impacts the patient’s quality of life.”

“Direct-care services can have a negative impact on every other service that the consumer needs to live independently in the community.”

“Personal care and homemaking services. Many seniors either lack informal support to assist them, or their informal supports work full time to support their own families. Thus, they have limited availability to assist. The lack of workers and lack of available informal support causes seniors to move to long-term care facilities and lose their independence.”

“Home-health aide service appears to be the worst as agencies do not have enough staff or staff willing to drive to rural areas.”

“Providers don’t send aides out anymore because of the low Medicaid reimbursement. They won’t waste their time on homemaker services.”

“Quality professional case management is lacking. There is no time to build relationships. The work is mostly a task-oriented job now and a lot of clerical duties.”

“Every aspect of community living is negatively impacted by the direct-provider shortage. We are all suffering the loss of integration of all community members.”

**“THERE IS A LACK OF AVAILABILITY OF PERSONAL CARE AND HOMEMAKER SERVICES.”**

“The entire home- and community-based services waivers are negatively impacted by the critical shortage of home-healthcare providers.”

“In my opinion, home-healthcare professionals are the most important of the direct-support professionals. If individuals with disabilities cannot get the help they need with their activities of daily living, I believe we cannot live the life we choose. I have been deeply impacted by this issue myself. Due to the lack of home-healthcare aides, I chose to move into a long-term care facility. I was worried about what would happen to me if something happened to my mom, who is my primary caregiver.”



## For the issue you have identified as the top concern, what solutions do you think can address this issue?

*Of the 249 respondents, 157 - 63 percent - said higher reimbursements and better pay were the solution.*

“There is a need for additional training opportunities in rural areas.”

“Engage the workforce so that they are fulfilled and committed. Offer some type of work incentives that drive their behavior toward quality and care.”

“Offer better training, or perhaps internships, in the field so workers understand what is expected and required. They will be better prepared to handle situations that might arise. We need better pay for direct-caregivers and more responsive agencies that listen to, and find solutions for, complaints from workers or the clients.”

**Q** What steps would be needed for this? For example, legislative change, consumer or provider training.

“Legislative change.”

“Provider outreach.”

“Workforce development and employer/business implementation.”

**“BOTH LEGISLATIVE ACTION THAT FINALLY PLACES VALUE ON THE SERVICE AND BETTER, REALISTIC TRAINING WAIVER AMENDMENTS.”**

**Q** For any additional issues you have identified, what solutions do you think can address these?

“Aides need to be better educated.”

“Offer aides such benefits as healthcare and retirement. Market the position as a career opportunity.”

“Offer online training for workers at a low cost. Support them with a mentoring program through the employer.”

“Increase the reimbursement that allows for increase in wages for staff. This will open the door for an increase in new hires.”

**“WE NEED MORE REALISTIC TRAINING FOR AIDES WHEN DEALING WITH DEMENTIA, MENTAL HEALTH, AND SUBSTANCE ABUSE.”**

“Once the pay is increased, more aides would be willing to stay in the home-health field.”

**“CREATE AN ATMOSPHERE AND CULTURE THAT EMBRACE AND ENCOURAGE CAREGIVING AS A NOBLE PROFESSION.”**

“There should be some requirements on the patient’s part to keep their home sanitary.”

“Patients should have to treat aides with respect in order to qualify for assistance.”

“Offer incentives to providers who find innovative solutions to meet the needs of our individuals.”

**“COMMUNICATE, COLLABORATE, EDUCATE, AND EXECUTE. WE CANNOT SHY AWAY FROM INNOVATIVE APPROACHES TO SOLVING LONG-STANDING PROBLEMS.”**



## What steps would be needed for this - legislative change, consumer or provider training?

“Better consumer and provider training.”

“Advocate for rule changes and leadership at a state level to create and make the training available.”

“We would need buy-in from our legislature and state agencies as this would require budgetary authorization at every level.”

“I truly believe it all comes down to increased rates for the provider so they can pay better wages and have benefits for aides.”

“Invite people who are on the receiving end of direct care and listen to what they experience.”

“A lot of disabled can live a productive life with assistance. Home care is very important.”

“Legislative change requiring workers to have mandated standardized training prior to working with seniors in their homes. Training needs to be easily accessible to workers. There also should be increased pay standards.”

“Home-health aides need to be provided with training to assist them in caring for people with dementia and those who are bedridden.”

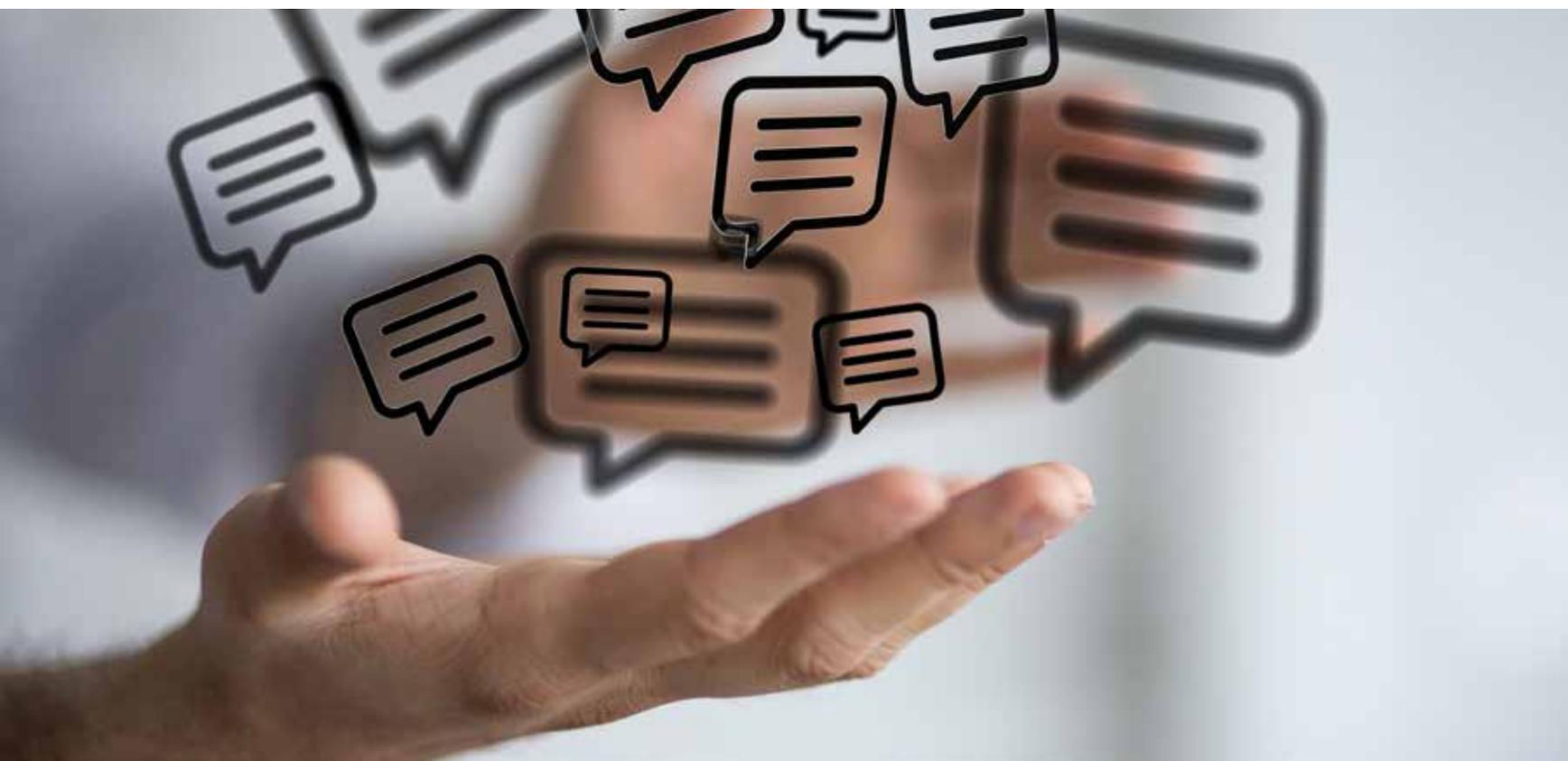
“Create a set minimum wage for direct-care workers.”

“I think appointing a provider advocate for each of the 88 counties would help clear up some confusion.”

**“LEGISLATIVE CHANGE IS NEEDED TO RESTRUCTURE HOW TO PAY FOR TRAVEL OR MILEAGE.”**

“Make the state of Ohio and managed-care companies update provider directories. This would be helpful for those searching for providers.”

“Have a grassroots effort to educate and engage legislators.”



# Facts About the Direct-Care Workforce Crisis

According to the U.S. Bureau of Labor Statistics, an additional 1.1 million direct-care workers will be needed by 2024. That represents a 26 percent increase over 2014. However, the population of women aged 25-64, the segment of the population that overwhelmingly fills these jobs, will increase at a much slower rate.

According to the *Report to the President 2017, America's Direct Support Workforce Crisis: Effects on People with Intellectual Disabilities, Families, Communities and the U.S. Economy*, the average direct-care provider earns \$10.72 an hour.

According to the same report, the annual turnover rate for direct-care providers is 45 percent.

According to the *Report to the President 2017*, vacancy rates average more than 9 percent.

In recent years in at least two states, Minnesota and Wisconsin, thousands of people have been denied admission to nursing homes because of a lack of direct-care providers.

70 percent of Wisconsin nursing and group home administrators reported a dearth of qualified direct-care providers.

Individuals in rural New York soiled themselves and went without meals because of a critical shortage of direct-care providers.

Illinois has experienced a 30 percent shortage in direct-care providers, compromising the independence of people with severe developmental disabilities.

**THE MOTHER OF A OHIO MAN WHO REQUIRES 24-HOUR CARE SAID, "THE DIRECT-CARE SHORTAGE IS NO LONGER A CRISIS. IT'S MOVED WELL BEYOND THAT. WE'RE NOW AT DEFCON 7."**





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