Training Action Area

Action Group – October 6, 2023

FSSA Vision

All Hoosiers live in fully engaged communities and reach their greatest emotional, mental and physical well-being

The Why Behind Our Work

The How Behind Our Work

I think the biggest thing in self-determination is **listening to what people want** and being able to **help people do what they want** with their lives and to **help them dream** about what it is they want in their life and then being able to **put it into action**
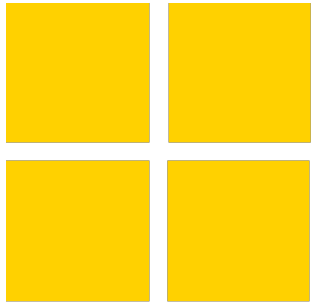
~Betty Williams

Quality is defined at the point of interaction between the staff member and the individual with [supported].
~ John F. Kennedy Jr.

Training Action Area

Advanced, Licensed Roles
(e.g. RNs)

A B C D
Specialized Skills
(e.g. behavior management)

Skills and Job Duties
(e.g. ADL support)

Knowledge Sharing

Existing HHA, etc.

Foundations
(e.g. philosophy, person-centeredness, HCBS, etc.)

Paid to be Human

Paid to be Human

Being in human services is cool because...

in essence, you're paid to be human.

Paid to explore the commonalities of the human condition,

paid to discover the incredible diversity of the human spirit,

paid to spend your day doing something that matters,

that makes a difference, something that you can be proud of.

Done right, you've chosen both a job and a passion,

both a passion and a mission,

both a mission and a purpose.

There are those who spend their lives looking for purpose.

You will rise to it each morning,

and that's a hell of a way to start the day.

-Dave Hingsburger

Background

Kelly Mitchell

Director, Division of Disability and Rehabilitative Services (DDRS), Indiana Family and Social Services Administration (FSSA)

Drivers for Training Action Group Establishment

HEA 1342-2023

Direct Service Workforce Plan

PathWays for Aging

Training Action & Working Groups

House Enrolled Act 1342-2023: Key Provisions

- Direct support professional registry/registration with DDRS to provide direct support services.

- Consultation with stakeholders to establish a tiered training certification program for direct support professionals.
  - Request for proposals before January 1, 2024
  - Contract with a vendor for the training program by January 1, 2025.
  - Requires a selected vendor to begin operating the training program before July 1, 2025.

Link to House Bill 1342

Important Caveat ⚠️

- FSSA is legislatively required to issue an RFP for the training program
- This group has been established to help guide the development of that process. It would present a potential conflict of interest if there was a prospective vendor in the group that is providing input on those decisions.
- Because of this, any individual or organization that may be submitting a bid in response to a future RFP - or participating as a potential subcontractor in bid - should exclude themselves from this conversation and all future conversations with this action area.
- Further, entities who choose to participate in the workgroup and then submit a future bid, may be disqualified by IDOA due to this conflict of interest.
- Lastly, while we will be sharing outputs from this workgroup more broadly, we expect members to maintain their discretion and avoid sharing workgroup details with any prospective vendor.

(a) Before January 1, 2024, the division shall issue a request for proposals in compliance with IC 5-22-9 seeking bids to operate the training program with the established standards determined under section 3 of this chapter. (b) The division shall make every effort to contract with a vendor from the request for proposals issued under subsection (a) not later than January 1, 2025. (c) A vendor selected under subsection (b) must begin operating the training program before July 1, 2025.

Excerpt from HEA 1342-2023

Welcome & Agenda

- Background
- National Landscape of State Work Related to the Direct Service Workforce
- Update on Indiana Direct Service Workforce Initiative
  - Data Initiatives
- Recap of Training Action Area Activities
- Small Group Discussions
- Full Room Report Outs and Discussion
- Next Steps and Closing

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About NASHP

The National Academy for State Health Policy (NASHP) is a nonpartisan, nonprofit organization committed to developing and advancing state health policy innovations and solutions.

NASHP provides a unique forum for the productive exchange of strategies across state government, including the executive and legislative branches.
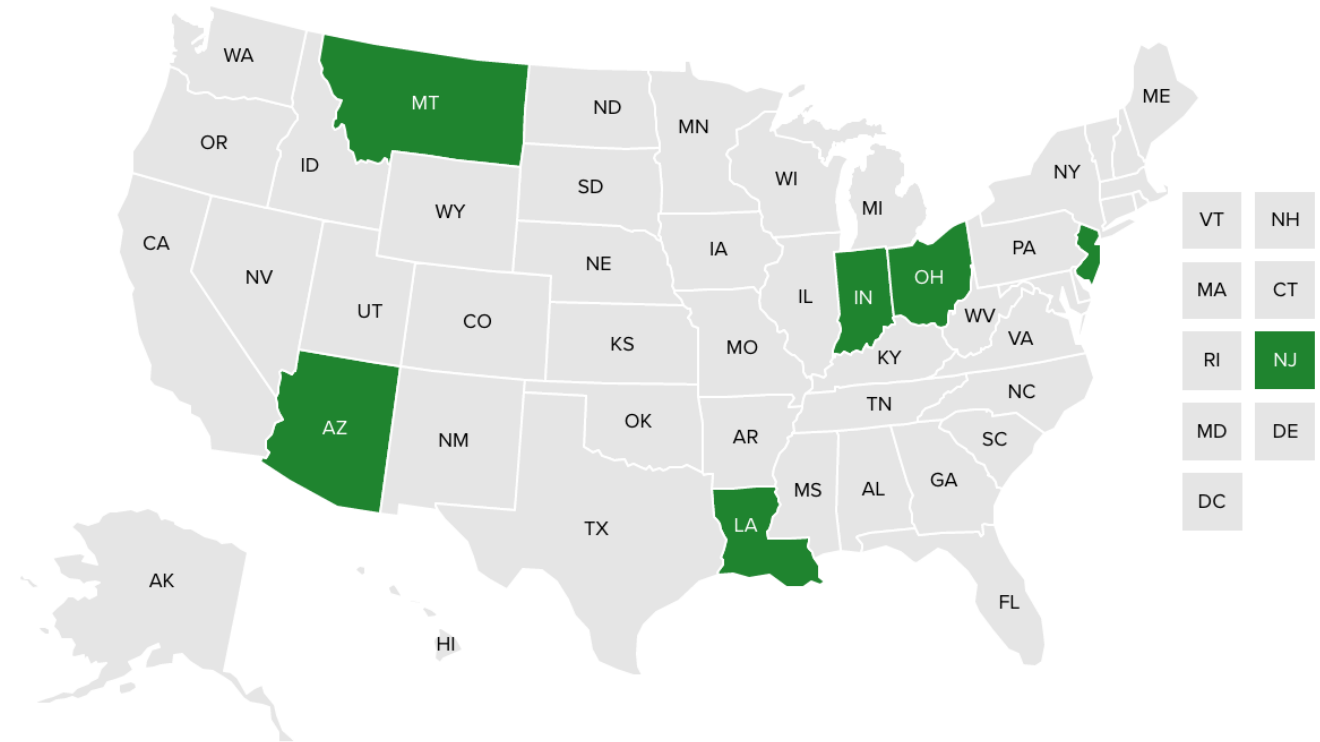
State Teams – NASHP Aging Policy Academy

- Arizona

- Indiana

- Louisiana

- Montana

- New Jersey

- Ohio

Aging Policy Academy Overview

Objectives	• Assist states in accelerating measurable progress on policies that will address the needs of older adults, while optimizing state spending and capacity • Elevate aging as a priority in states
Policy Priority Tracks	• Home and community-based services • Nursing home system reform • Direct care workforce

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Coordinate Across Agencies and Partners

- By improving coordination, states can more effectively:

  - Target common barriers to employment

  - Increase access to training by leveraging vocational rehabilitation or other employment services

  - Make entry into the direct care field more appealing by creating career pathways in coordination with secondary and post-secondary educational systems.

Tennessee

- Tennessee's Medicaid agency, TennCare, worked with Tennessee's [Quality Improvement in Long Term Services and Supports (QuILTSS)](#) Institute and the state Department of Education to develop career and education pathway for direct care workers

- Meets accreditation standards for Tennessee's community college system.

Develop Career Lattices & Pathways

- Policymakers can promote the development of career lattices and pathways that connects progressive levels of education, training, support services, and credentials.

- The ideal trajectory allows participants to enter and exit the pathway at each level, so they can earn a credential, work, and then return for more education to advance further along the career path.

Colorado

- Career pathway for nursing that identifies the progression in education and credentials that can lead from entry, mid-, and advances levels.

- The state has also developed an online platform, My Colorado Journey, that provides students, professionals, and jobseekers with tools for exploring these and other career pathways.

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Improve Training

- CMS Core Competencies for the Direct Care Workforce

- Fourteen states have consistent training requirements for all agency-employed personal care attendants (PCAs).

- Medicaid Contracting with managed care organizations to promote direct care workforce training and certification programs

Pennsylvania

- Medicaid managed LTSS plans in Pennsylvania's Community HealthChoices program are required to demonstrate workforce innovation initiatives that promote recruitment and retention of long-term care workforce.

- These initiatives include training programs, professional certification and career ladders, and care team integration

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Improve Working Conditions

- Permanent Medicaid Home and Community-Based Flexibilities Post Public Health Emergency

- At least 22 states have increased Medicaid payment rates for direct care workers, such as personal care aides, home care aides, and/or certified nursing assistants
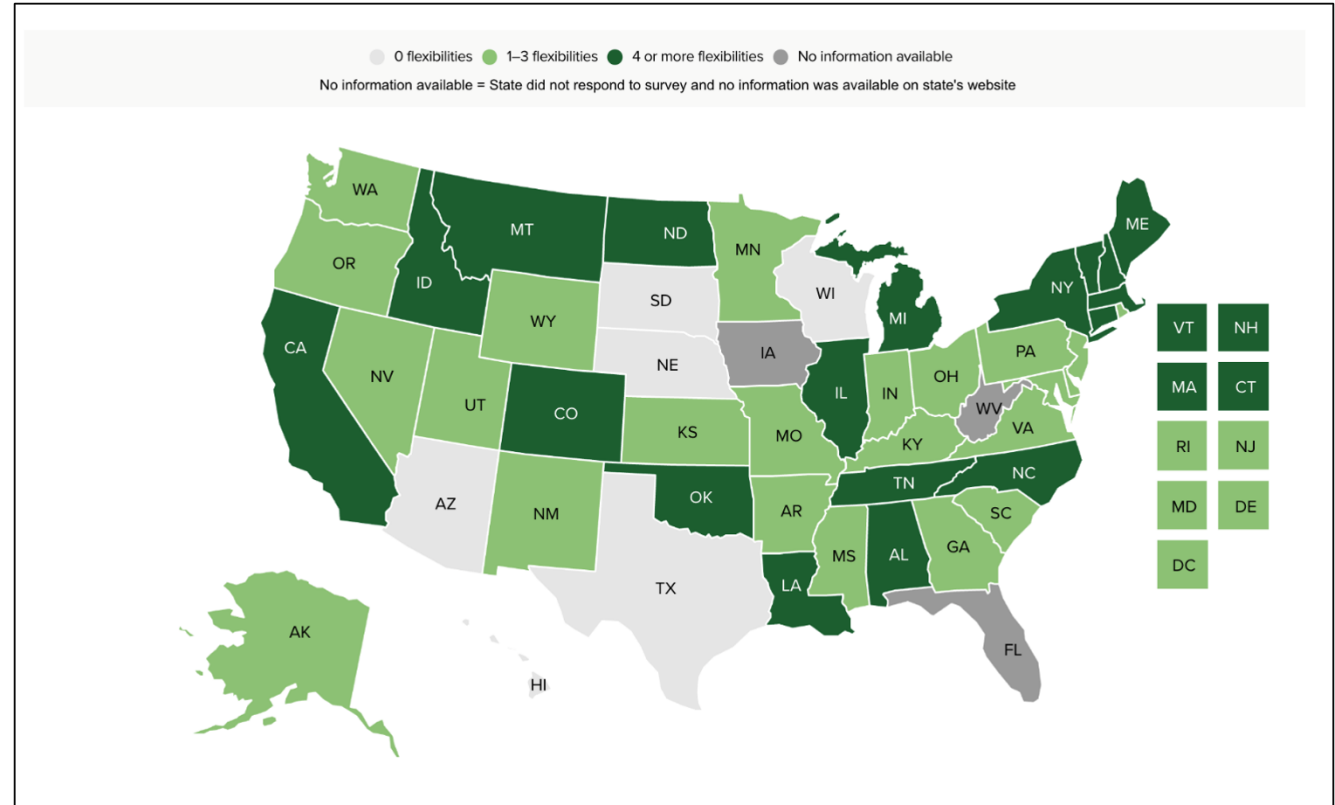
Create Matching Registries

- Matching registries provide a platform for workers to find people in need of their services and people in need of services to find workers.

- According to PHI, 10 states have statewide matching service registries

Oregon

- The Oregon Home Care Commission operates a statewide registry and referral system matching people in need of direct care to those who provide direct care

- Both employer and job seeker profiles

- Also collects data on training, history of investigations for abuse and criminal background checks

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Enhance Data Collection

- The National Direct Service Workforce Resource Center has identified [three categories of data elements](#) that states need for understanding the direct care workforce:

  1. Workforce volume

  2. Workforce stability

  3. Workforce compensation

- Staff stability surveys

  - [National Core Indicators Staff Stability Survey](#)

Arizona

- AZ requires their MCOs to collect workforce data; including the number of licensed and unlicensed direct service personnel, the age of the workforce, the retention and turnover rates, difficulty in filling positions, and the time it takes to fill them.

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Resources to Support the Direct Care Workforce

- [Direct Care Workforce: Resource Guide for State Policymakers](#)
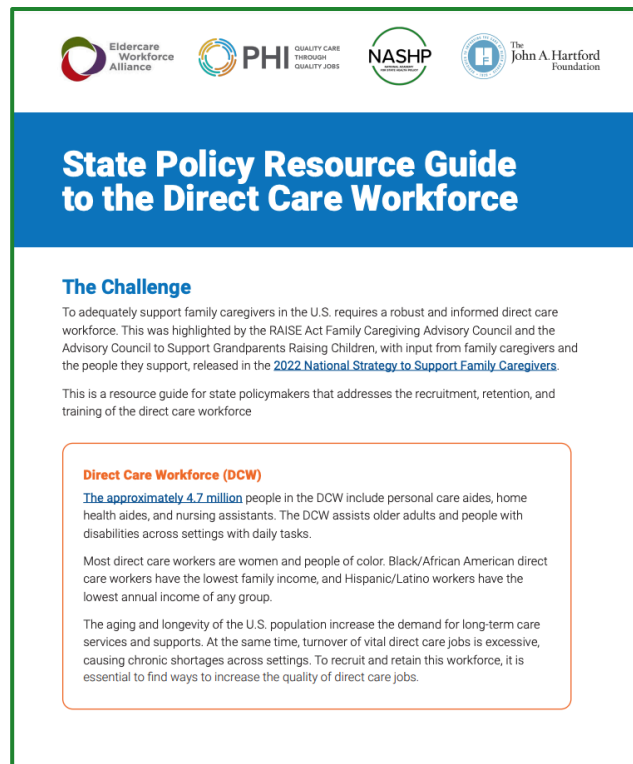
- [RAISE Act State Policy Roadmap for Family Caregivers: The Direct Care Workforce](#)

Update on Indiana Direct Service Workforce Initiatives

Peggy Welch

Chief Advocacy Officer, Indiana Family and Social Services Administration (FSSA)

Indiana Direct Service Workforce Plan – Q3 2023 in Review

Training Action Area:

1. The T&P Action Area small workgroup reached consensus on a draft **DSW job title** – Home and Community Support Professional – as well as a **definition of direct service workforce** and **training core competencies**.

Home Health Redesign (KR6) Collaboration:

2. KR5 (DSW Plan) & KR6 leaders and team members met regularly throughout the quarter to discuss workstreams through 2025 with the goal to ensure ongoing collaboration and coordination

Data Initiatives:

3. The **demographic/work status surveys** were approved through multiple stakeholder reviews, including IDOH.

Marketing:

4. KR5 Leaders prepared a **Creative Brief** (an FSSA internal planning document) for review by the FSSA Communications Team

MCE Engagement:

5. The KR5 leaders facilitated an MCE Office Hours to meet in-person with DSW-oriented MCE team members (e.g., Workforce Development Administrators (WDAs)) to review the DSW Plan, plan and discuss FSSA's expectations of the MCEs including ongoing collaboration

6. FSSA hosted an FSSA/MCE fact-finding exercise, which resulted in 100 statements. These statements will help inform future meetings and discussions with the MCE WDAs

Indiana Direct Service Workforce Plan – Q4 2023 Review

Training Action Area:

1. Obtain broad stakeholder input from the Training Action Group on the **title, definition, and core competencies**

2. Support FSSA in the development of a **training program vendor RFP** (under HEA 1342 (2023))

3. Collaborate with **Key Result 6: Home Health Redesign**, as appropriate

4. **Data Initiatives:**

4. Develop recommendations for the FSSA Data & Analytics **interactive dashboard**, including metrics and user interface

5. Finalize the **DSW workforce data source inventory** based on recommendations from FSSA

6. Finalize the **data action plan** with all recommendations and documentation of activities that have contributed to ongoing workforce data collection

Marketing:

7. Finalize **DSW Plan marketing RFP** and release in Q1 2024

Short-Term Workgroups:

8. Per staff capacity, launch short-term workgroups focused on the **benefits cliff** and **untapped pools** of potential DSWs

MCE Engagement:

9. Host a **listening session with MCEs** regarding their current status with DSW Plan and hopes for future FSSA engagement/ partnerships

10. Meet with **MCE Workforce Development Administrators** on a weekly basis as a group and individually, as needed

11. Develop more **prescriptive expectations for collaboration and coordination** across DSW Plan strategies

Data Initiatives

- Data and Analytics (D&A)
- Overview Data Initiatives
- DSW Dashboard
- Reporting
- CNA/QMA/HHA Survey
- Data Challenges
- Next Steps

D&A exists to help FSSA realize the full potential of data and improve program delivery by compiling, analyzing and presenting FSSA's immense data catalog in a clear and concise manner, we facilitate data-informed strategic decision-making that improves the health and wellbeing of Hoosiers.

For more information, please visit the
[FSSA Data and Analytics](#) webpage.

DATA AND ANALYTICS STRATEGY FRAMEWORK

All FSSA decision makers and employees are fully informed and contribute to an insight-driven culture to improve the health and wellbeing of Hoosiers.

Value

Our mission is to efficiently deliver innovative, high quality data solutions that seamlessly connect stakeholders to actionable insights, improving FSSA's policies and programs.

Strategic Pillars

Communication

Data as an Asset

Business has the relevant and usable data it needs to make decisions on a timely basis.

Data Quality

Business has confidence in data and uses it in decision making.

Infrastructure and Tools

Process, infrastructure and tools are aligned to turn data and analysis into action.

Foundation

People and Culture

The state has the talent and capacity it needs to manage, interpret, use and understand data.

Governance

Governance exists at the right levels to manage data holistically, including data accuracy, privacy and security.

A little about me…

*Worked with the FSSA Data & Analytics for 5 years

*Mom and dad are both nurses

*I live in Indianapolis with my husband Mike and 2 sons – Solomon age 15 and Gabriel who is 11 (almost 12)

*I just started learning Aikido, a Japanese martial art similar to jujitsu and judo -can turn an attacker's strength and momentum against them

*Summer is my favorite season

Overview Data Initiatives

Overall objective: Create and implement the Indiana Direct Service Workforce Plan to improve the recruitment, training, support, and retention of DSWs in home and community-based settings

Annual objective: Define and implement strategies aligned with action areas: wages and benefits, training and pathways, and promotion and planning

4ᵗʰ Quarter Data Initiatives

I. Developing recommendations for the development of an interactive dashboard

II. Finalize the DSW workforce data source inventory

III. Finalize the data action plan with recommendations and documentation of activities that have contributed to ongoing workforce data collection

DSW Dashboard (1 of 3)

- DWD provided current and projected estimates for HHAs/PCAs and CNAs
- Estimates were used in a county-level DSW workforce needs assessment, which helped to inform the collaborative project between Bowen and FSSA
- Goal is to develop ongoing data collection processes for workforce estimates
  - Data provided uses SOC codes:
    - Certified Nurse Aides/Nursing Assistants: 31-1131
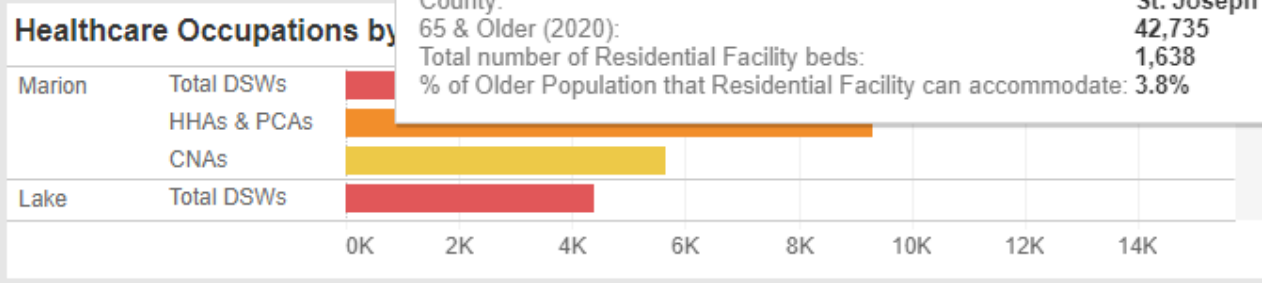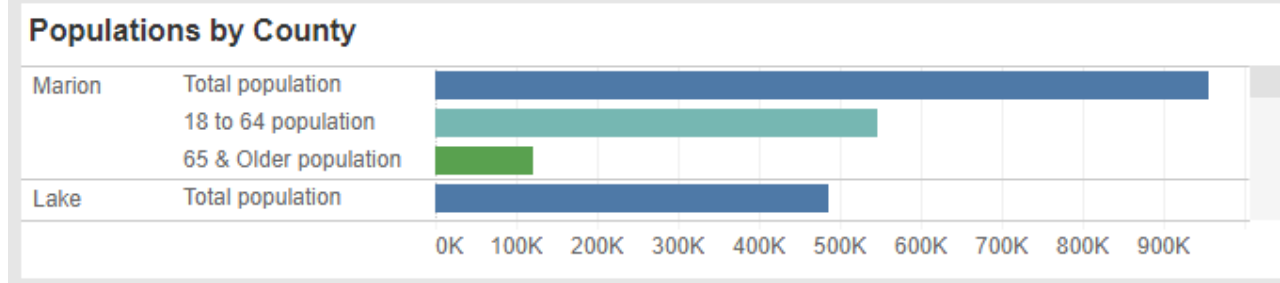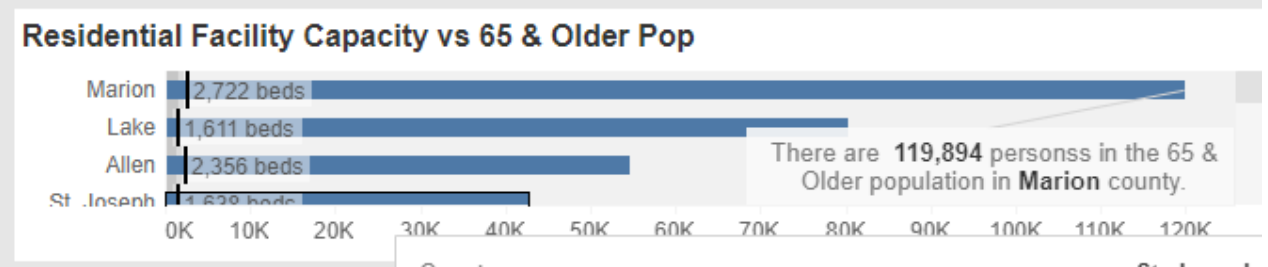   - Home Health Aides & Personal Care Aides: 31-1128
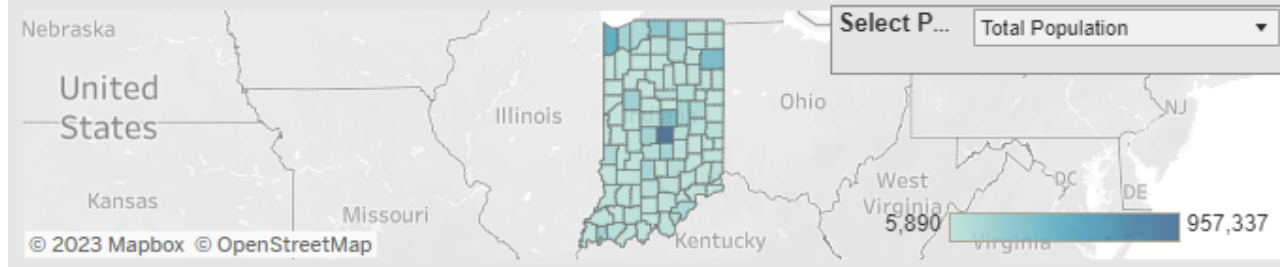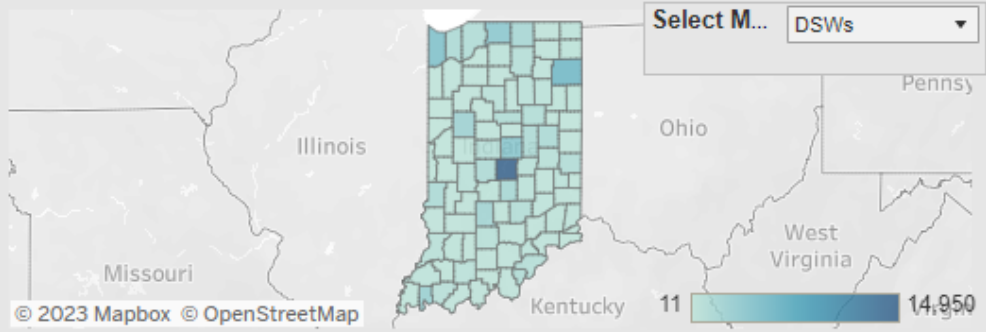
DSW Reporting

- Pathways
- DWD
- Data Inventory List
- Network capacity tool
- Survey data

CNA/QMA/HHA Survey

Primary Outcome - Implementation of supplemental survey to collect data from CNA/QMA/HHA

- Bowen gathered input and expert guidance from state agencies, DSW data advisory board, consumers, employers, and educators in development of survey questions
- Questions embedded in PLA certification renewal process
- Planned implementation 1/1/24

DSW Data Challenges

- Evaluate workforce capacity statewide
- Lack of visibility/existing data
- Disparate sources may be national vs localized, use different definitions
- No established DSW workforce benchmarks
- Provider burden
- Resources (time, money and people)
- Multiple stakeholders can be challenge and strength

Next Steps Data Initiatives

*Continue to analyze existing data sources

- Research and literature reviews
- Learning from other states, and other partners
- Data inventory list

*Expand data collection efforts

*Develop self-service tools for decision-making, developing benchmarks

Recap of Training Action Area Activities

Kelly Mitchell

Director, Division of Disability and Rehabilitative Services (DDRS), Indiana Family and Social Services Administration (FSSA)

Training Action Area: Activities To Date

- Legislative requirement established 5/4/23
- Developed a charter and vision statement to guide efforts: May
- Training Action Group established, invitations sent: May/June
- Action Group Kickoff Meeting: 6/23
- Working Group established, invitations sent: July
- Working Group meetings held: 8/11, 9/15

Action Area Vision

Vision Statement

To meet Hoosiers' home and community-based services needs, Indiana's direct service workforce will be proficient in core competencies with options to pursue professional development opportunities, including specialized on-the-job training and academic study. Direct service workers' training credentials will be portable across HCBS settings and employment arrangements to ensure high quality and reliable supports and services, as well as administrative efficiency.

Background: Need for Terminology and Definition

Populations Served: Aging, chronic health conditions, intellectual & developmental disability

Settings: Home and Community Based settings including group homes, private residence, adult day centers, workplace, assisted living.

Direct Service Workforce

Unlicensed Direct Service Workers
- Direct Support Professionals
- Direct Care Staff
- Consumer-Directed Personal Service Attendant
- Personal Service Agency Staff
- Supervised Group Living Staff

Licensed or Certified Direct Service Workers
- Certified Nurse Aide
- Home Health Aide
- Qualified Medication Aide

In Scope for Umbrella Terminology & Definition, Competencies, Training, Micro and Macro credentials

Out of Scope for Umbrella Terminology & Definition, Competencies, Training. In-scope for Micro and Macro-credentials

Topic	Why is this important?
Terminology	A single terminology will assist in organizing Training Action Area related conversations and will reduce confusion created by a lack of uniformity.
Definition	A definition will help define the scope of the terminology and Training Action Area activities.

Background: Need for Core Competency Input

Advanced, Licensed Roles
(e.g. RNs)

Training Action Area

Specialized Skills
(e.g. behavior management)

Skills and Job Duties (e.g. ADL support)

Knowledge Sharing

Existing HHA, etc.

Foundations
(e.g. philosophy, person-centeredness, HCBS, etc.)
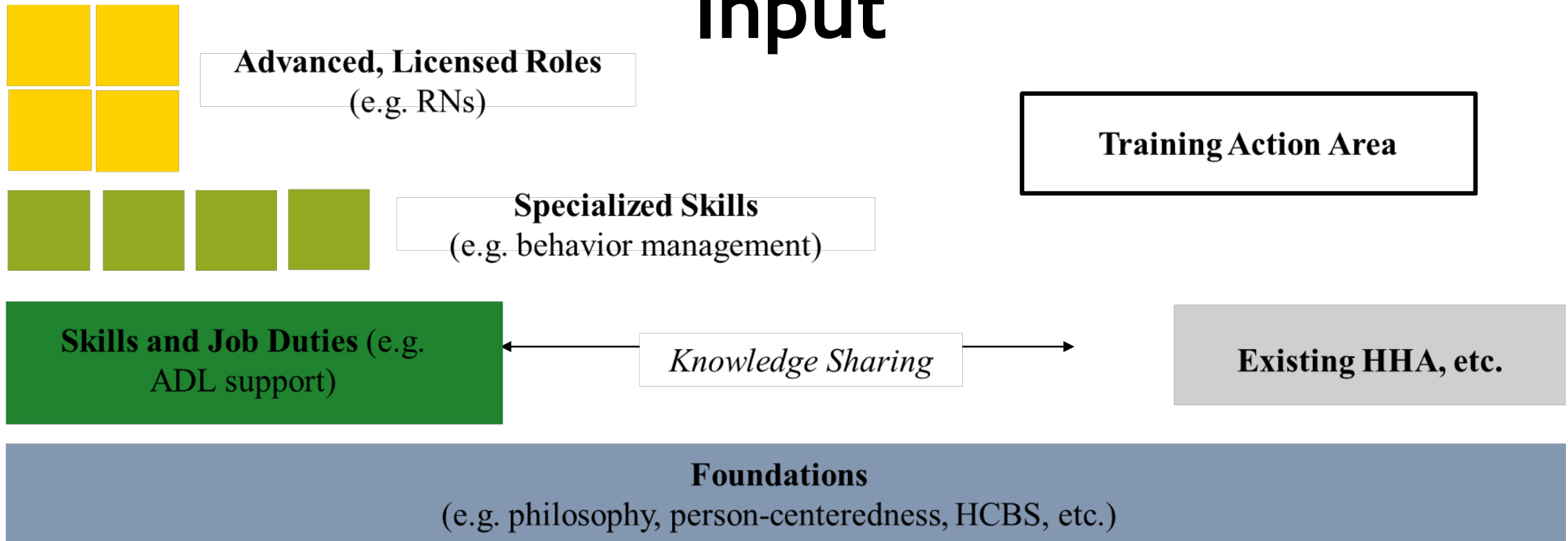
Topic	Why is this important?
Core Competencies	Statute requires development of a competency-based training for these workers. Defining core competency components is a critical first step.
Implementation Considerations	Development of the competency-based curriculum is only one step. After the curriculum is available, guidance for implementation will need to be determined.

Today's Discussions

- An opportunity for additional feedback
- Request for completion of individual feedback via the packet at your seat
- Moderators at your grouplet will document general feedback/themes
- We will close with full room report outs and discussion

Workforce Terminology

Summary of Previous Discussions

- **Intent is to represent individuals serving both aging and disabled populations**

- **Action and Working Group Feedback:**

  - The proposed term is too complex, should be kept simple

  - Should avoid vague terms like "community"

  - The words "support" and "professional" are preferred

  - The aging community tends to prefer the term "caregiver"

  - "Care" is not a word that is popular with the DSP community

Working Title for Today's Discussion

Home and Community Support Professional

Terminology: Small Group Discussions

1. Individual review and reflection
2. Group Discussion: Initial Reactions and General Feedback

Workforce Definition

Definition – Follow up

- **Action and Working Group Feedback:**
  - Incorporate the words advocacy, value, and professional
  - Replace the words paid caregiver, assistance with, services, and coaching
- **Suggested Terms:**
  - "Supportive guidance to achieve the individuals' identified goals of optimal independence"
  - "A professional that supports…maximum independence"
  - "A paid professional that partners with an older adult or persons with..."

Working Definition for Today's Discussion

A paid professional who partners with an older adult or a person with a physical, intellectual or developmental disability, enabling person-centered, home & community-based supports across a range of qualified settings. These supports may include but are not limited to: facilitating activities of daily living and instrumental activities of daily living, accompaniment and the supportive guidance to achieve the individuals' identified goals of optimal independence, productivity and community integration. This term shall exclude certified nurse aides and qualified medication aides.

Definition: Small Group Discussions

1. Individual review and reflection
2. Group Discussion: Initial Reactions and General Feedback

Core Competencies

Reminder of the Charge - Indiana House Bill 1342

(a) The division shall consult with stakeholders who do not have a conflict of interest to do the following:

   1) Establish standards of a competency-based training curriculum for direct support professionals.

   2) Develop procedures to improve incident reporting concerning direct support professionals.

(b) The training curriculum established under this section must include a tiered approach to training that consists of the following:

   1) General education and training in providing direct support to individuals with intellectual disabilities or developmental disabilities with the issuance of a certificate upon successful completion of a standardized test.

   2) Specialized subcategories of additional direct support professional training to allow for advanced learning and enable career growth in the provision of direct support services

Competency-Based Approach

Term	Definition	Example
Competency	The state of proficiency of a person to perform the required practice activities to the defined standard. This incorporates having the requisite competencies to do this in a given context. Competence is multidimensional and dynamic. It changes with time, experience, and setting.	The standard set and expected to successfully do a job/set outcomes.
Competencies	The abilities of a person to integrate knowledge, skills, and attitudes in their performance of tasks in a given context. Competencies are durable, trainable and through the expression of behaviors, measurable.	The behaviors displayed that meet the standards/outcomes.
Competency-based curriculum	A curriculum that emphasizes the complex outcomes of learning rather than mainly focusing on what learners are expected to learn about in terms of traditionally defined subject content. In principle, such a curriculum is learner centered and adaptive to the changing needs of students, teachers and society. It implies that learning activities and environments are chosen so that learners can acquire and apply the knowledge, skills, and attitudes to situations they encounter in work environments.	The teaching and training materials focused on self-development in creating behaviors/outcomes.

Methodology

- Identify Federal CMS Direct Service Workforce Core Competency Initiatives
- Identify competency definition and skill statements
- Identify exemplar states with foundational curricula
- Match individual state competencies to broad CMS competency categories

CMS Competencies for Discussion

1) Communication
2) Community inclusion and Networking
3) Community Living Skills and Supports
4) Crisis Prevention and Intervention
5) Cultural Competency
6) Education, Training, and Self-Development
7) Empowerment and Advocacy
8) Evaluation and Observation
9) Health and Wellness
10) Person-Centered Practices
11) Professionalism and Ethics
12) Safety

Competency Definitions (1 of 2)

Competency	Definition
Communication	Builds trust and productive relationships with people s/he supports, co-workers, and others through respectful and clear verbal and written communication.
Community Inclusion and Networking	Helps individuals to be a part of the community through valued roles and relationships and assists individuals with major transitions that occur in community life.
Community Living Skills and Supports	Helps individuals to manage the personal, financial, and household tasks that are necessary on a day-to-day basis to pursue an independent, community-based lifestyle.
Crisis Prevention and Intervention	Identifies risk and behaviors that can lead to crisis and uses effective strategies to prevent or intervene in the crisis in collaboration with others.
Cultural Competency	Respects cultural differences and provides services and support that fit with an individual's preferences.
Education, Training and Self-Development	Obtains and maintains necessary certifications and seeks opportunities to improve their skills and work practices through further education and training.

Competency Definitions (2 of 2)

Competency	Definition
Empowerment and Advocacy	Provides advocacy and empowers and assists individuals to advocate for what they need.
Evaluation and Observation	Closely monitors an individual's physical and emotional health, gathers information about the individual, and communicates observations to guide services.
Health and Wellness	Plays a vital role in helping individuals to achieve and maintain good physical and emotional health essential to their well-being.
Person-Centered Practices	Uses person-centered practices, assisting individuals to make choices and plan goals, and provides services to help individuals achieve their goals.
Professionalism and Ethics	Works in a professional and ethical manner, maintaining confidentiality and respecting individual and family rights.
Safety	Attentive to signs of abuse, neglect, or exploitation and follows procedures to protect an individual from such harm. S/he helps people to avoid unsafe situations and uses appropriate procedures to assure safety during emergency situations.

Other State Approaches

CMS Competency	460	AK	AZ	KS	ME	MA	NY	VA	WA	WI
Communication	X		X		X	X	X	X	X	X
Community Inclusion and Networking		X	X			X	X			
Community Living Skills and Supports	X	X	X		X	X	X	X	X	
Crisis Prevention and Intervention	X		X		X	X	X	X	X	
Cultural Competency			X	X	X	X	X	X	X	X
Education, Training, and Self-Development			X		X	X			X	X
Empowerment and Advocacy	X		X		X					
Evaluation and Observation	X		X		X	X	X	X	X	
Health and Wellness	X		X		X	X	X	X	X	
Person-Centered Practices	X	X	X	X	X	X	X	X	X	X
Professionalism and Ethics	X		X	X	X	X	X	X	X	X
Safety	X		X	X	X	X	X	X	X	X

Core Competencies: Today's Discussion

- Step 1: Individual Review
  - Use your **red pen** to ~~strikethrough~~, **add**, or include a **"?"**
  - Use your highlighters to map content area to appropriate category
    - <mark>Pre-service</mark>
    - <mark>Mid-service</mark>
    - <mark>Specialized content</mark>
- Step 2:
  - Discuss as a group what content should be prioritized for pre-service

Implementation Considerations

Initial Implementation Thoughts

- State approaches to training implementation may vary
- As FSSA begins developing an RFP for training, what important considerations should be taken into account?

Today's Discussion

- Step 1:
    - Individual reflection in three areas
- Step 2:
    - Group discussion: What does your group feel would be required to implement this training? What important considerations did you flag?

Full Room Report Outs

Terminology

What feedback would your group like to share about your terminology discussion?

Definition

- We'll get your specific feedback when we collect your packets at the end of the day.

- Are there any high-level feedback points or reactions to the draft definition included in your packets?

Core Competencies Discussion

Focusing on general themes and feedback, what did your table discuss as the top prioritized content or competencies that would be important for a direct service worker to be trained on pre-service- or before interacting with clients?

Implementation Questions to Consider

- What would be required to implement this training?

- What important considerations did you flag?

Next Steps and Closing

Next Steps

- Thank you for your input today!

- FSSA will develop an RFP for training vendor that will be issued early 2024

- Future opportunities for engagement likely in 2024

Thank you!