Founded in 1937, LeadingAge Ohio is a nonprofit organization that represents over 400 long-term care organizations and hospices, as well as those providing ancillary health care and housing services, in more than 150 Ohio towns and cities. LeadingAge Ohio is the voice for the continuum of long-term services and supports.

Direct Care Workforce Expansion Working Group Survey

LeadingAge Ohio Survey Response

Description:

Direct care workers are the cornerstone of Ohio's health care system. They help older adults, people with disabilities, and those with special health care needs remain connected to their communities and live as fully and independently as possible, with the safety, dignity, and respect they deserve. Due to the emotionally and physically demanding job duties, coupled with low wages and the perceived lack of advancement opportunities, Ohio continues to face a growing deficit of direct care workers. The volatility in this space impacts consumers' access to care and the quality of care provided to those in need. Direct care shortages stretch across the various provider types and program models. Recognizing these challenges, several state agencies are partnering with stakeholders to identify potential solutions for both the state as a whole and Ohio's communities.

While much discussion has focused on competitive wages, the state would like to explore every possible option. A task force will meet over the next several months, with invited expert testimony and extensive opportunities for public comment (written and oral). Kicking discussions off prior to that, we are seeking written feedback on the following:

1. Rules, Regulations and Laws.
2. Education and Training Support
3. Scope of Practice
4. Employee Wellness and Social Supports
5. Leverage Technology and Innovations

The task force will include representatives from the following departments:
- Ohio Department of Medicaid
- Ohio Department of Aging
- Ohio Department of Health
- Ohio Department of Developmental Disabilities
- Ohio Department of Administrative Services
- Ohio Department of Mental Health and Addiction Services
- Ohio Department of Veterans Services
- Ohio Department of Job and Family Services
- Ohio Department of Higher Education

• Ohio Department of Education
• Governor's Office of Workforce Transformation

LeadingAge Ohio Survey Responses:

Q: Rules, Regulations and Laws

- Where do current rules and regulations restrict workforce entry and sustainability?
- Where could rules and regulations be used to encourage and support workforce entry? (Please identify whether restrictions are state and federal)

A: LeadingAge Ohio believes that there are opportunities in the following areas to reduce regulatory burden and enable safe & effective programs that improve efficiency in using workforce:

- **Adult day services**: Consider modifying the ratio for participants in Medicaid-paid adult day services (PASSPORT and Ohio Home Care Waiver) from 6:1 direct care workers to 8:1 or develop an assessment / system for an acuity-based ratio.
- **Adult day services:** consider payment for absent / canceled days for participants, which would stabilize payment and prevent ADS centers from sending workers home. For example, some childcare benefits will allow providers to bill / be paid for up to 10 unexpected absences per six-month period.
- **Enhanced Community Living**: Evaluate the ECL program comprehensively for regulatory barriers, including: using an LPN vs. RN for nursing hours, consider flexibility with the "under one roof" requirements (for example, consider neighborhood-based care), and the scale-up period when providers are working to get to the number of individuals required to qualify for ECL service and proactive partnership with AAA for collaborative program development / referrals.
- **PASSPORT minimum visit length:** consider alternatives to the minimum two-hour visit length, like neighborhood-based care or using EVV to track hours. This would likely need to be done in combination with reimbursement reforms, since visit lengths would drop while the number of individuals served may increase.
- **Advocate to eliminate the CNA "lockout."** Archaic federal rules prohibit nursing facilities with certain levels of citations and/ or civil monetary penalties from hosting CNA training programs and/or serving as clinical sites. As staffing shortages have increased, so have the number of Ohio facilities that are unable to train or host students, cutting off a critical avenue for recruitment. This creates a self-fulling problem, whereby providers experiencing staffing challenges are unable to improve their performance because they are at a disadvantage to recruiting.

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Q: Education and Training Support

- How do we leverage training opportunities for direct care workers entering the workforce?
- Where could we appropriately review rules and restrictions on training opportunities and online education?
- Optimal ways to incentivize or support career ladders?

A**: Remove barriers to STNA licensure.**

- Allow the classroom portion of STNA training to be completed completely via electronic means (including asynchronous, simulated learning).
- Allow STNA candidates "challenge the test"-- similar to other states (MN, FL, TN) allowing STNA candidates to complete their classroom learning via on-the-job learning, and perform / pass written and skills testing to achieve certification.

Pay for class time for STNAs, medication aides. While many providers will reimburse STNAs and medication aides for costs associated with training and certifications, these direct care workers are rarely paid for class time. Given these individuals are low-wage workers to begin with and oftentimes parents or caregivers in their personal lives, this presents a barrier to entry. Stipends offsetting the lost wages during class time would reduce/ eliminate this barrier.

Increase the number of medication aide training programs & allow for more online MA-C training. The state of Ohio could approach existing STNA training programs about adding MA-C courses to increase the number of medication aides serving in long-term care settings and filling in a critical "rung" on the STNA-to-nursing career ladder.

Invest in paid internships / preceptorships with secondary education (high school, career centers), that help providers understand graduation requirements and enable job placement into preferred career pathways (including clinical / nursing) before students turn 18. Early engagement with jobs in human services fields is critical to creating the workforce of tomorrow. Short-term paid preceptorships enable students to earn industry-recognized credentials, advancing them towards graduation while also preparing them for employment in the field. However, human services employers will need to put in additional time to develop work experiences that also meet educational requirements. Short-term paid internships create a "runway" for students and employers alike, offsetting the additional costs of working with student populations while allowing students to explore careers in aging/human services at their pace.

Create early-career stair-steps to social work / behavioral health fields. Entry-level social work and other behavioral health fields require a bachelor's degree, making the first step of these career ladders a particularly steep one. Community health workers and service coordinators

offer a lower-level entry point, but community health workers often lack a gerontological focus, while service coordinators lack the billing codes needed to garner reimbursement. Both offer the lowest-cost intervention level for "pre-acute" community-residing individuals. They effectively promote wellness through links to nutrition programs, social engagement programming and other community supports. Addressing the challenges for each of these roles (creating more billable pathways applicable to the older population for community health workers, creating billing code for service coordination) would not only promote wellness in older adults, but also an important stair-step for the behavioral health workforce.

Q: Employee Wellness and Social Supports

- How could the state support employee retention and recruitment efforts of individual providers through facilitation of best practices?

A: **Incentivize facilities and healthcare agencies to embrace new employee management practices** such as self- scheduling, flex-scheduling, and unlimited paid-time-off. Our direct care staff needs to feel supported and have the freedom to manage their schedule and time in a way that works best for them and their workplaces. Many direct care workers have dual responsibilities in taking care of family or working other jobs and would benefit from the autonomy in choosing how long and when they work shifts. Support and incentivization could greatly encourage many facilities and agencies to rethink how they accommodate their workforce.

Employee Resource Networks are a valuable resource that provides support and advocacy for employees across a spectrum of needs. ERNs not only provide resources and support to direct care staff, but also facilitate crucial communication between staff and administration. Direct funding to support the creation of location/geography-based ERNs can have a positive impact on retention of current staff, but also on a facility's overall workplace culture.

A strong commitment to Diversity, Equity, and Inclusion shows current and prospective employees that their identity is valued, and their work environment is safe. With newer generations entering the workforce, a strong and authentic commitment to DEI values is a high priority when considering a career or place of employment. The state should consider development of a guideline/tool kit to provide agencies and facilities on how to bolster DEI values and create a more inclusive workplace.

Q: Leverage Technology and Innovations

- Are there innovative uses of technology that are being underutilized?

A: **Allow CMP funds to be used for workforce-replacing / enhancing technologies.** Nursing facilities and assisted living across the US have been working to utilize robotics for workforce-replacing technology like medication dispensing devices and food delivery robots, which allow direct care workers and nurses to focus more on resident needs and social engagement. However, these devices have significant upfront costs as well as ongoing maintenance/ subscription expenses. The state of Ohio could utilize existing funds, like its CMP program, to prioritize these types of devices, similarly to how they've structured recent CMP disbursements for indoor air quality, visitation equipment and tablet purchases. These items have a direct impact on quality of life, as it enables clinicians to direct their attention where it is needed most.

Allow use of Medicaid waiver home modification funds (or create a new payment stream) for technological outfitting of private homes, including purchasing personal home assistants (Amazon Alexa), robotic vacuums (Roombas) and other workforce-replacing or workforce-stretching technologies.

Develop a pilot for **Medicaid payment for telemonitoring services** to extend the number of individuals that can be cared for by a given care team; consider adding these benefits to waiver services.