INTRODUCTIONS

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• What is National Core Indicators®?
  • NCI®-IDD
  • NCI-AD™
• What is the State of the Workforce—IDD?
  • Data points
  • How data are used
• NEW! NCI-AD SoTW
• Access NPRM
• Adult Core Set
• How to Get Involved
• Discussion/Questions
What is NATIONAL CORE INDICATORS® (NCI®)?

- NASDDDS, ADvancing States, HSRI & State DD and AD systems directors
  - NCI-IDD
  - NCI-AD
- Goal: Measure performance of public human service systems by looking at outcomes
  - Help state systems assess performance by benchmarking, comparing to other states
  - Domains related to valued life outcomes such as: employment, community inclusion & belonging, community participation, choice, rights, health, safety, relationships, access, service satisfaction, family outcomes, etc.
National Core Indicators Purpose

| Purpose | Establish validated sets of performance and outcome indicators for LTSS systems that align with stakeholder priorities. | Report state and national benchmarks of system-level performance. Allow states to compare to other states and to the NCI Average. |

Hear directly from people receiving services about their experiences and lives (Person-Reported Outcomes)
NCI-IDD Data

- Designed by states for states to reflect current data needs, the latest research and policy landscape

- Over 20-year history of collecting information about outcomes for people who use state IDD service delivery systems and their families

- Surveys are tested and measures are validated. Rigorous NCI revision cycle/process to ensure survey content aligns with stakeholder priorities
NCI-AD

Background

- Collaboration between ADvancing States, Human Services Research Institute (HSRI) and Participating States

- Grew out of NCI - Multiple areas of overlap for cross population comparison

- Quality of life and outcomes survey that assesses the experiences of older adults and adults with physical disabilities served by state LTSS programs, including...

<table>
<thead>
<tr>
<th>Nursing facilities</th>
<th>MLTSS populations</th>
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</thead>
<tbody>
<tr>
<td>Medicaid waivers</td>
<td>State-funded programs</td>
</tr>
<tr>
<td>Medicaid state plans</td>
<td>Older Americans Act programs</td>
</tr>
<tr>
<td>PACE</td>
<td>Assisted living facilities</td>
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</table>
The NCI-AD SoTW is based on the NCI-IDD SoTW.

This information re: DSPs for IDD systems will soon be available to state AD systems.
How did we get here?

State of DSP Workforce

Growing demand for services due to the growth and aging of the U.S. population

Increased ages for people with ID/DD

Fewer people moving into the DSP workforce

Low wages, poor access to health insurance and lack of paid time off (PTO) and other benefits

The high stress and demands of direct support employment

Insufficient training and preparation for DSP roles

Lack of professional recognition and status for skilled DSPs

COVID-19 exacerbated crisis

Who are DSPs?
National Core Indicators®-Intellectual and Developmental Disabilities (NCI®-IDD)

State of the Workforce Survey (SoTW)

- Looks at the workforce supporting adults receiving DD-system supports
- 2014 developed with input from state DD systems
- Focus on stability and quality of DSP workforce (state and national level)
- Standardized measures and calculations to monitor priority data points: wages, turnover, vacancies, and employee benefits/environment
NCI-IDD State of the Workforce 2021 Basics

29 States (inc. DC)

AL, AK, AZ, CO, CT, DC, DE, FL, GA, IL, IN, KY, LA, MD, MA, MO, NE, NJ, NY, NC, ND, OR, PA, SC, SD, TN, UT, WI, WY

3,838 Service Providers

• The data presented in this report refer to Jan. 1, 2021 and Dec. 31, 2021
• State sampling varies
• NCI-IDD avg. weighted
CONTEXT
DATA
Agency characteristics—size based on number of DSPs employed

On Average:
- 46.3% employ 1-20 DSPs
- 15.9% employ 21-40 DSPs
- 8.6% employ 41-60 DSPs
- 29.2% employ 61 or more DSPs

Notably, 62.2% of all providers participating in the survey employ 40 or fewer DSPs

In one state, 5.0% of responding agencies employ 1-20 DSPs
In another state, 84.4% of responding agencies employ 1-20 DSPs
Challenges

• **26.0%** of responding providers reported that the number of DSPs on their payroll decreased by more than 10% between Jan-Dec 2021

• In one state, **40.0%** of providers reported this

• **87.0%** of providers reported that the number of adults with IDD enrolled or approved for services between Jan-Dec 2021 INCREASED or STAYED THE SAME
Types of supports provided by Responding Agencies

• 69.4% reported providing **residential** supports (Range: 32.5% to 100.0%)

• 55.7% reported providing **in-home** supports (Range: 21.2% to 100.0%)

• 64.6% reported providing **non-residential** supports (Range: 30.2% to 100.0%)

• 29.6% of providers reported providing all three types of supports, while 39.0% reported providing only one type
## DSP Demographics

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Non-conforming</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NCI-IDD Avg.</strong></td>
<td>24.1%</td>
<td>71.2%</td>
<td>0.2%</td>
<td>4.4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>American Indian or Alaska Native</th>
<th>Asian</th>
<th>Black or African American</th>
<th>Pacific Islander</th>
<th>White</th>
<th>Hispanic/Latino</th>
<th>More than one race/ethnicity</th>
<th>Other</th>
<th>Don't know</th>
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</thead>
<tbody>
<tr>
<td><strong>NCI-IDD Avg.</strong></td>
<td>1.1%</td>
<td>1.5%</td>
<td>40.1%</td>
<td>0.8%</td>
<td>38.6%</td>
<td>5.4%</td>
<td>1.5%</td>
<td>0.1%</td>
<td>10.3%</td>
</tr>
</tbody>
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* [https://www.census.gov/quickfacts/fact/table/US/PST045221](https://www.census.gov/quickfacts/fact/table/US/PST045221)
OUTCOME DATA
Turnover

Turnover rate: 43.3%
- (State range from 28.5% to 59.0%)
- 11 states reported >50% turnover rate

Tenure (Employed DSPs)

- Tenure of DSPs employed as of Dec. 31, 2021

<table>
<thead>
<tr>
<th></th>
<th>Less than 6 months</th>
<th>6-12 months</th>
<th>12-24 months</th>
<th>24-36 months</th>
<th>36+ months</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVG</td>
<td>18.0%</td>
<td>15.4%</td>
<td>15.5%</td>
<td>11.7%</td>
<td>39.4%</td>
<td>3,770</td>
</tr>
</tbody>
</table>

Notes: Each agency’s turnover rate is calculated as (total separated DSPs in past year)/(total direct support staff as of December 31, 2021). Formulas for tenure were based on the number of DSPs in each time range who separated from employment between Jan 1 and Dec. 31, 2021.

Among responding providers, 1/3 (33.4%) of DSPs employed as of 12/31/21 had been employed for <=1 year.
Tenure (Separated DSPs)

- Tenure Among Separated DSP Employees (Left Between Jan. 1, 2021 and Dec. 31, 2021)

<table>
<thead>
<tr>
<th></th>
<th>Less than 6 months</th>
<th>6-12 months</th>
<th>12-24 months</th>
<th>24-36 months</th>
<th>36+ months</th>
<th>% of agencies reporting at least 1 DSP separation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVG</td>
<td>35.1%</td>
<td>21.0%</td>
<td>16.7%</td>
<td>9.3%</td>
<td>18.0%</td>
<td>84.9%</td>
<td>3,130</td>
</tr>
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Formulas for tenure were based on the number of DSPs in each time range who separated from employment between Jan 1 and Dec. 31, 2021.

Nearly 56% of employees who separated from agencies did so within the first 12 months of employment.
# Reasons for separation

<table>
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<tr>
<th>Reason</th>
<th>Percentage</th>
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<tr>
<td>Voluntary</td>
<td>80.4%</td>
</tr>
<tr>
<td>Termination</td>
<td>14.7%</td>
</tr>
<tr>
<td>Laid off</td>
<td>1.7%</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

State averages for terminations range from 3.1% to 22.7%
CONTRIBUTING FACTOR DATA
Across all service types, responding agencies paid a median hourly wage of $14.50.

When broken out by service type, median hourly wages were:

- $14.44 for DSPs providing **residential** supports
- $14.50 for DSPs providing **in-home** supports
- $15.00 for DSPs providing **non-residential** supports
Paid Time Off and benefits

73.7% of responding providers provided any paid time off to DSPs

59.9% of responding providers offered health insurance to some or all DSPs.

57.1% offered dental coverage to some or all DSPs.

52.4% offered vision coverage to some or all DSPs.

52.8% offered retirement plan to some or all DSPs.
Recruitment and retention

- Realistic Job Preview: 83.4%
- Train on code of ethics: 86.7%
- DSP ladder: 32.4%
- Staff supported to acquire credential: 31.9%
- DSP included in agency governance: 22.2%
Additional Data Available on Responding Providers

- # of adults supported in each support type (residential, in-home, non-residential)
- Changes in number of adults enrolled in or approved for services
- % Full time/% part time
- Vacancy rates
- Starting wages (for each support type)
- Wages as a % of state minimum wage
- % regular vs. % overtime wages
- Bonuses paid to employees
- Employer sponsored retirement benefits offered / available
- Other benefits- tuition reimbursement, flex spending accounts, health incentives
- Frontline supervisor demographics
- .......and more!
How are other states using data?

NY is using SoTW data to compare outcomes before and after a DSP credentialing project.

Many states have required the SoTW through statute to monitor the DSP workforce.

NY is also conducting additional analyses to understand predictors of tenure and turnover.

TN used data as evidence to advocate for a rate increase. Then used SoTW to determine whether rate increase went to wages.

NCI-IDD staff have presented SoTW findings to federal agencies and data have been used in reports and papers.

UT used SoTW data to advocate for, and assess outcomes of a wage increase.

States are using the SoTW as part of Value Based Purchasing.
State of the Workforce - Aging and Disabilities

Next will discuss how we can gather relevant data for aging and physical disability populations through the SoTW-AD
Background

Workforce & Caregiver crisis

- Growing demand for direct service workforce (DSW) and caregivers
  - Long term care employers will need to fill 7.9 million job openings in direct care from 2020 to 2030
- Workers struggle with poverty
  - Median wage for DCW $14.27 in 2021
  - Median earnings were $21,700
  - 43% relied on some form of public assistance
- COVID-19
Why are Data Needed:

- State government is in position to make policy decisions and impact.
- Data is needed to:
  - Drive decisions
  - Be informed
  - Clearly understand/identify an issue
  - Ensure inclusion
  - Effectuate change
  - Measure success over time
Who is included in the survey?

- **Direct Service Workers (DSWs):**
  - Support people to maintain independence
  - Provide personal assistance such as support to get out of bed, bathe, dress and groom
  - Conduct basic clinical tasks such as monitoring vital signs, helping with prescribed exercises or administering medications
  - Assist with housekeeping, grocery shopping and cooking, accompany clients to doctor appointments or other errands
  - Provide companionship
  - Provide support in community engagement activities
  - Provide support in day centers or other day activities
  - Provide respite support
Who is not included in the survey?

• The following are excluded from the SoTW-AD survey:
  • Nursing Home Facilities
  • Self-directed DSWs
  • Clinically licensed staff
    • CNAs may be included
Topics included in survey

- Demographics of state DSW workforce
- Length of DSW employment
- Information on providers providing supports in the state such as size, number of people served, etc.
- Vacancy rates
- DSW turnover rates
- Hourly wages
- Benefits
- Recruitment and retention strategies
## What can states do with these data?

<table>
<thead>
<tr>
<th>Learn</th>
<th>Organize</th>
<th>Work</th>
<th>Focus on</th>
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</table>
| State can learn from the variation in your state  
  • How can smaller agencies be supported as system changes are anticipated? | The state can organize a learning collaborative workgroup  
  • Look for patterns or trends by size of agency, region of the state, or other categories  
  • Use quality tools to identify improvement opportunities  
  • Share best or emerging practices. | Work with service provider trade associations  
  • analyze trends by size of the agency or type of service provided (residential, in-home, and/or non-residential).  
  • Comparison of wage and benefit similarities and differences can provide insight into potential factors that may impact turnover. | State can focus on the termination rates of the workforce.  
  • identify possible state or local agency policies contributing to higher-than-average rates of termination when compared to other states. |
Access NPRM

• Require that 80% of Medicaid payments for personal care, homemaker, and home health aide services be spent on compensation for the direct care workforce (as opposed to administrative overhead or profit)

• Require states to publish the average hourly rate paid to direct care workers delivering personal care, home health aide, and homemaker services

• Comment letters request flexibility for data
  • Alternative baseline for data in SoTW

• Use initiative as a way to meet federal reporting requirement
Adult Core Set

• 3 Measures from the NCI-IDD In-Person Survey were accepted to be included in the Medicaid Adult Core Measure Set beginning in 2020
  • Transportation available to places the person needs to go
  • Life Decisions Scale
  • Everyday Choices Scale

• NCI-IDD measures were included in 2020 and 2022 Adult Core Measure Set (minimum of 26 states required)
How to Get Involved

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Thank you!