

Moving from Crisis to Stabilization: The Case for Professionalizing the Direct Support Workforce Through Credentialing



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Credentialing Report

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the President's Committee for People with Intellectual Disabilities (PCPID, 2017), he was the Issue Editor for Impact: The Direct Support Workforce and People with Intellectual, Developmental, and Other Disabilities (University of Minnesota, 2018) and produced an award winning Realistic Job Preview titled "Working as a Direct Support Professional: We Get It Done" (NYSACRA 2011). While working in New York, Joe partnered with the State University of New York (SUNY) by assisting more than 500 direct support professionals advance their college education through the "Disability Studies Certificate". He currently sits on the board of directors for The Council on Quality and Leadership (CQL), The Learning Community for Person Centered Practices (TLCPCP) and the College of Direct Support's National Advisory Board. In 2016, Joe was appointed by New York Governor Andrew Cuomo as a Member of the Advisory Council for the New York State Justice Center for the Protection of People with Special Needs.

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EXECUTIVE SUMMARY

Overview of Critical Issues Impacting the Direct Support Professional Workforce

Over the past 20 years, numerous studies have been compiled identifying the importance of the direct support professional (DSP) role as a linchpin to service quality and growth in service demand. However, data indicates that the workforce (estimated at 1.3 million DSPs²) continues to have skyrocketing turnover and low wages, with no clear path to stabilizing this unstable workforce.

While low wages and high turnover rates are often the focus of workforce issues, they are ultimately a symptom of a larger issue: For too long, the DSP role has not been viewed as a professionalized career, but instead as a low-skilled job. The impact of devaluing the role has been consistently demonstrated in lack of investment in the workforce in reimbursement rates paid by state governments, plateaued spending in long-term care amongst raising demand, and primarily, in the lack of professionalization of the Direct Support Professional role and title.

Most impacted by these workforce issues are people with intellectual and/or developmental disabilities (IDD) who are supported by DSPs to live meaningful lives and achieve quality of life outcomes. Today, DSP turnover rates average 45% of the workforce, with average vacancy rates of 9%¹⁴, leading to a constant churn of support in the lives of people with IDD. This “churn” in the workforce has many implications, including negative impacts on quality of support, potential increases in the occurrences of abuse, neglect or mistreatment as well as high administrative costs for recruiting and training new DSPs (estimated at roughly \$2.4 billion annually⁶).

The Case for Credentialing

Many sound ideas have been implemented over the past few decades to help slow this churn in the workforce, however new ideas for long-term, sustained impact on the workforce is critical to ensure that people relying on services remain safe and supported to fully engage and participate in their communities. One direct solution to the problem as outlined is the development and implementation of a national credentialing system for DSPs.

Today, many industries are shifting away from requiring higher education degrees towards skill specific credentialing as means to ensure a competent workforce⁸. According to research, higher-education degrees do not reliably predict skills and competency, so industries are seeking platforms and opportunities for employees to demonstrate standardized skills necessary to their role, such as credentials⁷.

In the IDD sector, it is anticipated that the adoption of a standardized credential for Direct Support Professionals would accomplish three key milestones to stabilization:

1. Implementation of competency-based credentialing to ensure that DSPs understand and are implementing competency-based training to enhance the quality of support;
2. Coordination of competency-based credentialing within state reimbursement rate structures for incentive payments based on credentialing to raise DSP wages and linked to skill enhancement and testing; and
3. Introduction of a true career ladder to the workforce, promoting employee tenure.

Definition of a DSP Credential

For the purposes of this paper, and to help shape the term related to credentialed direct support professionals, credentialing is framed as such “process by which an agent qualified to do so grants formal recognition to and records such status of entities (individuals, organizations, processes, services, or products) meeting pre-determined and standardized criteria⁹.” Within the context of DSP credentialing, this definition identifies a common standard by which integration of key concepts, terms, and practices will be measured to deem the level of skill as defined by credential standards.

Further, a credential, as defined for this paper, and as used typically across industries, also assumes that a tiered or layered competency approach is necessary to earn one or multiple credentials. A potential tier structure is outlined below:

- **DSP Level 1**
 - Non negotiables in service: Health, Safety and Person-Centered Supports.
- **DSP Level 2**
 - Supporting Community-Based Support and Relationships: Community Navigation, Community Networking, Supporting Choice.
- **DSP Level 3**
 - Supporting Individualized, Values-based Support: Promoting Rights, Advocating With, and Advocating For.

While this definition of terms and structure will likely continue to grow as utilization of DSP credentialing advances, it provides a basis for identifying how a credential may be accepted, used and valued within long-term services and supports, specific to the I/DD population and is meant as a starting point in an evolving discussion.

Anticipated Impact of Credentialing Direct Support Professionals

Due to the nature of long-term services and supports, there is no singular, silver-bullet approach to fixing the workforce issue. However, it is perceived, based on research reviewed in other industries and through national discussions with thought leaders across long-term services and supports, that developing a credentialing structure that can be commonly applied across the country has true potential for systemic impact. Specifically, a credential may benefit the field in the following ways:

■ **DSP wage stabilization**

A standard DSP credential could be integrated into a state's reimbursement rate schedule to "pay for performance" wherein agencies supporting credentialing could receive enhanced payments that tie demonstrated skill sets earned through their credential to increased remuneration. This would ensure a standardized mechanism to more fairly compensate DSPs and mitigate issues related to one-time salary increases that do not promote stabilized rates for DSPs in the long-term.

■ **Increased tenure**

Credentialing provides a natural solution to promote an increase in DSP tenure, and therefore reduce turnover by offering a meaningful structure to provide a mechanism for DSPs to demonstrate their accomplishments and to use those accomplishments to advance their careers. Credentialing offers a sustainable basis for career ladder development, to support DSPs to remain in their position while receiving enhanced compensation for demonstration of competency.

■ **Quality of support**

While revising workforce pay and tenure are directly related to the needs of DSPs, both aspects are important to a larger, and arguably more critical purpose – supporting quality of life outcomes for people receiving supports. Credentialing provides Direct Support Professionals with the opportunity to identify and appropriately apply theoretical concepts, to show they understand how to provide quality-based supports in an array of scenarios. Further, credentialing can offer valuable and concrete feedback for DSPs when they do not demonstrate competency needed to earn a credential, providing them with specific information about areas of education, training and growth that are needed.

Overall, the purpose of this paper is to provide State government policy makers, provider agency and provider association leadership and other stakeholders an opportunity to explore how a national credentialing standard can impact the service delivery system. What follows is:

- An in-depth overview of workforce issues impacting the future of a stabilized workforce;
- A proposed definition and operationalization of a credential;
- An overview of credentialing in IDD services;
- A proposed path to implementing a workforce credential;
- The anticipated value and benefits to the workforce and other impacted parties on implementing a credential; and,
- Other supporting efforts that, in concert with a credential, must be undertaken to support this workforce.

INTRODUCTION

The direct support professional (DSP) workforce supporting people with intellectual and/or developmental disabilities (IDD) is broken. Over the past 20 years, numerous studies have been compiled identifying the importance in the DSP role as a linchpin to service quality and growth in service demand¹. However, data indicates that the workforce (estimated at 1.3 million DSPs^{2, 1}) continues to experience skyrocketing turnover and low wages. There is no clear path to stabilizing the shrinking workforce. While high turnover and low wages place immense pressure on employers and employees seeking to fill workforce shortages, they are merely symptoms of a larger issue. For too long, the DSP role has not been viewed as a professionalized career, instead it has been viewed as a low-skill job. This could not be further from the truth. Advocacy efforts have attempted to highlight the complex roles filled by DSPs, however, the function has never been truly professionalized – on a large scale – with exception to its name changing from caregiver to Direct Support Professional. There are many factors contributing to this, among them, a lack of investment in the workforce in reimbursement rates paid by state governments as well as plateaued spending^{3, 4} in long-term care amongst rising demand has exacerbated the challenges. Compounding the contribution of lack of investment is that DSPs are largely anonymous because they are without a Standard Occupational Classification (SOC) within the Bureau of Labor Statistics to properly measure and understand the shifts – nationally – within this workforce. Essentially, the field has adopted a common understanding of workforce issues but does not have access to important data to measure fiscal or service impact and no systemic solutions to fix the growing issue.

1 The President's Committee for People with Intellectual Disabilities. Report to the President 2017: America's Direct Support Workforce Crisis: Effects on People with Intellectual Disabilities, Families, Communities and the U.S. Economy. Final Report. Washington D.C., 2017.

2 Estimate as of June 30, 2013

3 Calculated spending growth by service participant (combined ICF/ID and HCBS 2012-2016) averaged -1%; Total systems spending growth (combined ICF/IDD and HCBS) average (2012-2016) +2%.

4 Larson, S.A., Eschenbacher, H.J., Anderson, L.L., Taylor, B., Pettingell, S., Hewitt, A., Sowers, M., & Bourne, M.L. (2018). In-home and residential long-term supports and services for persons with intellectual or developmental disabilities: Status and trends through 2016. Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration.



Most impacted by these workforce issues are people with IDD who are supported by DSPs to achieve quality of life outcomes. People with intellectual and/or developmental disabilities are often referred to as the “most vulnerable” in our population, however, over recent decades, many people with I/DD have been participating more fully in their communities, directing the course of their services and lives, thriving in fully integrated settings and working in meaningful employment. Many of these advances have been accomplished through the dedication of DSPs who, day after day, support people in their daily lives in virtually every community in the United States. To accomplish this, they provide a vast array of services including medical supports (i.e. medication administration, managing special diets, monitoring health and wellness) and supporting community inclusion (i.e. providing supports in individualized settings, developing and coaching employment opportunities, and teaching transportation and other community living skills). DSPs support people in advocating and facilitating services, provide emotional support and ensure people are healthy and safe in their daily lives. While the list of skills and abilities that are required by a DSP are vast, they are also ever changing as DSPs must also be aware of state and federal compliance-based regulations, ensure accurate record – keeping and maintain current training requirements. DSPs are tasked with not only implementing compliance standards but are also the stewards of service quality through their direct engagement, relationships and interactions with people receiving their support. The work is compensated at an average hourly wage of \$10.72 per hour⁴ – well below the federal poverty level for a family of four.

Due to these complex job requirements and coupled with low wages, DSP turnover rates average 45.5% of the workforce with average vacancy rates of 9.8%⁵, indicating a constant churn in workers necessary to meet growing demand for long-term care. This “churn” in the workforce has many implications, including negative impacts on service quality, potential increases in the occurrences of abuse, neglect or mistreatment as well as high administrative costs for recruiting and training new DSPs (estimated at roughly \$2.4 billion annually⁶).

Many sound ideas have been implemented over the past few decades to help slow this churn in the workforce – including the creation of competency-based training, state and local advocacy efforts for workforce wage and stabilization, and others – the continued growth in demand for services has tipped this workforce crisis into a systemic crisis. New ideas for long-term, sustained impact on the workforce is critical to ensure that people relying on these supports remain safe and supported to fully engage and participate in their communities. One direct solution to the problem as outlined is the development and implementation of a national credentialing system for DSPs.

⁵ NCI 2016 Staff Stability Survey Report. January 2018. The Human Services Research Institute. Cambridge, MA.

⁶ Hewitt, A., Taylor, M., Kramme, J., Pettingel, S., & Sedlezky, L. (2015). Implementing Direct Support Professional Credentialing in New York: Technical Report. Minneapolis: University of Minnesota, Research and Training Center on Community Living. Retrieved from https://www.opwdd.ny.gov/opwdd_about/commissioners_page/DSP-Credentialing_Report

Today, there is a growing body of research demonstrating the impact of industry shifts away from higher education degrees towards skill – specific credentialing as a means to ensure a competent workforce. According to the Harvard Business Review “education is a misleading-to-malignant proxy for economic productivity or performance. Knowledge may be power, but ‘knowledge from college’ is neither predictor nor guarantor of success^{7, 8}.” Because higher-education degrees do not reliably predict skills and competency, many industries are seeking platforms and opportunities for employees to demonstrate standardized skills necessary to their role, such as credentials. Several industries have adopted standardized credentials, including electricians, brick masons, carpenters, and information technology professionals. These careers have been professionalized across society due to the complex nature of the work and the expectation of quality. While credentialing is not the only reason for this professionalism, the credential, across industries, gives credence to the capabilities of these professionals.

While credentialing has many different meanings across industries – reviewed in the following section –developing a national credentialing standard in the direct support workforce should be undertaken. It is perceived that a standard credentialing structure would accomplish three key milestones to stabilization:

- (1) implementing competency-based credentialing to ensure that DSPs understand and are implementing competency-based training to enhance the quality of support;
- (2) coordinating competency-based credentialing within state reimbursement rate structures for incentive payments based on credentialing to raise DSP wages and linked to skill enhancement and testing; and
- (3) introducing a true career ladder to the workforce that promotes employee tenure.

The purpose of this paper is to provide State government policy makers, provider agency and agency association leadership and other stakeholders an opportunity to explore how a national credentialing standard for DSPs can impact the service delivery system. What follows is:

- (a) an overview of credentialing in I/DD services,
- (b) a path to implementing a workforce credential,
- (c) the value and benefits to the workforce and other impacted parties on implementing a credential, and
- (d) other supporting efforts that, in concert with a credential, must be undertaken to support this workforce.

⁷ Higher Education is Overrated; Skills Aren't. Harvard Business Review. <https://hbr.org/2010/07/higher-education-is-highly-ove>;
⁸ Your Credentials are Holding you Back. Harvard Business Review. <https://hbr.org/2013/02/your-credentials-are-holding-y>

WHAT IS A CREDENTIAL AND WHAT COULD IT MEAN FOR I/DD SERVICE?

Often, in medical services and/or long-term care supports, credentialing is synonymous with licensed, certified or accredited qualifications tied to medical-based services. Because of this fluidity in terminology, for the purposes of this paper, and to help shape the term related to credentialed direct support professionals, credentialing is framed as such “process by which an agent qualified to do so grants formal recognition to and records such status of entities (individuals, organizations, processes, services, or products) meeting pre-determined and standardized criteria.”⁹ Within the context of DSP credentialing, this definition identifies a common standard by which integration of key concepts, terms, and practices will be measured to deem the level of skill as defined by credentialing standards. It must be noted that a credential also differs from licensing and accreditation; under the credential, training and/or education is not provided, but instead, the credential is earned by showing that previously received training and/or education has been comprehended and the individual can show how and why key concepts would be used, or have been used, to address scenarios in their work.

Further, a credential, as defined for this paper, and as used typically across industries, also assumes that a tiered or layered competency approach is necessary to earn one or multiple credentials. This means that an individual seeking a credential must demonstrate competency in a diverse, standardized group of skill areas prior to receiving a credential. This model of credentialing provides a more holistic, whole-life, quality-based approach to showing competency across the many facets of direct support practice.

Lastly, as a standard definition for credentialed DSPs providing supports and services to people with intellectual and/or developmental disabilities is established, it is also important to set a standard operational or structural definition to the credentials available. While credentialing provides a standard approach to acknowledging skills, knowledge and attitudes of DSPs, it is important to ensure that the credentials themselves are well-defined and meaningful so that they can be more widely accepted and, eventually, lead to portability across local and state borders. As seen across industries, a commonly accepted credentialing standard enhances the value of the credential – increasing portability, skill acknowledgment and overall value. For example, a multi-industry study¹⁰ found that standardized credentials are increasingly beneficial to members of a trade and/

The credential is earned by showing that previously received training and/or education has been comprehended and the individual can show how and why key concepts would be used or have been used to address scenarios in their work.

9 Mickie, S., Rops, & Associates. (2007). Credentialing, Licensure, Certification, Accreditation, Certificates: What's the Difference? msrops.blogs.com/akac/files/Credentialing_Terminology.pdf.

10 ASAE. (2017). The Benefits of Credentialing Programs to Membership Associations. ASAE Foundation Research Series. <https://www.asaecenter.org/publications/107675-the-benefits-of-credentialing-programs-to-membership-assns-pdf>

or association over time, as they enhance the status and value of credentialed members in the short-term, and the trust in a competent industry in the long-term. For this purpose, this paper looks to define credentialing levels as follows:

DSP Level 1 – Non negotiables in service: Health, Safety and Person-Centered Supports. DSPs credentialed at Level 1 will show a standard and comprehensive understanding of the basic skills, values and knowledge needed to provide human services, as well as an understanding and acceptance of person-centered practices.

DSP Level 2 – Supporting Community-Based Care and Relationships: Community Navigation, Community Networking, Supporting Choice. DSPs credentialed at Level 2 will expand on their comprehensive understanding of person-centered approaches to service provisions. Level 2 DSPs will be able to show their ability to advocate for and with people receiving services and supporting greater community engagement.

DSP Level 3 – Supporting Individualized, Values-based Care: Promoting Rights, Advocating With, and Advocating For. DSPs credentialed at Level 3 will show a deep understanding of person-centered, holistic supports and advocacy. The DSP may focus credentialing in a specialty or specific area, but all knowledge and skills should highlight an approach to a high-quality of promoting and supporting individual choice and self-direction.

While this definition of terms and structure will likely continue to grow as utilization of credentialing advances, it provides a basis for identifying how a credential may be accepted, used and valued within long-term services and supports, specific to the I/DD population and is meant as a starting point in an evolving discussion.

While the operational and values-based approach to “why” credentialing should be implemented in LTSS for people with I/DD should lead this discussion, it is important to first understand how it might work within a vast service industry. As discussion surrounding the viability and value of credentials grow - especially within the framework of integrated care – service organizations frequently develop (often locally) credentialing standards tied to state or federal standards. These structures are beginning to identify how credentialing of direct support may be integrated into service waiver requirements, licensure requirements, and/or risk reduction components for providers. While these discussions are a promising first step in providing a more standard approach to workforce expectations, the siloed approach at a local level increases the risk of having many state-specific credentials which, while customized to state needs, reduces the portability and standardization to one unified approach to workforce credentialing. Inside the LTSS services system, to promote, to the fullest capacity, a credentialing structure that will positively impact the most lives of those receiving Medicaid-financed services, a national, standardized and valid approach to credentialing should be developed. Once developed, vetted and accepted, this national approach can be used to grow, stabilize and promote the workforce under commonly understood terms and expectations, which enhances the value of the credential within states, within financing structures and across state borders.

DEFINING A PATH TO CREDENTIALING

As previously outlined, based on the complexity of the skills required to be effective, and the data which supports a standard credentialing structure, it is believed that to truly scale a DSP credentialing system within I/DD services, a national structure should be strongly considered. Of course, the development of a national, standardized approach will not occur overnight - due to differences in state Medicaid programs – however, it is anticipated that movement in this direction will best support and stabilize this vast workforce in the most sustained, efficient and effective way. Critically, should credentialing be widely adopted, as the roles of the DSP evolve with time, the credentialing program will require ongoing modifications to support growth. Partnerships across the service system will need to be established to accommodate and grow credentialing into a new paradigm. These partnerships should provide a holistic approach to how credentialing is not only operationalized, but expanded to meet changing and growing workforce projections, as well as the demographics of people accessing funded-supports.

While the issue of the immensely strained workforce is far reaching and has significant impacts on every component of the service delivery system, there are relatively few organizations which have committed their mission to addressing direct support workforce issues. Although several organizations at state and national levels have advocated for important changes needed to support the workforce, the National Alliance for Direct Support Professionals (NADSP) has committed itself exclusively to representing the interests of the workforce. This includes work that has led the field to enhance access to competency-based training, drive standards in ethical direct support practice, and advance the workforce through public policy advocacy at the state and national levels.

Since its inception in 1996, the NADSP has worked to develop credentialing standards based on accredited competency-based training curricula, a Code of Ethics¹¹ that provides a professional values-base for ethical practice and Medicaid-approved standards for service quality. Initially, NADSP credentialing relied on time intensive portfolio development processes requiring complex, all-encompassing submissions highlighting how DSPs have implemented their training into real practice. While this approach developed a strong, values-based standard for credentialing the workforce, it did have significant limitations due to issues in scalability based on an extensive time commitment, among other factors – placing further stress on the already stressed workforce.

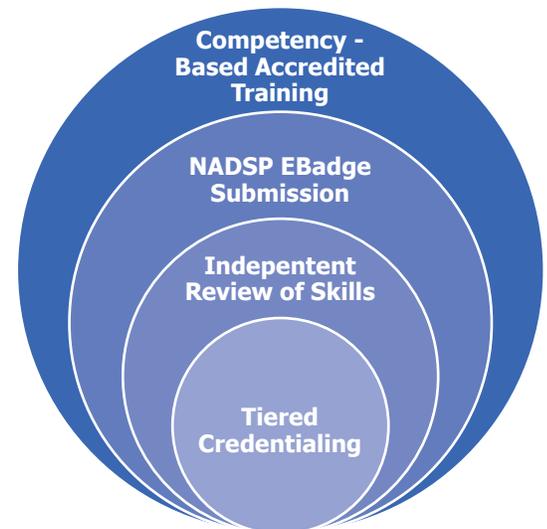
To better support the workforce, the NADSP has worked to redesign the process in which DSPs can provide examples of their work through smaller practice samples on a more contemporary platform, versus one comprehensive submission that may have taken 12-18 months to complete. To accomplish this, the organization has built a web-based credentialing platform specifically aimed at providing intuitive and streamlined access for DSPs to earn credentials through the

¹¹ The NADSP Code of Ethics. National Alliance of Direct Support Professionals. Albany NY. Available at: <https://www.nadsp.org/code-of-ethics-text/>

completion of electronic “badges” in nationally – validated competency areas. These badges are then tiered – based on a guiding rubric established by NADSP in alignment with the Centers for Medicare and Medicaid Services (CMS) Core Competencies¹² – to reach standardized credentialing levels. Importantly, through this work, NADSP used the same strict standards for determining the degree to which a DSP has shown adequate competency to achieve a credential that was initially established and vetted in 2007 during the development of the initial portfolio-based credential.

How Does The NADSP E-Badge Academy Work?

The NADSP E-Badge Academy offers DSPs the ability to earn electronic badges to demonstrate the acquisition and development of knowledge, skills, and values. The use of electronic badges recognizes and celebrates this progress that may otherwise go unacknowledged. With E-Badges earned through a customized online learning management system, DSPs submit specific examples, experience, and education that displays their achievements and contributions to their profession. E-Badge Academy learners upload evidence of their accomplishments for objective review by the NADSP, and then share the resulting E-Badges with others.



The purpose of The E-Badge Academy is to provide national recognition for the contributions and competence of those who apply for and meet the certification standards. The NADSP E-Badge Academy offers powerful benefits to practitioners, their employers and to the people they support. DSPs benefit by learning and applying best practices and evidence-based skill and knowledge in the workplace. The organizations employing credentialed DSPs can provide stronger assurances of quality to funders and can proudly market their employment of nationally – certified and highly skilled direct support professionals. Finally, anecdotal evidence from agencies participating in some form of DSP credentialing process currently suggests that employees who complete rigorous certification programs stay on the job longer and provide a higher quality of support. The NADSP E-Badge Academy affords DSPs the opportunity to commit to the profession of direct support through its three-tiered credential program.

As previously noted, while there are many state and national organizations working to advance the wages and recognition of DSPs, there are none as holistically focused on the complexity of the issues as the NADSP. Because of their substantial investment of resources in developing a standardized credentialing process, it is anticipated that growing this model would have the most significant impact on the workforce and for the people receiving Medicaid-financed services and supports.

¹² Final Competency Set. (December 2014). CMS Direct Service Workforce Core Competencies. Available at: <https://www.medicaid.gov/medicaid/ltss/downloads/workforce/dsw-core-competencies-final-set-2014.pdf>

ANTICIPATED IMPACT OF CREDENTIALING DIRECT SUPPORT PROFESSIONALS

Due to the nature of long-term services and supports, relying on significant human-to-human interaction, changing regulatory requirements and the substantive challenges in recruiting and retaining DSPs, there is no singular, silver-bullet approach to fixing the workforce issue. However, it is perceived, based on research reviewed in other industries and through national discussions with thought leaders across long-term services and supports, that developing a credentialing structure that can be commonly applied across the country has true potential for systemic impact.

DSPs serve as the frontline to the entire service delivery system, balancing choice and risk, navigating individualized outcomes and promoting health, safety and human rights. As the workforce remains strained, and their roles and responsibilities expand and evolve, a correlating degree of risk for health and safety concerns for those supported as well as reduction in access to

supports for achieving outcomes also grows. Of course, there are many factors which impact staff turnover or organizational challenges with recruitment and retention. According to data gathered by Medisked¹³ through a national survey seeking reasons why DSPs leave their positions, inadequate pay, difficulties/stress related to the job, lack of advancement opportunities, lack of supervisory support and insufficient training were the highest reasons. Of interest in this data, DSPs have identified that training seems to be well established and delivered to support their roles – this is validated in the 2016 National Core Indicators (NCI) Staff Stability Survey – yet the position components training should support (i.e. the “why” training matters) are perceived to be significantly lacking. While credentialing will not decrease the difficulties or the stress of performing direct support work, data gathered through credentialing would identify strengths of the workforce in providing supports and equally as critical, highlight areas of challenge where additional training may be needed to support the workforce.

Medisked Survey Results on DSP Reasons for Leaving Employment.	
Reason for Leaving	Percentage
Inadequate pay	88.54%
Lack of supervisory support/appreciation	42.04%
Insufficient training/guidance	28.66%
Difficulties/stress of work performed	66.88%
Lack of advancement opportunities	49.68%

Source: Medisked survey. Multiple choice allowed therefore results add up more than 100 percent.

13 Medisked. (2016). The Staffing Struggle In Real: New Statistics on I/DD Agencies' Most Common Personnel Challenges. <http://medisked.com/wp-content/uploads/2018/06/The-Staffing-Struggle-is-Real.pdf>

Again, while there is no one-size-fits-all, gold standard solution for assuaging the myriad of direct support workforce issues, it is proposed that credentialing can have a significant impact on many of the factors identified, as well as others, as outlined below.

DSP wage stabilization

As indicated in the Medisked data, one of the leading reasons DSPs leave their job is due to low or inadequate pay for the commensurate challenges and expectations associated with the position. While low or inadequate pay is not exclusive to this industry, several studies of DSP wages have indicated a systemic failure in aligning pay with duties. While state governmental agencies and legislatures often make one time – percentage-based – increases to support DSP wages, these increases are often short-lived, not reoccurring and seldomly tied to skills or abilities which promote professional development – instead they apply the same increase across the board. Although these increases are valued and important to supporting the workforce, the lack of alignment with factors such as: tenure, professional development/skill acquisition and/or credential mean they are not promoting higher value or performance, nor will they carry forward for service agencies to support staff development and tenure over time. To circumvent these challenges, it is imagined that a standard credentialing process could be integrated into a state’s reimbursement rate schedule to “pay for performance” wherein agencies supporting credentialing could receive enhanced payments that tie demonstrated skill sets earned through their credential to increased remuneration.

While there are inherent complexities to this approach, it does provide a mechanism to support an investment in staff development that is measurable, impactful and values the relationship between highly-skilled workers and quality. Under current payment structures, DSPs have a minimal barrier to enter the workforce: state/federal minimum employment requirements (i.e. 18+y/o, pass criminal background check, etc.) plus basic state training requirements. With these low thresholds to entry, coupled with no inherent rate increases tied to skill or knowledge development (other than specialization in areas like behavioral supports), workers have no career path that is anchored to their salary. Beyond the demotivational aspect of such a structure, it also de-incentivizes employers from offering or promoting skills development and employees for actively seeking it when no tangible benefit is associated.



To modify this structure and highlight the value associated with career development, credentialing could act as a critical, yet missing component to tie these pieces together in Medicaid-financed supports and services. Although states must maintain the ability to determine their own operating structure in a shift to skills-based payments, the following example shows one way in which a credential may be included and operationalized in services under a traditional fee-for-service model or through a specific Value-Based Payment model.

Integrating Credentialing in Value-Based Payments

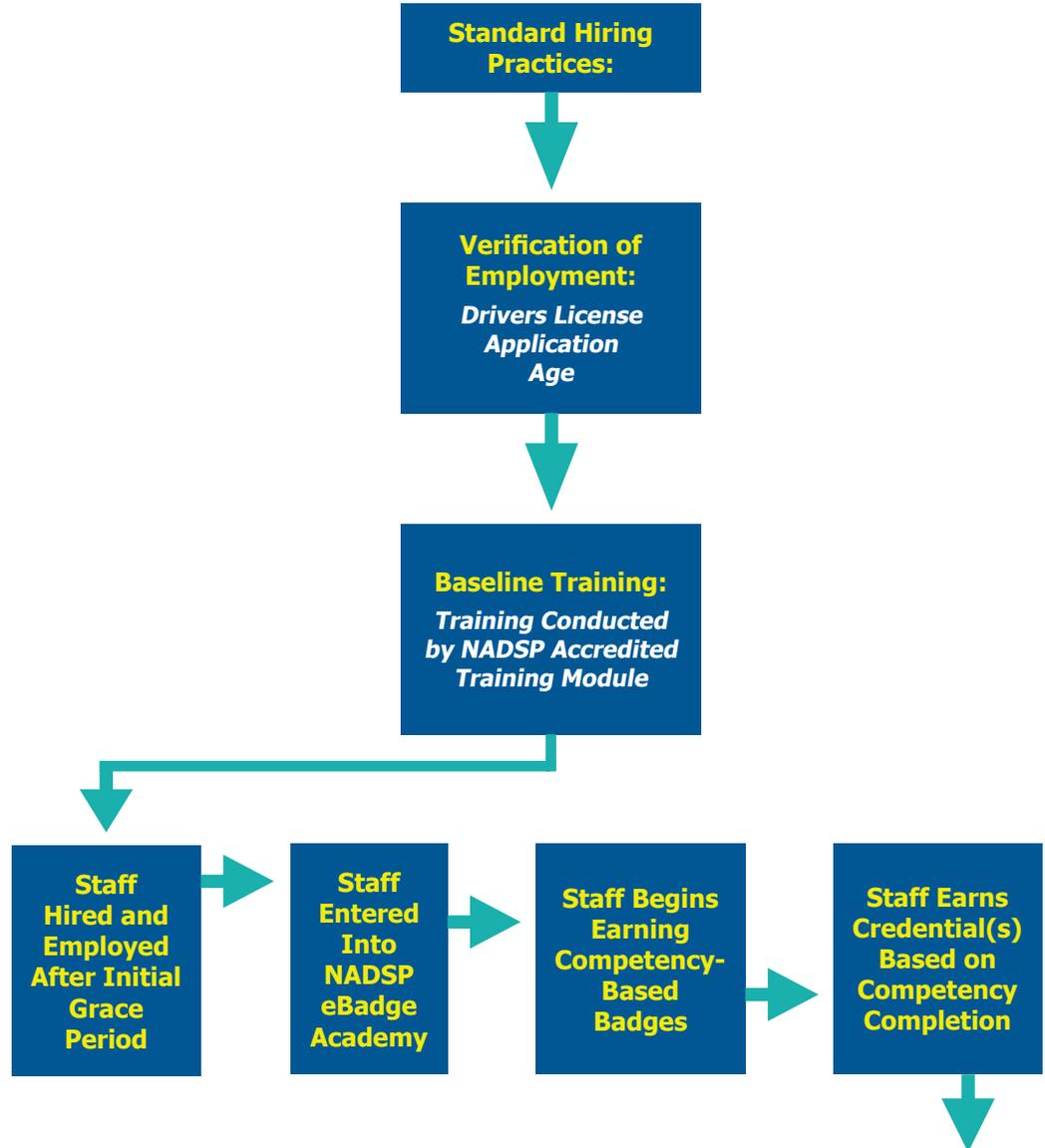
Value-based payments (VBP) are a growing discussion in LTSS. While VBP have been successfully implemented in paying for patient care in acute care services, a reliable and operation VBP structure has yet to be adopted in I/DD LTSS¹⁴. At challenge is defining components of provider-controlled service delivery components which tie to improved outcomes for people supported. While in acute care, physicians may receive VBP for aiding in diabetes management, or medication adherence, LTSS services are far more complex and whole life, therefore singular components in care management are less impactful. More systemic approaches for whole-life quality of care should be a goal for payers and service delivery agencies. Nationally, data has indicated that a significant driver of LTSS quality is linked to staff stability and knowledge of service delivery – in essence, the better care providers know the individual supported and the way to provide supports, the higher a quality of life they may have. Given this, implementing workforce stabilization and credentialing initiatives provide a stronger, more direct tie to quality and therefore VBPs in LTSS.

14 Advancing Value & Quality in Medicaid Service Delivery for Individuals with Intellectual & Developmental Disabilities. ANCOR, Jan. 2019, [ancor.org/sites/default/files/advancing_value_quality_in_medicaid_service_delivery_for_individuals_with_idd.pdf?fbclid=IwAR0FLNr09F2gkUcT-8VhJo2wVmDOFWODbCV3oRjcQd4ZOBs-XCNDxeQGMgg](https://www.ancor.org/sites/default/files/advancing_value_quality_in_medicaid_service_delivery_for_individuals_with_idd.pdf?fbclid=IwAR0FLNr09F2gkUcT-8VhJo2wVmDOFWODbCV3oRjcQd4ZOBs-XCNDxeQGMgg).

CURRENT PROCESSES



EXAMPLE: PROPOSED PROCESSES



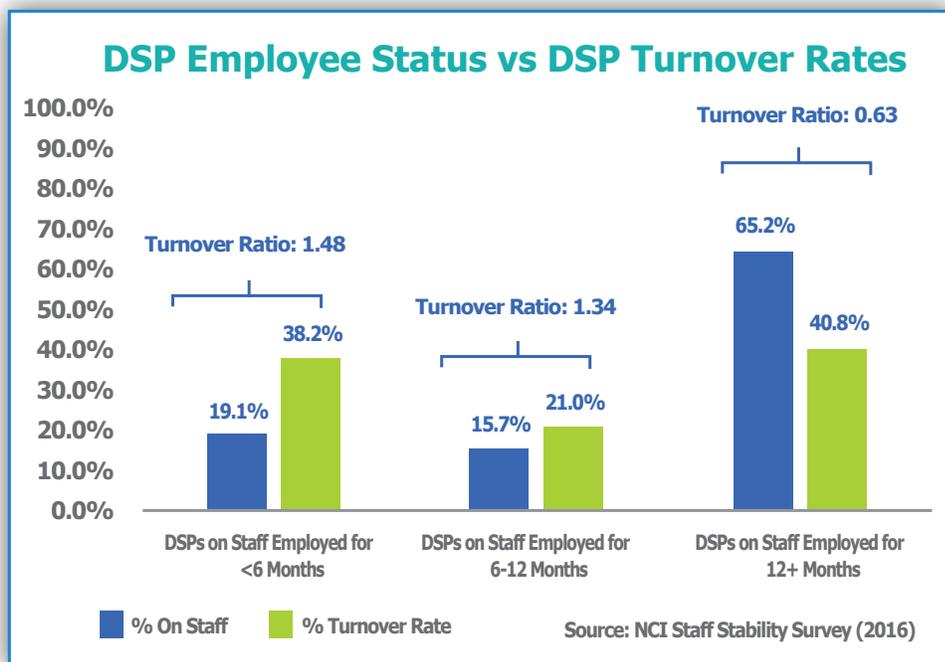
Example: Revised Reimbursement Structure

Base Pay Rate + Incentive Payments Determined by Level of Credentialing (% total DSP Staff)

\$13.00/hr	+ 4% if 65% DSPs Credentialed Level 1 or higher	= \$13.52
	.25% for every 10% of workforce credentialed level 2 or higher	= +0.34/hr per 10%

Increased tenure

While wage stabilization is a critical component to why DSPs leave employment, it is mirrored in importance with high turnover. Data collected by the National Core Indicators (NCI) Staff Stability Survey¹⁵ indicates systemic challenges in retaining DSPs. As illustrated in the graphic, turnover is highest (proportionate to staff) for employees who have been employed for 6 or fewer months. As staff remain on the job, the proportion of turnover to employed staff reduces. To



measure this differently, a turnover ratio was developed for this report. The turnover ratio is comprised by the percentage of staff employed by time period divided by the percentage of staff turnover by time period. Based on this review, staff turnover is nearly 2.35 times higher for DSPs employed 6 or less months than those employed for 12 or more months. This gap, while shocking, is exacerbated by high turnover rates across the employment lifespan – ranging from 21.0%-40.8%.

This constant and pervasive churn of staff creates significant challenges across the service delivery system, including administrative functions, organizational costs, and most importantly quality of support (discussed later). Promoting this churn, of course, are multiple factors – including those outlined above related to pay. However, another contributing factor, as presented in the Medisked data earlier, is a workforce feeling disincentivized through a lack of support/appreciation (42.04% identify as reason for leaving job) and a lack of advancement opportunities (49.68% identify as reason for leaving job). While responses in the Medisked data were not mutually exclusive (i.e. multiple reasons may have been identified for leaving), this data indicates that at least 42% of the DSP workforce who left employment did so because of a lack of appreciation for their work and/or a lack of opportunity to grow their career long-term. While these issues are not exclusive to LTSS service systems, this data indicates a systems failure in supporting those responsible for supporting others.

15 NCI 2016 Staff Stability Survey Report. January 2018. The Human Services Research Institute. Cambridge, MA.

To address these challenges, and promote an increase in DSP tenure, and therefore reduce turnover, a meaningful structure must be implemented to provide a mechanism for DSPs to demonstrate their accomplishments and to use those accomplishments to advance their careers. Credentialing is a natural solution to these issues. First, a credential will allow for a standardized process by which DSPs can provide evidence supporting their understanding and engagement in competency-based skills in their day-to-day work. Through a credentialing program, not only will DSPs be provided the opportunity to demonstrate their skills and knowledge, but those skills and knowledge will be independently evaluated, and data made available to management or supervisory staff allowing for a quantitative approach to evaluating often qualitative values and approaches. Management or supervisory staff then have the tools needed to comparatively acknowledge and/or support their staff in an objective, strategic and meaningful manner. Second, as service agencies and state government agencies begin adopting a tiered credentialing mechanism, it inherently provides a structure for DSP advancement through moving from one tier to the next. For too long, the LTSS I/DD service system has lived within a Catch-22 related to the workforce – not all DSPs want or should be promoted out of direct support into supervisory roles (which requires a completely different skill set), but if DSPs are not promoted, they may leave because that's the only path toward a meaningful wage increase. This struggle is one dealt with across agencies and leads to the development of other incentivized approaches to advance staff without displacing them from their core area of expertise. A credentialing process, which provides a staff person with a mechanism to advance in their career without leaving the direct support role, helps to solve this Catch-22. Further, by implementing a tiered process to credentialing, a more natural progression for DSPs to transition into supervisory roles following the completion of a/the final level provides a higher degree of confidence that newly appointed supervisors fully understand the role of DSPs and the processes to providing support under a competency-based approach.

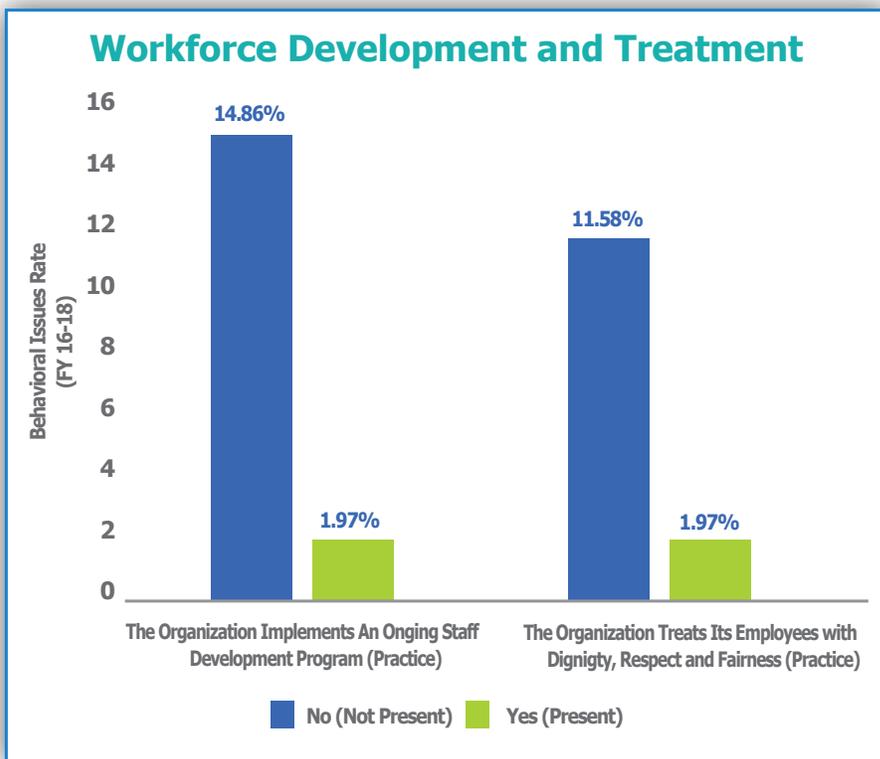
Service quality

While revising workforce pay and tenure are directly related to the needs of DSPs, both of these aspects are important to a larger, and arguably more critical purpose – supporting quality of life outcomes for people receiving supports.

DSPs are often described as the linchpin of the service system – serving in many roles with direct responsibility for ensuring service quality and promoting meaningful life outcomes for those they support. However, in a workforce with a long history of high turnover and low wages – often forcing DSPs to work multiple jobs – service quality is immediately in jeopardy. To be noted for the discussion in this paper, credentialing works to improve service quality in two primary ways. First, as described above, it is anticipated that credentialing may help reduce staff turnover which, in turn, increases staff tenure and continuity of supports – often cited as a key component in quality. Second, as investment is made in staff to request and/or require them to show how they apply concepts of evidence-based or competency-based training, it provides a much higher degree of reasoning that the support they provide follows standards tied to best practices. It should be noted that credentialing does not require staff to encounter each work-related scenario given, but instead, it highlights their ability to take past experiences and adapt them appropriately in situations they may encounter in the future.

By identifying and appropriately applying theoretical concepts, DSPs are able to show they understand how to provide quality-based supports in an array of scenarios. In fact, data released by the Council on Quality and Leadership (CQL)¹⁶ indicates that investing in staff development is directly correlated to the quality of support provided by DSPs.

According to CQL, “Most of the findings have examined how different ways organizations support people with IDD can impact health, but there were additional findings related to the ways agencies treated their staff. When organizations implemented ongoing staff development programs, the behavioral issues rate amongst the people they supported dropped significantly from 14.86 to 1.97 over the three-year period (Figure 21). Similarly, when organizations treated their employees with dignity, respect, and fairness, the behavioral issues rate dropped from 11.58 to 1.97 over the three-year period (Figure 22). For example, an organization that serves 500 people which does not treat their employees with dignity and respect is expected to have 5,800 behavioral issues over a three year period, whereas if they do treat their employees with dignity and respect the number is projected to drop to less than 1,000 behavioral issues, indicating the way staff are trained and treated trickles down to the behaviors of the people supported.”



As service agencies and state government agencies begin to adopt a credentialing standard, they will participate in the two key aspects identified by CQL by investing in workforce developing and treating frontline employees with dignity and respect by showing their support and understanding of the important work they do to support people with intellectual and/or developmental disabilities.

16 Friedman, C. (2018). Building The Framework For IDD Quality Measures. Towson, Chicago, and Omaha: The Council on Quality and Leadership, the Institute on Public Policy for People with Disabilities, and Mosaic.

What needs to happen to make it happen

While this paper aims to outline the value of implementing a defined process to credentialing which may help to impact several stress points in the system, it is important to identify systemic pieces, missing, yet critical, to implementing comprehensive change. Two key components are missing within LTSS infrastructures impeding long-term, sustained change aided by credentialing – (1) a Bureau of Labor Statistics Standard Occupational Classification (SOC) and (2) a strategic investment in the DSP workforce.

In 2018, the NADSP, in partnership with 17 national organizations¹⁷, drafted a letter outlining the importance and value to establishing a SOC in federal classification specific to the work of DSPs. While, at face value, a seemingly minor request, the impact of a SOC for this work is critically important. Without a SOC that is recognized across state-borders, access to true, comprehensive data related to workforce stabilization and pay is limited. Compounding this limitation is the use of other, non-specifically defined SOCs in developing rate structures for reimbursement which guide DSP wages – inherently developing “blind” rates that are untethered to skills, abilities, and knowledge of the true work being completed and therefore exacerbating the issues of low pay and limited career growth or career ladders.

Due to often limited or restricted reimbursement rates to service providers, as well as a perception of workforce churn being a constant in service delivery, there has been limited strategic investment to truly impact the workforce issues at hand. Importantly, there have been successful advocacy campaigns to receive one-time legislative funding increases to raise wages, typically by 3-5%. While it is always important to celebrate such efforts, it is also important to recognize that these increases are often a “point in time” increase without any guarantees to continue pay increases. Additionally, they are often allocated to DSPs across the board, instead of tying increases to enhanced skill development or achievement. As the system looks to stabilize and professionalize this workforce to truly ensure adequate supply and quality to meet growing demand, systemic investment is required. For instance, resources – including financial and human capital – will be required. For example, implementing a credentialing system, like those described here, will require reimagining rate schedules to provide increased values-based payments. The increase in rates will require an increase in dollars available to service providers to invest in the infrastructure of credentialing. While this is often challenging for legislative bodies and other funders to approve, due to an already costly and stressed service funding system, it is anticipated that investing in the workforce may reduce some costs long-term. As indicated earlier, the estimated cost of recruiting and training new DSPs is \$2.4 billion annually¹⁷ – often driven by high turnover in the workforce and rising demand. If 65%

¹⁷ Alliance for Citizen Directed Supports, American Academy of Developmental Medicine and Dentistry (AADMD), American Association on Intellectual and Developmental Disabilities (AAIDD), American Network of Community Options and Resources (ANCOR), The Arc of the United States, Autistic Self Advocacy Network (ASAN), Community Bridges Consulting Group, The Council on Quality and Leadership, Human Services Research Institute (HSRI), National Association of Councils on Developmental Disabilities (NACDD), National Association on Dual Diagnosis (NADD), National Association of State Directors of Developmental Disability Services (NASDDDS), National Leadership Consortium on Developmental Disabilities (NLCDD), Research and Training Center at The University of Minnesota, Self Advocates Becoming Empowered (SABE), The Learning Community for Person Centered Practices (TLCPCP), and The Sibling Leadership Network (SLN)

of the estimated 1.3 million DSPs providing LTSS I/DD services were granted the opportunity to receive a path to credentialing and therefore career growth it would require an annual investment (not including pay increases) of roughly \$54.925 million¹⁸ nationally. While this figure does not incorporate the impact of rate changes through value-based payments, it does identify a real, potential cost saving from real dollars currently allocated to continuously filling gaps in today's workforce. This equates to a potential reduction of costs of nearly \$1.5 billion annually¹⁹. While the presumed value is, at times, tantalizing it does require a strategic, real upfront investment and willingness to take a risk and try a new approach to a long-standing systemic failure.

CONCLUSION

For the past several decades, human service systems have experienced workforce instability. While the exact cause is unknown, many theories have been identified, including insufficient wages, difficulties in job tasks, or even general difficulties recruiting a workforce to support often misunderstood specialty populations. Regardless of the reason why this trend has continued, the impacts of it are without question. Beyond the cost of constant turnover – which is mountainous – there are direct and substantial impacts to the quality of supports those relying on Medicaid-financed services receive because of the instability. For too long, service systems have tried using traditional solutions to correct an evolving and critical problem. While many of these solutions – like one-time legislative funding increases – do have positive impacts for the workforce, they are primarily high-cost, short-term solutions.

As the service system continues to support more people with intellectual and/or developmental disabilities, the stress of workforce instability is exacerbated. The time to act strategically to reduce the workforce churn, and develop long-term, sustainable solutions is now. Continuing to operate in the current structure increases risk across the board for all stakeholders of the service system. While it cannot be assumed that there is one solution, a “silver bullet” to fix the workforce challenges, efforts must be made to both enhance stability and promote professionalism. These two ideas are not mutually exclusive, in fact, it is hypothesized that enhancing professionalism will evoke stability. Credentialing the direct support workforce is a meaningful, significant step in professionalizing this workforce of 1.3 million and growing. As indicated in this report, it is projected that introducing a credential at a local, state or national level can have significant reductions in administrative costs associated with recruiting, hiring and training new workers, but also have real impacts on providing better supports to people with I/DD who utilize services. The NADSP credential proposed in this paper, identifies a time-tested structure tied to competency-based training and best practices married to a

¹⁸ Assumes \$65/user based on NADSP published pricing.

¹⁹ Assumes 65% of total estimated dollars allocated to turnover costs less credentialing investment.

process tailored to a workforce that is strapped for time by providing smaller, tiered steps to the credentialing process. This approach provides an unparalleled infrastructure for an obtainable, standardized credentialing platform unlike anything previously proposed in I/DD services.

However, credentialing is only one leg of a three-legged stool in the challenges to reducing workforce churn. First, it is imperative that the direct support workforce receive a Standard Occupational Classification within the Bureau of Labor Statistics. Failing to establish this classification means that service systems will continue to lack meaningful, measurable and standardized data about the workforce. Such a lack of data means that initiatives, investments or new approaches will lack the infrastructure needed to measure impact. Second, credentialing will take investment from across the services system. While much of this investment will be financial, it will also require human capital related to changes to funding mechanisms, waivers and public policy. Should these pieces come together, there is real potential that the workforce “crisis” may see sustainable relief.

As the long-term care service system continues to grow, change and evolve, policy makers and systems stakeholders must determine what strategic investments will lead to the continuation of supporting people with intellectual and/or developmental disabilities to participate, engage and thrive in their communities. Investment in the direct support workforce is an investment in the lives of people with disabilities. What the system invests in is an indication of the outcomes it expects to see. An investment in the workforce shows a commitment to service quality that directly impacts those supported.



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