



# Help Wanted: Who do we need to help us age in place?

# Presenters

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The Central Indiana Senior Fund, a fund of the Central Indiana Community Foundation, is partnering with The Polis Center at IU-I, on the **State of Aging in Central Indiana Report** to provide reliable, up-to-date information about trends and emerging issues related to the older adult population.

**State of Aging Website**  
<https://centralindiana.stateofaging.org/>



# Indiana's DSW Workforce

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# Bowen Center



- Housed in the IUSM Department of Family Medicine
- Our Work
  - Health Workforce Tracking
  - Data Management
  - Data and Policy Research
  - Policy Recommendations
- Provide ongoing support, expertise and research of Indiana's health workforce and related health policies.

# **The Need for the Direct Service Workforce**

# The Need

There is a growing number of older adults in  
Central Indiana

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And a growing percentage of older adults who will likely need some  
form of healthcare assistance



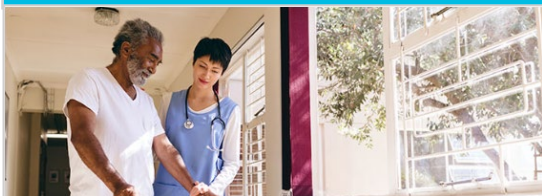
## Who is in the Direct Service Workforce?

- Many different professionals provide direct support to older adults and persons with disabilities.
- The demand for this service is growing as Indiana's population ages.
- Plus, persons with disabilities also require this service and should be included in the conversation.



Family Caregivers

Registered Nurse



Certified Nurse Aides

Home Health Aides



Personal Care Aides



Occupational Therapists



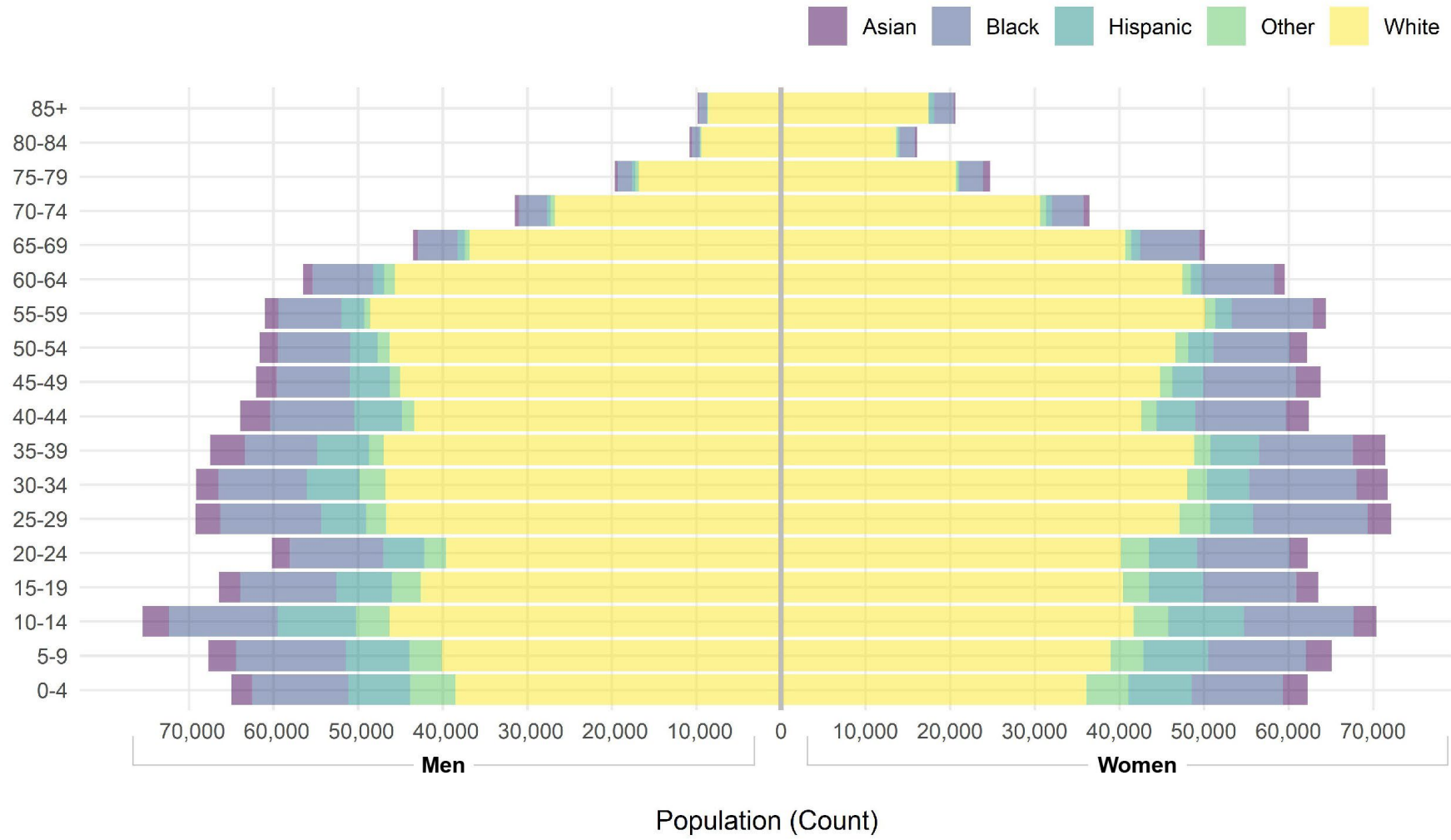
Physical Therapist





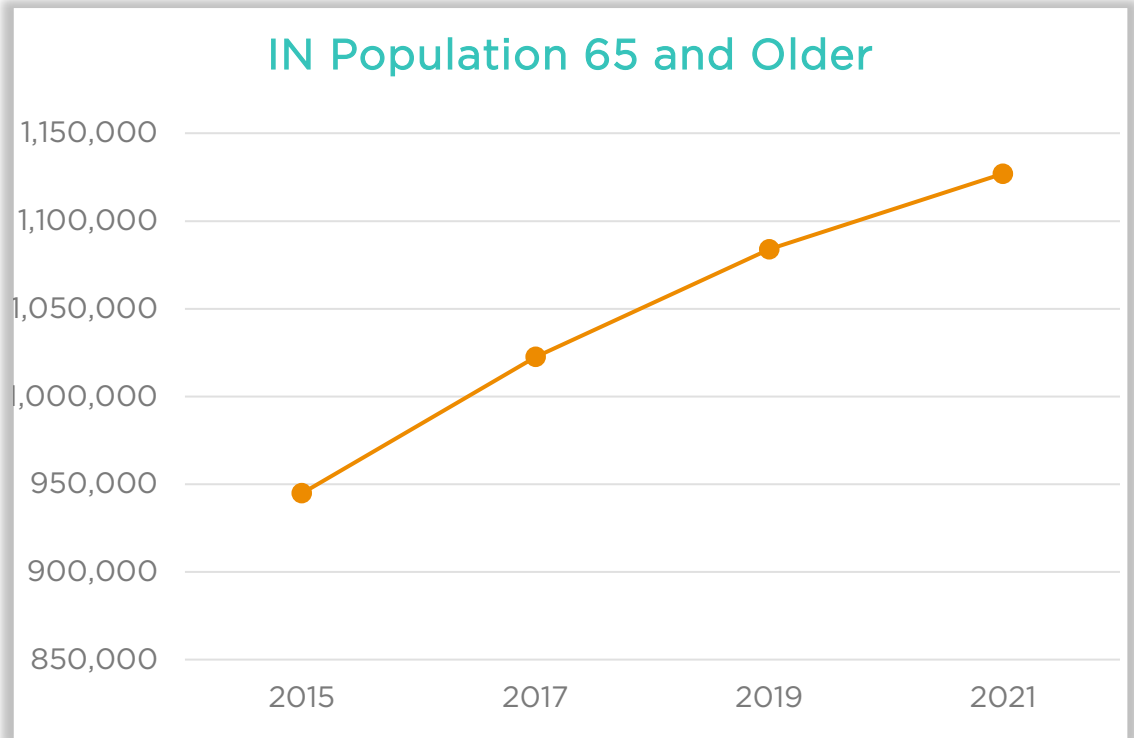
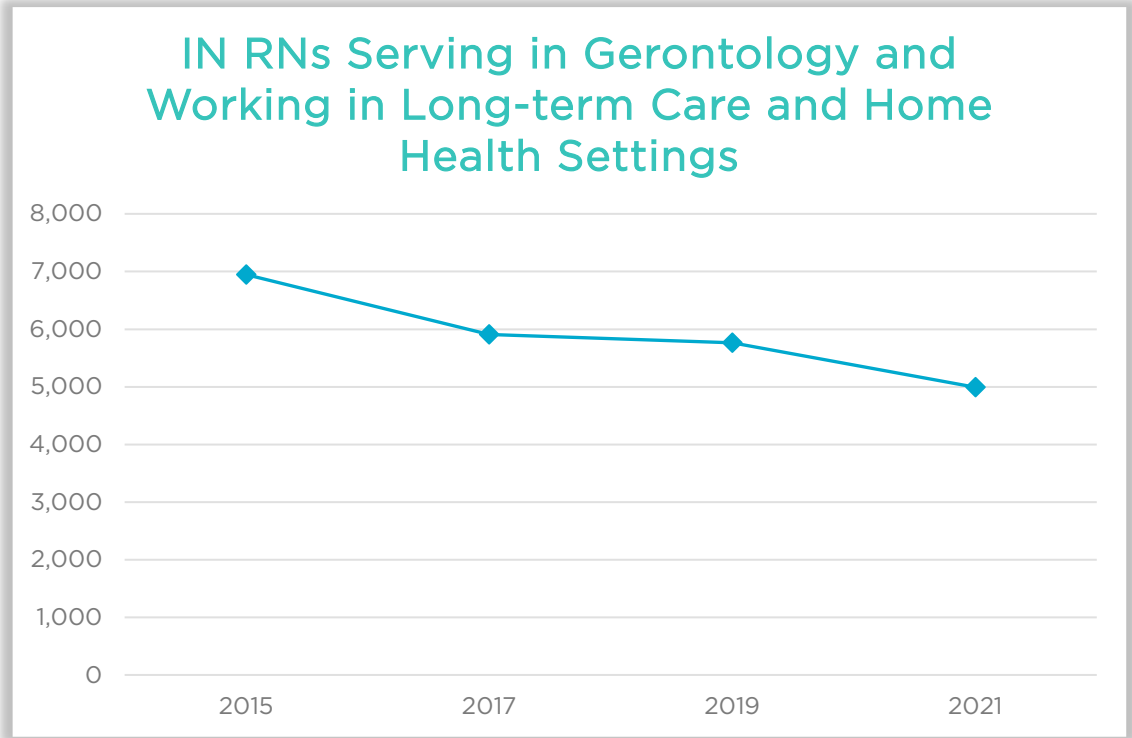
# Central Indiana's older population will be more diverse in coming years

Population distribution by age and race



Source: PUMS, American Community Survey, 2017-2021 five-year estimates

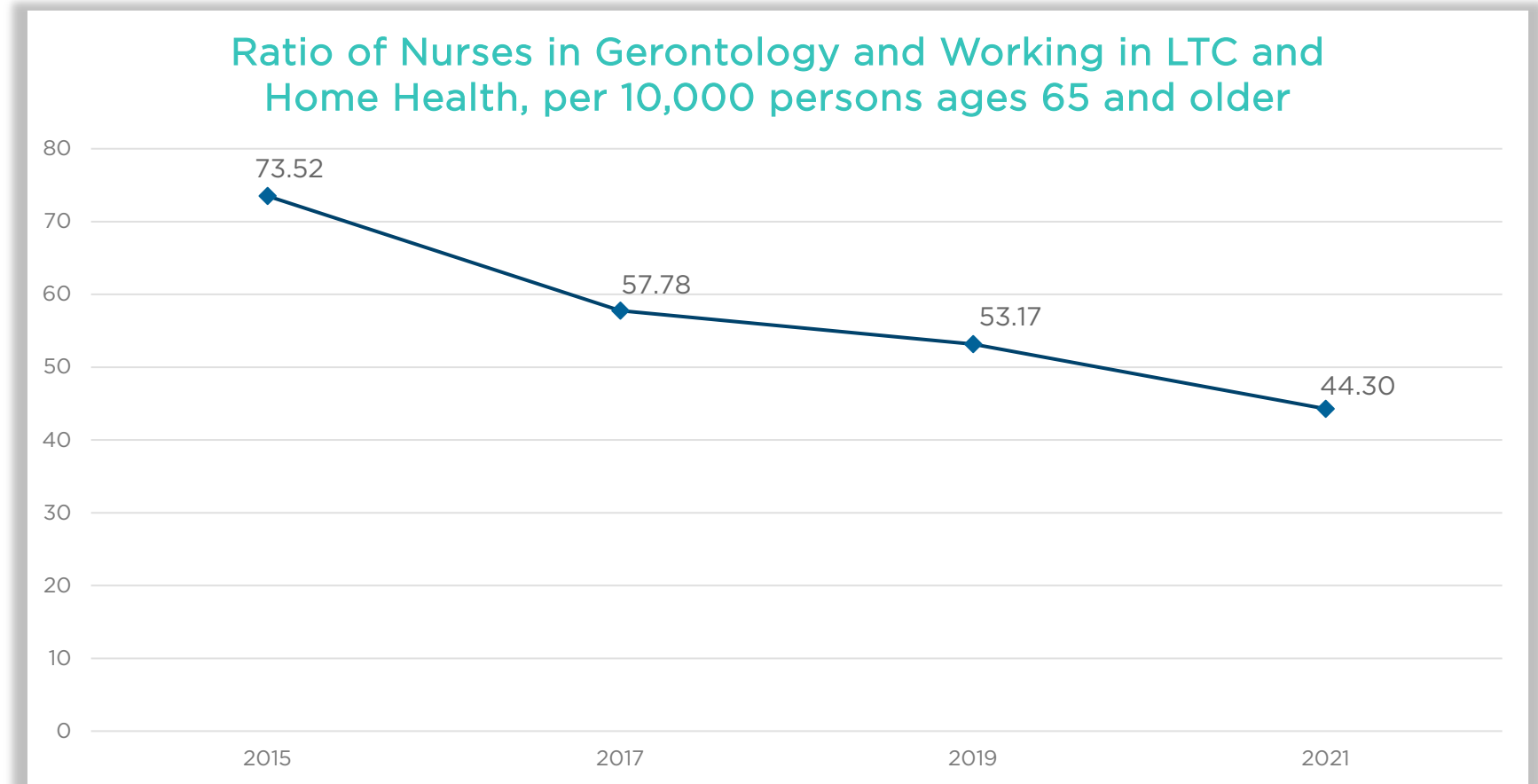
# Trends in nursing workforce in Indiana



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# Trends in nursing workforce in Indiana

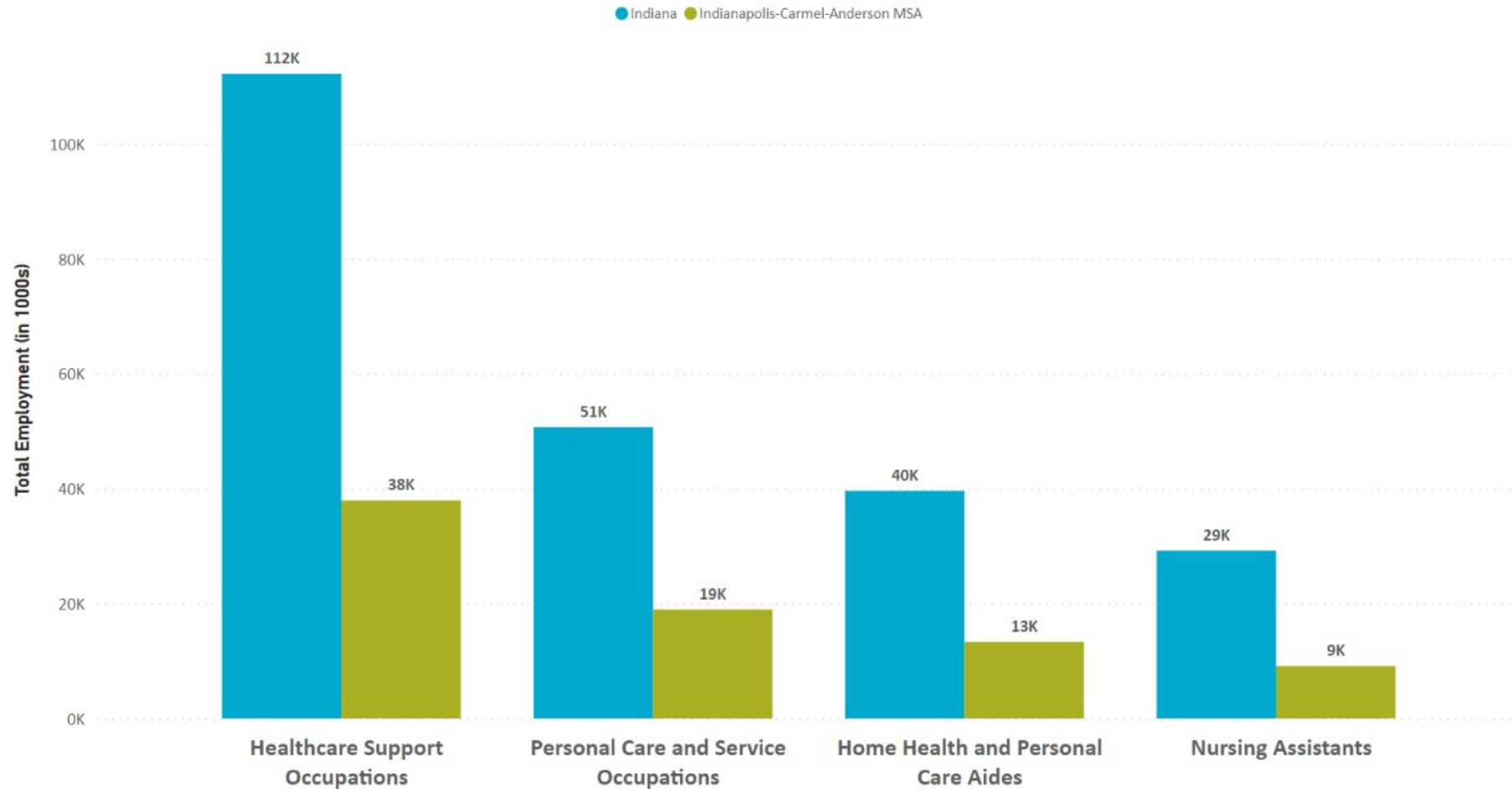
- The ratio of total RNs in Indiana per 10,000 adults ages 65 and older has decreased since 2015.





# Employment in Other Direct Service Workforce (DSW) Occupations

Number of Direct Service Workers Employed by Occupation

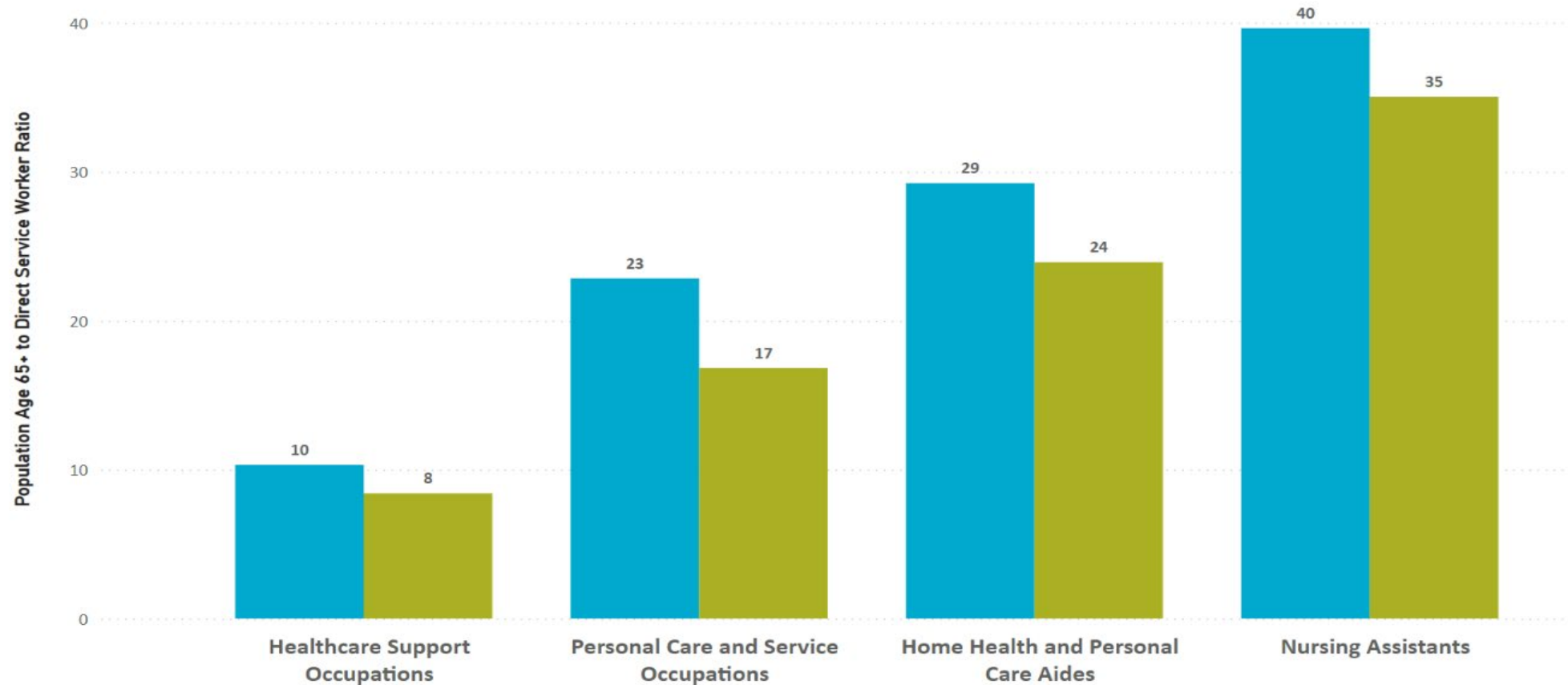


Data source: <https://data.bls.gov/oes/#/home>

# Number of Older Adults per Direct Service Worker

Population Age 65+ per Direct Service Worker by Occupation

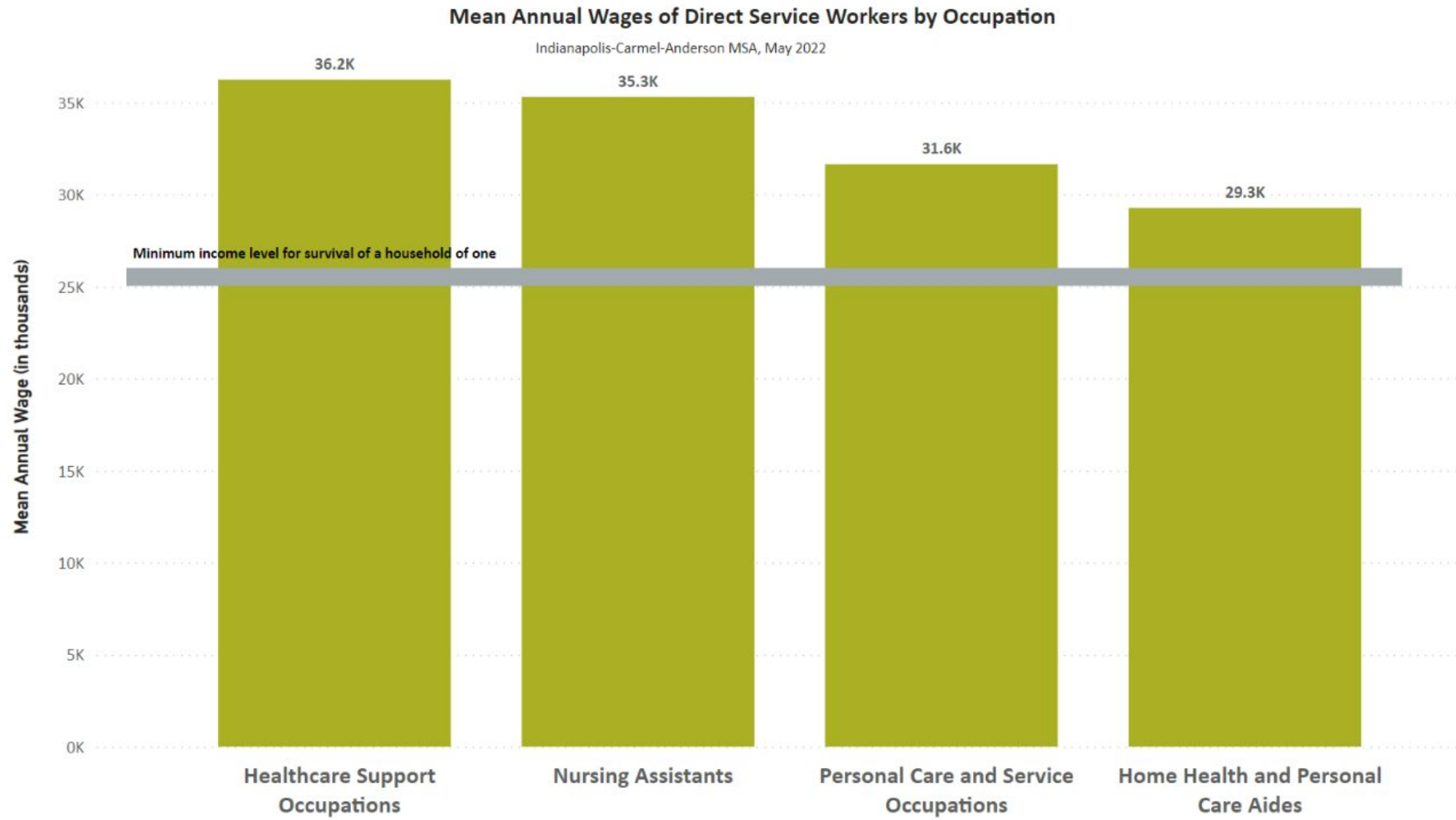
● Indiana State ● Indianapolis-Carmel-Anderson MSA



Data sources: <https://data.bls.gov/oes/#/home> ; <https://data.census.gov/table>



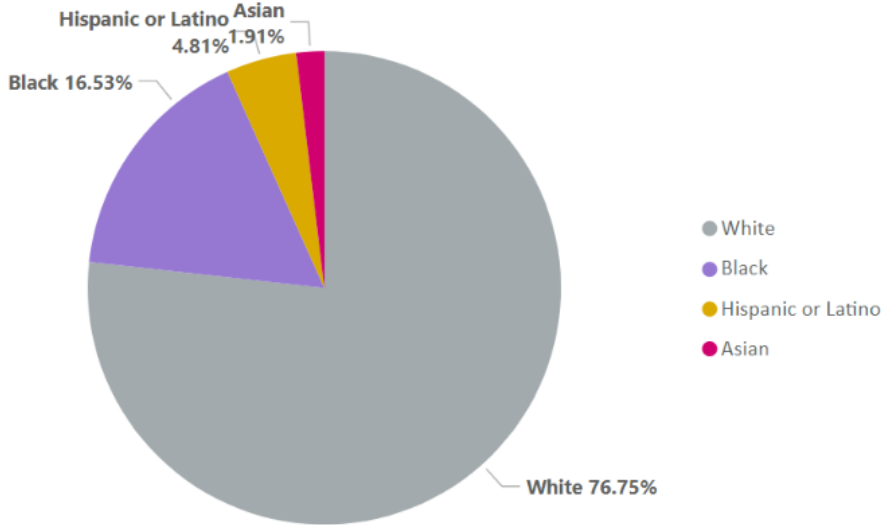
# Wages Relative to Minimum Household Survival Income



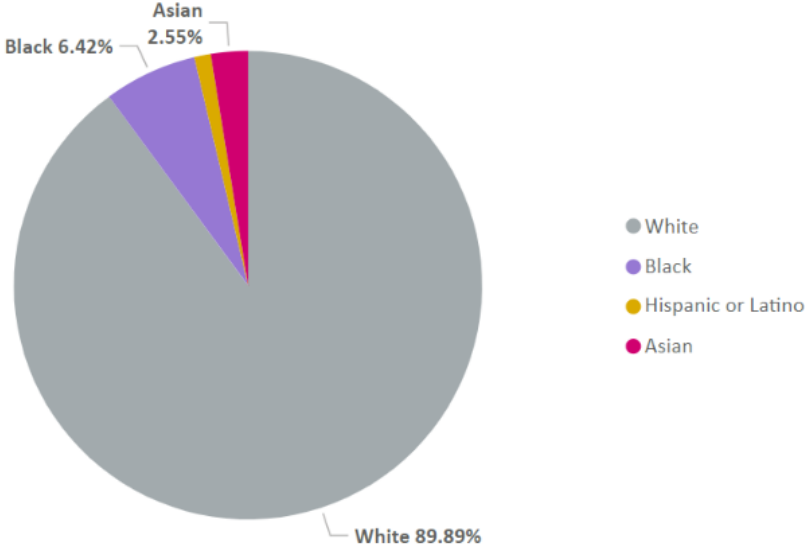
Data source: <https://data.bls.gov/oes/#/home>

# Race/Ethnicity of Workforce Relative to Older Adult Population

Direct Service Workforce by Race/Ethnicity



Estimated Population Age 65+ by Race/Ethnicity



Occupation	White	Black	Hispanic or Latino	Asian
Healthcare support occupations	70718	19698	4277	1582
Personal care and service occupations	52618	6870	3457	1480

Indiana State	White	Black	Hispanic or Latino	Asian
Total 65 & above	1022897	73079	12930	29025



# Tracking Indiana's Direct Service Workforce



# Reforming Long-Term Services and Supports

## Mission

- Expansion of Home and Community-Based Services

## How Can We Do This?

- Understand current supply and demand
- Review state regulation on the DSW workforce
- Develop a State Plan for support workforce development initiatives

# 2022 Data Activities

# Indiana DSW Workforce Needs Assessment

## Compiling Data

*What is already available on this workforce?*

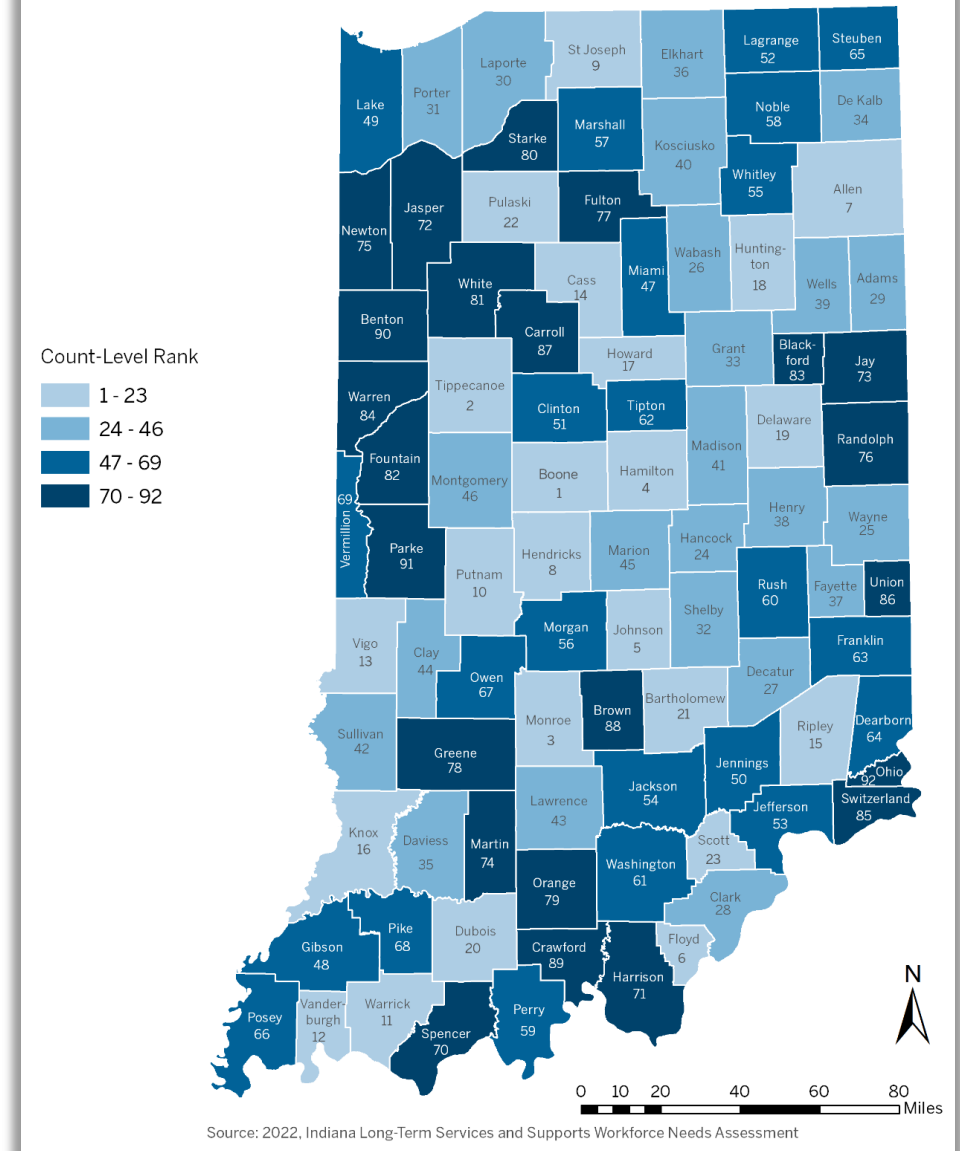
- Indiana Department of Workforce Development
- Indiana Department of Health
- Census Data
- National Core Indicators
- National Nursing Assistant Survey

## County Assessment

- No existing benchmarks or framework for examining the workforce

$$\frac{(\text{county indicator value} - \text{state average})}{\text{indicator standard deviation}}$$

## Indiana Long-Term Services and Supports Workforce: Needs Assessment County Rankings



# Data Action Plan

*Objective: Examine Strategies for Sustainable Workforce Data Collection*

- Supplemental Data Collection for Regulated DSWs (CNAs, QMAs, HHAs)
- Regular collection of data points in specific domains:
  - Demographics
  - Education/Training
  - Employment characteristics
  - Future Plans
- Integrated in certification renewal system in collaboration with IPLA (beginning January 2024)

The image displays three overlapping survey instrument forms for certification renewal. The forms are for Home Health Aide (HHA), Certified Nurse Aide (CNA), and Qualified Medication Aide (QMA). Each form contains demographic and education characteristics questions.

**Home Health Aide (HHA) Certification Renewal Survey Instrument**

**Demographic Characteristics**

1. What is your sex?  
DROP-DOWN LIST OR RADIO BUTTONS  
a. Male  
b. Female
2. What is your race? Mark one or more boxes.  
MULTI CHECK BOX  
a. American Indian or Alaska Native  
b. Asian  
c. Black or African American  
d. Native Hawaiian/Pacific Islander  
e. White  
f. Some Other Race
3. Are you of Hispanic, Latina/o or Spanish origin?  
RADIO BUTTONS  
a. Yes  
b. No

**Education Characteristics**

4. In what state did you receive your HHA training?  
DROP-DOWN LIST OR RADIO BUTTONS  
a. Indiana  
b. Ohio  
c. Kentucky  
d. Illinois  
e. Michigan  
f. Another State (not listed)
5. What is your highest level of education?  
DROP-DOWN LIST OR RADIO BUTTONS  
a. Some high school, no diploma  
b. High School diploma/GED  
c. Some college, no degree  
d. Vocational/Practical certificate  
e. Associate degree  
f. Baccalaureate degree  
g. Other

**Certified Nurse Aide (CNA) Certification Renewal Survey Instrument**

**Demographic Characteristics**

1. What is your sex?  
DROP-DOWN LIST OR RADIO BUTTONS  
a. Male  
b. Female
2. What is your race? Mark one or more boxes.  
MULTI CHECK BOX  
a. American Indian or Alaska Native  
b. Asian  
c. Black or African American  
d. Native Hawaiian/Pacific Islander  
e. White  
f. Some Other Race
3. Are you of Hispanic, Latina/o or Spanish origin?  
RADIO BUTTONS  
a. Yes  
b. No

**Education Characteristics**

4. In what state did you receive your CNA training?  
DROP-DOWN LIST OR RADIO BUTTONS  
a. Indiana  
b. Ohio  
c. Kentucky  
d. Illinois  
e. Michigan  
f. Another State (not listed)
5. What is your highest level of education?  
DROP-DOWN LIST OR RADIO BUTTONS  
a. Some high school, no diploma  
b. High School diploma/GED  
c. Some college, no degree  
d. Vocational/Practical certificate  
e. Associate degree  
f. Baccalaureate degree  
g. Other

**Qualified Medication Aide (QMA) Certification Renewal Survey Instrument**

**Demographic Characteristics**

1. What is your sex?  
DROP-DOWN LIST OR RADIO BUTTONS  
a. Male  
b. Female
2. What is your race? Mark one or more boxes.  
MULTI CHECK BOX  
a. American Indian or Alaska Native  
b. Asian  
c. Black or African American  
d. Native Hawaiian/Pacific Islander  
e. White  
f. Some Other Race
3. Are you of Hispanic, Latina/o or Spanish origin?  
RADIO BUTTONS  
a. Yes  
b. No

**Education Characteristics**

4. In what state did you receive your QMA training?  
DROP-DOWN LIST OR RADIO BUTTONS  
a. Indiana  
b. Ohio  
c. Kentucky  
d. Illinois  
e. Michigan  
f. Another State (not listed)
5. What is your highest level of education?  
DROP-DOWN LIST OR RADIO BUTTONS  
a. Some high school, no diploma  
b. High School diploma/GED  
c. Some college, no degree  
d. Vocational/Practical certificate  
e. Associate degree  
f. Baccalaureate degree  
g. Other

# Strategies for Unregulated Professions

## Challenges

- No single source of data
  - Employment data from DWD
  - Staff Stability Survey historically limited to disabilities
- Varied Definitions/Titles
  - Challenging to measure from multiple sources

## Potential Solutions

- Explore sustainable workforce reporting systems
  - Registry
  - Provider Reporting
- Defining the Workforce
  - Standardized training and definitions

# Data Action Plan

*Objective:* Develop an inventory of existing data sources

**DSW Data Inventory**

Geographic level		Workforce Topics		Professions	
All		All		All	
Search					
Data Source Name	Geographic Level	Workforce Topics	Professions Included	Publisher/Manager	Location
+ License and Supplemental Survey Data	State-Level	Workforce Data, Market and Wage Data, Education Data	Certified Nursing Assistant, Qualified Medication Aide, Home Health Aides	Bowen Center for Health Workforce Research and Policy	<a href="#">Link</a>
+ State Occupational Employment and Wage Estimates	State-Level	Workforce Data, Market and Wage Data	Certified Nursing Assistant, Home Health Aides, Personal Care Aides, Qualified Medication Aide	Bureau of Labor Statistics	<a href="#">Link</a>
+ DWD 10-year Projections	State-Level	Workforce Data, Market and Wage Data	Certified Nursing Assistant	Indiana Department of Workforce Development	<a href="#">Link</a>
+ Healthcare Occupations	National level	Market and Wage Data	Home Health Aides, Personal Care Aides	Bureau of Labor Statistics	<a href="#">Link</a>



# Other Ongoing Activities

## Setting the Benchmarks to Ensure Sufficient Capacity

- Help to inform ongoing workforce needs assessments
- Identify the critical data points that are needed
- Ensure metrics answer the critical questions of provider organizations and FSSA

## Interactive Tableau Dashboard

- Make Needs Assessments Accessible and Actionable
- Timely reporting of needs assessment results
- Quickly identify areas that are in greatest need.

# Thank you!

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# Indiana's Direct Service Workforce Plan

**Peggy Welch, Chief Advocacy Officer  
Indiana Family and Social Services Administration**

**State of Aging in Central Indiana Community Forum  
Aging in Place Webinar  
Thursday, November 2, 2023**

# Presentation Agenda

- I. Long-Term Services and Supports Reform in Indiana
- II. Indiana Direct Service Workforce Plan
- III. Looking Ahead to 2024 and Beyond, *How Might We...*

# Why Reform Indiana's Long-Term Services and Supports System?

## Drivers:

- From 2010 to 2030 the proportion of Hoosiers ages >65 will grow from 13% to 20%.
- Indiana recognized the need to reform its LTSS system to meet growing demand for person-centered, home and community-based services (HCBS) and to ensure choice, drive quality, and manage cost.

## Overall Objectives:

- 75% of new LTSS members will live and receive services in a home and community-based setting
- Faster eligibility
- Move to managed LTSS (now “[Indiana PathWays for Aging](http://www.in.gov/PathWays)”) in mid-2024 [www.in.gov/PathWays](http://www.in.gov/PathWays)
- Pay for outcomes, not transactions
- Integrate LTSS data systems
- Recruit, train, support, and retain HCBS direct service workforce
- Create “Home Health Roadmap”
- Integrate Section 1915(c) Medicaid HCBS waivers
- Commitment to stakeholder engagement (700 meetings)



# Indiana's Direct Service Workforce Plan: Vision, Partners, and Priorities

## Indiana's Vision:

- Create and implement a data-driven, community-informed, statewide plan—the Indiana Direct Service Workforce Plan—to improve the recruitment, training, support and retention of direct service workers across home and community-based settings.

## Partners for Impact:

- Direct Service Workforce Advisory Board Members
- State Departments (e.g., Health, Workforce Development, Education, Higher Education); FSSA Divisions/Offices (e.g., Disability and Rehabilitative Services, Medicaid, 211, Communications, Healthy Opportunities)
- Managed Care Entities' Workforce Development Administrators
- Consultants
- Diverse array of stakeholders (e.g., advocates, provider agencies, academic researchers)

## Priorities for Direct Service Workers:

- Equitable access to person-centered services and supports for direct service workers
- High-touch and coordinated transitions across employers and community-based settings

# Indiana's Direct Service Workforce Plan: Key Results

- **Key Result #1: Recruit**

- Launch statewide marketing campaign, including development of a multi-purpose hub
- Work with the finance team to ensure that direct service worker rates and wage and benefits efforts are competitive with other employers
- Explore untapped pools of potential direct service workers
- Coordinate and align recruiting efforts with the three managed care entities (MCEs)

- **Key Result #2: Train, Support, and Retain**

- Develop career lattice and ladders and training/micro-credentials/macro-credentials
- Standardize core competency training that allows for portability
- Address benefits cliff
- Develop worker-centered opportunities for job satisfaction and success with different types of supports
- Simplify/standardize/refine direct service worker scopes of work
- Coordinate and align retainment strategy efforts with the three MCEs

- **Key Result #3: Data Strategy**

# Indiana's Direct Service Workforce Plan: Workgroups

## Action Areas and Workgroups:

1. **Training**- title; definition; roles; training core competencies; and direct service worker registry (legislative mandate)
2. **Wages and Benefits** - Medicaid HCBS provider rate increase; investment of ARPA funds in the form of grants to providers with allocation and reporting recruitments
3. **Promotion and Planning** - statewide, multimedia campaign; eventual resource hub for direct service workers, providers, and consumers
4. **Data Strategy** - comprehensive, robust data strategy to track direct service worker demographics, training and employment status, and workforce trends

# Indiana's Direct Service Workforce Advisory Board

- **Who:** Seventeen (17) direct service workers who come alongside of older adults and people with disabilities to work and live where they want, including individual homes, assisted living facilities, and group homes. Members were selected through a competitive application process and are compensated for their participation.
- **What:** Examples of what FSSA wants and needs to learn from direct service workers throughout the implementation phase:
  - » What is **important to you** in your role as a direct service worker?
  - » What **training(s)** would be helpful in your role as a direct service worker?
  - » What, if any, **barriers** exist to staying and/or advancing in your role as a direct service worker?
  - » What **types of support** would enable you stay in your role as a direct service worker?
- The Direct Service Workforce Advisory Board has met twelve (12) times since January 2022. During these meetings FSSA staff, consultants, and external stakeholders provided updates and solicited feedback from Advisory Board members. FSSA also connects frequently with Advisory Board members via e-mail and texting.
- In addition, Advisory Board members have participated in FSSA stakeholder meetings (i.e., strategy sessions, workgroup meetings) and have been panelists at national conferences.

# Looking Ahead to 2024 and Beyond

1. How might we raise the public perception of DSWs being essential, valuable, and valued workers?
2. How might we ensure that DSWs will be integrated into the total care team and recognized as an integral contributing member of the team?
3. How might we engage untapped pools of potential DSWs?
4. How might we address the benefits fiscal cliff?
5. How might we reduce equity gaps and confusion with standardization of DSW roles and responsibilities?
6. How might we reduce equity gaps and confusion with standardization of DSW trainings and lattice and ladder pathways?
7. How might we ensure portability of trainings?
8. How might we educate federal and state workforce leaders about artificial barriers to local DSW trainings?
9. How might we best meet the expectations of self-directing HCBS consumers with employment of direct service workers?



# Looking Ahead to 2024 and Beyond

10. How might MCEs and HCBS providers come alongside DSWs with supports and services to ensure their professional success?
11. How might MCEs support FSSA in creating a registry and hub that provide accessibility to all things related to the direct service workforce for DSWs, HCBS providers, and HCBS consumers?
12. How might we measure the success of our FSSA and MCE partnership?
13. How might we maximize MCEs' ideas and resources?
14. How might we ensure that DSWs have 24/7 access to an MCE-based medical problem-solver?
15. How might we monitor DSWs' utilization of an MCE-based medical problem-solver?
16. How might we collaborate with MCEs to define the data necessary for direct service workforce development?
17. How might we collaborate with MCEs to define the benchmarks for ensuring a sufficient workforce?

## Looking Ahead to 2024 and Beyond

18. How might we create and support sustainable DSW cohorts?
19. How might we engage Indiana Department of Education and higher education institutions in DSW trainings?
20. How might we measure DSW job satisfaction?
21. How might we develop value-based payment strategies?
22. How might we measure DSW investment grant impact?
23. How might the MCEs come alongside FSSA in the development and execution of the DSW marketing campaign?
24. How might we best use adaptive technology to enhance consumer independence and fill-in workforce gaps?

# Indiana PathWays for Aging and Direct Service Workforce Plan Milestones

## 2021 — Design Program and Procure Health Plans ('21-'22)

- Co-designed program with stakeholders over the course of a year to release an RFP in June 2022. Health plans bid on the RFP for a contract with the state through a competitive process facilitated by the Indiana Department of Administration.
- [FSSA engaged ADvancing States and Bowen Center for Health Workforce Research and Policy and began developing the Indiana Direct Service Workforce Plan.](#)

## 2022 — Implementation and Readiness ('22)

- FSSA conducted systematic review of staffing, policies, processes, documents, subcontracts, system capabilities and provider network to ensure state and health plans were ready for the program launch.

## 2023 — Award Health Plan Contracts and Onboard ('23-'24)

- Recommended managed care entities announced in April 2023
- Continuing readiness review activities to ensure state and health plans are ready for the PathWays for Aging program launch

## 2024 — Health Plans Contracts Signed ('24)

- Contracts will be finalized in early 2024 with plans which complete readiness



## Program Go-Live ('24)

- Program will launch in summer 2024

## Questions? Comments?

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# Moderator and Panelists

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Tina McIntosh



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Emily Munson



Policy Director and Senior  
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The slides and a recording of today's presentation will be posted on the *State of Aging in Central Indiana Report* website, <https://centralindiana.stateofaging.org/> by Monday, November

6

Mark your calendar for **December 15** when the full **2023 State of Aging in Central Indiana Report** will be published, <https://centralindiana.stateofaging.org/>



Subscribe to the *State of Aging in Central Indiana Report* bi-monthly newsletter and receive updates in your inbox  
<https://centralindiana.stateofaging.org/subscribe/>

We invite you to participate in the **2023 SoAR Impact Survey** to inform the planning of the *State of Aging Report* and associated events.  
The survey is located at:  
[https://iu.co1.qualtrics.com/jfe/form/SV\\_6L6l8cqQVpAtu1E](https://iu.co1.qualtrics.com/jfe/form/SV_6L6l8cqQVpAtu1E)

The survey will also be distributed to webinar participants and subscribers via our bi-monthly *State of Aging in Central Indiana Report* newsletter.