

Provider Solutions for People with Intellectual and Developmental Disabilities: Executive Summary of the Final Study Report

The Florida Developmental Disabilities Council, Inc. (FDDC) released a request for proposals to conduct the Researching Provider Solutions (RPS) project. RPS focused on helping the community of people with intellectual and developmental disabilities (IDD) develop ideas and strategies for recruiting and retaining paid direct care support. People with IDD often require direct care support to perform activities of daily living, like preparing meals, taking medications, or managing finances. The project focused on three groups who obtain their own direct care support: Consumer-Directed Care Plus (CDC+) beneficiaries, people on a Medicaid Home- and Community-Based Services waiver waitlist, and individuals unknown to Florida's Agency for Persons with Disabilities.

The final study report describes the methods, findings, and recommendations of the project. RPS used multiple workstreams—an environmental scan of relevant literature, a web-based survey, interviews, and a workgroup—to understand the direct care experiences of Floridians with IDD and their families. The final study report focuses primarily on the findings and recommendations from the survey, interview, and workgroup workstreams. In total, 69 people responded to the survey and 14 people participated in interviews.

The findings from RPS generated several recommendations for the FDDC, Florida state agencies, Florida policymakers and residents, the IDD community, and other interested groups who might work in tandem to improve access to direct care support.

The RPS findings highlight the need to better assist direct care workers (DCWs) and members of the IDD community who are seeking direct care support. Respondents said that more resources are needed to pay and care for DCWs. Better compensating and supporting the paid direct care workforce will increase the number of potential DCWs, which could help family members who often struggle to balance caregiving alongside other responsibilities. The state could also support family members by continuing to investigate the potential of financially compensating those family members who provide direct care support. People with IDD and their families frequently expressed that it is difficult to locate potential DCWs for job opportunities. Informal personal networks are often not sufficient to identify DCW candidates. FDDC or the state could highlight existing platforms—such as Hope Florida—or pilot new platforms specific to the IDD community that help people with IDD find paid direct care support. Building on the theme of better connecting the IDD community to resources and opportunities, FDDC might consider how it could increase the visibility of resources already available to the IDD community or create additional information and ways to disseminate resources.

Project findings highlighted several steps state agencies could take to improve access to paid direct care support. State agencies could consider improving the application and payroll processes for their waiver programs. DCWs who cannot be paid in a timely way for services provided under a waiver program are likely to quit their job to pursue other paid opportunities. The IDD community could also encourage state agencies to clarify what the threshold is to establish a crisis level of need for direct care services. Ambiguity about what constitutes a crisis level of need acts as a barrier to qualifying for greatly needed services and generates frustration in Florida's IDD community. FDDC and state agencies could work to offer IDD community resources and waiver services in multiple languages. The struggles of IDD community members who do not speak English as they seek direct care support suggest that existing networks and resources are not readily accessible to all Florida communities.

Lessons from RPS highlight steps people with IDD and their families can take to obtain direct care support more easily. The IDD community can work individually or corporately to expand their informal networks, which are currently among the most successful ways to recruit direct care support. Recruiting DCWs from among friends, neighbors, and local college students appears more successful than obtaining paid direct care support through a private agency. Finally, the IDD community can work with policymakers and state agency staff to pursue the policy recommendations described in the RPS final study report. Though policy changes may not come immediately, those types of changes are needed to address the structural problems with the current system.

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Let's Progress Together. Contact David Mann at <u>DMann@mathematica.org</u> or Susan Kabot <u>suek@fddc.org</u>

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