

**Residential and Day Services Provider Forum Agenda**

**Stepping Stones**

**2300 Drex Avenue (45212)**

**September 6, 2017 at 9:00**

Welcome\Updates	Alice
Thank you for responsiveness!	Carin
Provider Search/Provider Newsletter	Carin
Safe transitions workgroup	Jamie, Cindy, Matt, Carin
Waiver updates	Jen
DSP Recruitment/Marketing	Jeff Davis (OPRA)
Brittco	Ja'Monda and Scott
Other announcements	All

**All: If you would like to host our next provider forum, please contact Dawn at [dawn.freudenberg@hamiltondds.org](mailto:dawn.freudenberg@hamiltondds.org).**

**Next Meeting: November 1st at 9:00 AM**

**Location TBA**



---

## The Future of DSP Recruitment

# The DSP Landscape: Present and Future

---

**1 in 9** working Americans work in the healthcare field

We will add **2.3M** new healthcare jobs between 2014-2024

- **1M** of these will be in direct care

DOL predicts direct care will be the **#1 job in demand** over the next 20 years



# The DSP Landscape

---

## The Present:

EPP Rate Model Ave. Hourly Wage (including overtime): **\$11.12** OSOC: **\$5.71**

Average Turnover: **51%**

Vacancy Rates: **15-20%**

Cost to Hire New Staff: **\$3000-5000**

Nationally, approximately **46%** of Direct Care staff depend on Medicaid for Health Care.

This essentially means the (working) poor are taking care of the poor (and disabled).



# The DSP Landscape

---

## **The Future: Even Worse**

Women make up 86% of the direct care workforce

In 20 years **98M** Americans will be **over the age of 65**

In 20 years women between the ages of 25-44 will only be 50M

**We must continually compete in the workplace with all direct care systems and employers**

# DSPOhio

---

**DSPOhio** is a unique, statewide DSP recruitment effort that combines targeted multi-media advertising to brand the term DSP with an on-line **DSPOhio** job-site that connects potential employees with subscribing DD provider employers.

**Why do this?** We have to compete!



# DSPOhio

---

**DSPOhio** consists of five major components:

- Branding-Media Planning and Buying
- Connectivity
- **DSPOhio** Website
- Sustainability
- Metrics

# Strategic Partners

---

## Media Planning and Buying

**DSPOhio** will partner with **Fahlgren Mortine**, one of the largest public relations firms in the Midwest, to provide media planning and buying for **DSPOhio**. Fahlgren Mortine, a four-time PR News Top Place to Work, is one of the nation's largest independent marketing and communications agencies with 2016 gross receipts of over \$75 million.

## Website Design

**DSPOhio** will partner with **Park Bench Digital** who has 15 years of experience designing and developing websites for Ohio's leaders in business, education, government and non-profit. Park Bench Digital's areas of expertise include; website design and development, database development, email marketing campaigns, search engine optimization and iPhone / Android apps.





## The Future of DSP Recruitment



### Ohioan sees DSP Ohio branding/advertising materials

Ohioan is prompted to visit DSP OHIO.org



### Ohioan learns more about DSPs careers

Inputs personal contact information and clicks on county they wish to work in



### A list of the county's subscribing providers immediately appears

Ohioan researches listed providers by clicking on a provider

### Individual selects provider(s) to apply to

Ohioan's contact information is immediately sent to the selected provider(s) and provider(s) are responsible for responding.

# Statewide Benefits

---

- Brands and markets the term DSP
- Connects interested individuals with a singularly purposed job-site called DSPOhio
- Develops a recognizable brand and professional image for DSPs
- Ensures statewide coverage
- First statewide comprehensive recruiting tool established specifically for DD DSPs
- Cost effective approach
- Benefits all providers from small to large

# County Benefits

---

- Ensures all county providers can participate regardless of size or capacity
- Increases provider capacity by increasing availability of new DSPs
- Minimizes costs to county boards-the more that participate the less the cost
- Improves county ability to serve new individuals and those with significant challenges
- Improved consistency and quality of service delivery as turnover is reduced

# Provider Benefits

---

- Eliminates provider's upfront cost of participation
- Decreases the amount of provider's FTE vacancies
- Reduces the provider's recruiting expense
- Less DSP turnover as vacancies are filled
- improved consistency and quality of service delivery as turnover is reduced

# Timeline

---

**September 11<sup>th</sup>, 2017-** (National DSP Week)- Editorial Board Campaign begins

**November 1<sup>st</sup>, 2017-** DSPOHIO Kicks off

## Hamilton County Developmental Disabilities Services Emergency Transition Information Checklist

In the event of **emergency respite placement** or an **emergency change in provider**, the following information must be provided to the receiving provider **at the time services begin**.

- |   |
|---|
| <input type="checkbox"/> Complete My Plan including Discovery Tools and Assessments. <b>Make sure to note any restrictive behavior strategies. Training on restrictive strategies must occur before services can begin.</b> |
| <input type="checkbox"/> Contact information for important people in his/her life (name, address, phone, e-mail address) including primary care physician and legal guardian (if applicable.)                               |
| <input type="checkbox"/> Medications / refills (in original bottles or packaging)   |
| <input type="checkbox"/> Medications: List of current medications (including doses and times, purpose, copy of Dr.'s orders, MAR if applicable)   |
| <input type="checkbox"/> Current Medical Concerns   |
| <input type="checkbox"/> Medicare Card  |
| <input type="checkbox"/> Medicaid Card  |
| <input type="checkbox"/> Private Insurance: cards and policies  |

The following information must be provided to the new provider or respite provider **within 72 hours** of the start of services.

- |   |
|---|
| <input type="checkbox"/> <b>Appointments</b> - All Medical and Non-Medical appointments such as doctor, dentist, psychiatrist, counseling, upcoming court dates, BVR/OOD appointments, etc... |
| <input type="checkbox"/> Social History/Placement Summary   |
| <input type="checkbox"/> State ID card (Valid)  |
| <input type="checkbox"/> Food Stamp "Direction" Card: Include the card, amount, password, store location and loading date   |
| <input type="checkbox"/> Counselors: scheduled appointments   |
| <input type="checkbox"/> Dental: schedule appointments / frequency per dentist  |
| <input type="checkbox"/> Medical Contacts: scheduled appointments   |

**EMERGENCY RESPITE:** If the placement will continue beyond the initial 72 hours, the SSA will work with the former provider (if applicable) and the team to complete the Transitional Information Request Form. All remaining information on the Transitional Information Request Form should be given to the new provider within **10 business days** of the start of services.

**EMERGENCY CHANGE IN PROVIDER:** The SSA will work with the former provider (if applicable) and the team to complete the Transitional Information Request Form. All remaining information on the Transitional Information Request Form should be given to the new provider within **10 business days** of the start of services.

## **Hamilton County Developmental Disabilities Services Transitional Informational Request Form**

### **Procedures**

1. The Service and Support Administrator will coordinate the transfer of information to new providers. This will include scheduling a meeting between the current and new providers. This meeting should occur no less than one week prior to the change in providers whenever possible.
2. The Service and Support Administrator will review the 'Information Request Form' and identify who is responsible for supplying the requested information and who is responsible for completing any applicable tasks.
3. Each agency or individual identified will receive a copy of the 'Information Request Form' with the due date indicated (the My Plan date or the transitional meeting date). Service and Support Administrators will maintain a copy for follow-up.
4. If the Service and Support Administrator is requesting that information be collected and transferred from more than one party, each party will receive a copy of the Transitional Information Request Form with the specific information being requested of them checked.
5. The Service and Support Administrator will be responsible for ensuring that the information is collected and transferred at the specified meeting time/place.
6. The Service and Support Administrator will be responsible for ensuring that the miscellaneous tasks indicated on the 'Information Request Form' have taken place.

## Hamilton County Developmental Disabilities Services Transitional Informational Request Form

Information Requested of (agency):

Information Requested for (individual):

Date of Request:

### IMPORTANT DATES

The meeting to transfer  
information from:

To:

Is Scheduled On:

### IF INDIVIDUAL IS MOVING:

The move date is currently scheduled for:

Agency or person responsible for packing individual's  
belongings:

If you have any questions about these requests, please  
call me at:

Thank you,

Service and Support Administrator  
Hamilton County Board of Developmental Disabilities



## REQUESTED INFORMATION

Please review the list below and provide the "checked" information regarding (individual name):

at his/her scheduled transfer meeting. *Please contact me if there are items that are being requested that you cannot provide.*

### **CORE INFORMATION**

- |   |
|---|
| <input type="checkbox"/> <b>Appointments</b> - All Medical and Non-Medical appointments such as doctor, dentist, psychiatrist, counseling, upcoming court dates, BVR/OOD appointments, etc... |
| <input type="checkbox"/> Birth Certificate  |
| <input type="checkbox"/> Complete My Plan including Discovery Tools and Assessments. <b>Make sure to note any restrictive behavior strategies.</b>  |
| <input type="checkbox"/> Burial/Funeral arrangement information (funeral director, cemetery, etc.)  |
| <input type="checkbox"/> Contact information for important people in his/her life (name, address, phone, e-mail address)  |
| <input type="checkbox"/> Contact information for medical/counseling personnel (name, address, phone, e-mail address)  |
| <input type="checkbox"/> Guardianship paperwork and date of guardianship appointment (required for payee purposes)  |
| <input type="checkbox"/> Lease - copy   |
| <input type="checkbox"/> Life Insurance Policy  |
| <input type="checkbox"/> Social History/Placement Summary   |
| <input type="checkbox"/> Social Security Card   |
| <input type="checkbox"/> State ID card (Valid)  |
| <input type="checkbox"/> Trust Information  |
| <input type="checkbox"/> MUI/UI Log from current provider.  |

### **FINANCIAL**

- |  |
|--|
| <input type="checkbox"/> Bank account information - savings, checking, letter/statement of closed accounts                                   |
| <input type="checkbox"/> Bank Statement(s) - original and copies   |
| <input type="checkbox"/> Benefits award letters (SSA SSDI, SSI, VA and any other)  |
| <input type="checkbox"/> Benefit dollar amounts (SSA, SSDI, SSI, VA, Food Stamps and any other)  |
| <input type="checkbox"/> List of current bills and total amounts due. <b>(Forward final check(s) to new provider prior to start of svcs)</b> |
| <input type="checkbox"/> Food Stamp "Direction" Card: Include the card, amount, password, store location and loading date                    |
| <input type="checkbox"/> Family Involvement - contribution of funds to cover initial food costs/personal items cost/household costs.         |
| <input type="checkbox"/> Spend Down - amount   |
| <input type="checkbox"/> Patient Liability - amount  |
| <input type="checkbox"/> Soc. Security Adm. - contact and notify of change in payeeship <b>(current payee completes)</b>                     |
| <input type="checkbox"/> Soc. Security Adm. - contact and apply for payeeship (new payee completes)  |
| <input type="checkbox"/> Tax files and information - 2 years worth   |
| <input type="checkbox"/> Utilities - contact for set-up if moving  |
| <input type="checkbox"/> Utilities - contact for discontinuation of services when moving (give forwarding address for final payment)         |

## REQUESTED INFORMATION

### **MEDICAL**

- |  |
|--|
| <input type="checkbox"/> Counselors: scheduled appointments  |
| <input type="checkbox"/> Counselors: dates of previous appointments/reports/concerns   |
| <input type="checkbox"/> Dental: schedule appointments / frequency per dentist   |
| <input type="checkbox"/> Dental: dates of previous appointments / reports / concerns   |
| <input type="checkbox"/> Private Insurance: cards and policies   |
| <input type="checkbox"/> Current Medical Concerns  |
| <input type="checkbox"/> Medicare Card   |
| <input type="checkbox"/> Medicaid Card   |
| <input type="checkbox"/> Medical Contacts: scheduled appointments  |
| <input type="checkbox"/> Medical contacts: dates of previous appointments / reports / concerns                               |
| <input type="checkbox"/> Medications: List of current medications (including doses and times, purpose, copy of Dr.'s orders) |
| <input type="checkbox"/> Medications / refills (in original bottles or packaging)  |
| <input type="checkbox"/> Medical Evaluation: most recent   |
| <input type="checkbox"/> OT reports / goals / objectives / forms   |
| <input type="checkbox"/> PT reports / goals / objectives / forms   |
| <input type="checkbox"/> Psychological evaluation: most recent   |
| <input type="checkbox"/> Release of information: signed  |
| <input type="checkbox"/> Speech Pathology Reports / goals / objectives / forms   |
| <input type="checkbox"/> Vision: dates of scheduled appointments   |
| <input type="checkbox"/> Vision: dates of previous appointments / reports / concerns   |

### **Employment / Adult Day Programs**

- |   |
|---|
| <input type="checkbox"/> Consent to Treat / Emergency Medical Authorization |
| <input type="checkbox"/> Employee's Statement of Physical Disability        |
| <input type="checkbox"/> Immunization Records                               |
| <input type="checkbox"/> Latchkey Form                                      |
| <input type="checkbox"/> Medication Orders (signed by physician)            |
| <input type="checkbox"/> Payroll Information for the last _____ pay periods |
| <input type="checkbox"/> Photo / Identifying Information Release            |
| <input type="checkbox"/> PRN Treatment (signed by Physician)                |
| <input type="checkbox"/> TB Test Results                                    |
| <input type="checkbox"/> Transportation: ID and tickets (ACCESS)            |

REQUESTED INFORMATION

**NURSING HOME RESIDENTS**

Nursing Home Plan of Care and/or PASRR

Nursing Assessment

**OTHER**

Mental Health Treatment Plan

Probation/Parole Records / Condition(s)

If moving, schedule moving company

If moving , complete "Change of Address" form with local post office by: \_\_\_\_\_

If moving, notify landlord of move out date / give notice

If moving, notify landlord of move in date / assist with signing lease