A Compelling Solution to the DSP Staffing Crisis & Persistent Budget Challenges for Human Services Providers, MCOs, and State DHS

by Sylvia Landy Vail

Healthier consumers mean streamlined labor needs in LTSS settings. When people supported feel better, take fewer medications, and are home sick during the day less often as a result of curtailed illness, the staffing burden (and the skills required of staff) is reduced. As are a number of other significant expenses that are typically not readily linked to improved BMIs and A1c levels.

So how do you climb this mountain given that 70% of people with disabilities supported in LTSS settings struggle with two to three times the mainstream rates of obesity, overweight status, diabetes, and associated chronic conditions such as hypertension? There is encouraging news. While the poor health of people supported has often been chalked up to the disability, pharmacological complications, choice, and/or cash-strapped budgets, there is a silver lining related to food.

Individuals supported in LTSS settings and eating the right foods in the right amounts have been shown, with statistical significance, to quickly and sustainably result in 70% of people served at or moving toward a healthier BMI within 6 to 18 months. As a matter of fact, a majority of risk factors increasingly being assessed for people with disabilities are similarly impacted in a positive way simply through enhanced mealtime habits that lead to critical weight loss or weight gain. (Which is another cost savings for providers, since remediation of so many risk factors as a result of improved health/nutrition has such broad, sweeping impact.)

There are solutions today to help accomplish eating the right foods in the right amounts to lessen the labor burden; dispel the myth that healthier food has to cost more; and simultaneously reduce expenses related to PRNs, prescription medications, and acute care needs—all hot buttons for most providers, MCOs, and state DHS and at the center of the value-based purchasing drumbeat. The math is telling us that medical expense is on a trajectory to outpace LTSS spending; human services providers, willingly or otherwise, are absolutely morphing into health care organizations.

Specifically—with now available, proven solutions and support—you can expect the following cost-savings as a result of improved health/nutrition for people served in LTSS settings:

• Substantial labor cost decreases (fewer DSP hours) as a result of better health for consumers.

-Healthier consumers stay home sick less often during the day—less supervision is needed.

-Healthier consumers take far fewer trips to the doctor and the ER and are hospitalized less often. Less supervision is needed. (This even has implications regarding transportation expense.)

-Healthier consumers take far fewer PRN and prescription medications as their diabetes

comes under control, A1c levels normalize, blood pressure readings improve, and depressed instances/social isolation are lessened. (Nursing expense can also potentially be reduced in some settings—as is possible due to the next bullet point, as well.)

-DSPs and house managers spend much less time dedicated to record keeping, remediation programs, and communications with health care professionals and family members.

• Reduced overall risk for the organization and staying ahead of the value-based purchasing curve. A provider CEO on the east coast indicates that savings related to organizational risk alone, tied to the poor health of people supported, "likely translates into hundreds of thousands of dollars, if not millions—depending on the size of the agency." He further notes that exposure in this area will only heighten and grow in the near term given the increasing recognition surrounding the unnecessary poor health of people in waivers and ICFs and associated, unnecessary expense.

• Food and food preparation cost decreases totaling between 10 to 20% annually—without sacrificing healthy, good taste, and choice. Ease of preparation and streamlined mealtime planning surrounding healthier options actually enhance staff satisfaction, and interestingly, staff's own personal health. (Dietitian expense also potentially diminishes in some settings.)

Even consumer choice can now be elevated while accomplishing all of the above. Such customization and attention to individual needs/likes and setting routines are compelling innovation for a few reasons. Clearly, "choice" was never meant to mean allowing people supported to eat themselves into poor health and fewer years of life—but this is actually, and unnecessarily, what's happening. Further, choice in combination with budget, tasty, and healthy has historically been incredibly tricky to accomplish. Current subpar health statistics for people in LTSS settings underscore the longstanding challenge that providers and traditional dietitian approaches have had in this regard. In a majority of congregate living settings, choice often boils down to what staff can and wants to prepare in the throes of their hectic days on the job. In other instances, the organization may want to drive improved health at mealtime but staff presents with limited nutrition and kitchen skill knowledge; by the time any training is complete, the positon has often turned over.

Finally, there is the very real fact that wellness sells . . . well . . . these days. Opportunities for grant awards for both for-profit and nonprofit organizations abound when you demonstrate improvement—for people with disabilities—along critical health parameters that stymies the mainstream population. Further, strategic marketing effort centered around robust health and associated, expense reduction has valuable ROI tentacles—pertaining to a number of stakeholders.

By using new "foolproof" mealtime resources and galvanizing the organization and staff to become accountable as far as changing up longstanding habits, it's possible to significantly reduce the demand for, and on, DSPs and additional labor. And in the process, take a hatchet to other persistent, high-expense budget items. Along with consumers fitting into cool-looking jeans and being mighty happy about it, eating the right foods in the right amounts is about as win-win of a solution as has ever been available to the human services industry.

See the next page to learn about the author and Mainstay's innovative *My*25 programs.

Sylvia Landy Vail holds her MBA from Northwestern University's Kellogg School of Management and is long experienced in both the health care and human services industries, with an impressive track record regarding critical outcomes achievement. She is co-founder of Mainstay, Inc. and its *My*25 programs.

*My*25 resources are utilized throughout 30 states by leading providers, MCOs, state DHS, and state provider association groups, with a 99.9% subscription retention rate. Within LTSS settings, *My*25 streamlines menu planning, grocery shopping, and recipe prep to facilitate substantial outcomes related to elevated choice, improved health for people supported, reduced expenses regarding food, labor, PRNs, acute care and prescription needs. Menus are customized for the individual (no matter how complicated) and customized regarding routines within each setting—cycling new every 35 days.

In Mainstay's longest-running provider customer, *My*25 resources have seamlessly sustained turnover of 21 total house managers and staff members in one waiver setting, over several years, without interruption to choice-based, healthy, appealing, and budget-sensitive meals for people supported. Outcomes related to expense reductions and health—amidst ongoing census, menu request, and dietary/health status changes—have remained highly favorable since month 4 following initial *My*25 implementation. Foolproof.

*My*25 programs additionally include robust and galvanizing engagement and educational resources for staff, consumers, and family members. Mainstay's team is comprised of: human services industry, preventive health, nutrition, disease management, culinary, and technology professionals.

In early 3rd quarter, 2017, *My*25 will introduce a series of resources to improve the preventive health and nutrition of people with disabilities—IDD, SPMI, TBI and behavioral challenges—within supported living and foster and home-based settings. As a result, quality of life will be enhanced for millions of individuals and invested funders and stakeholders will benefit from significantly reduced expenses.

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