



The Council
of State
Governments

NATIONAL LONG-TERM CARE WORKFORCE NETWORK

Topic: Home Care Workforce Shortage

July 24, 2023

Agenda

- Introduction and Project Recap
- Home Care Workforce Shortage
 - Dr. Rachel Werner, MD, PhD, Executive Director, Leonard Davis Institute of Health Economics, University of Pennsylvania.
 - Vicki Hoak, CEO, Home Care Association of America
 - April Young, Senior Director of Strategic Initiatives, ADvancing States
- Discussion
- Next Steps and Adjourn

Long-Term Care Policy Guide



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Revitalizing the Direct Care Workforce and Supporting Family Caregivers

National Center for State Long-Term Care Workforce Policy (2023) Project Summary

- National Long-Term Care Workforce Network
- National Online Resource Center
- State Technical Assistance Services

The homecare workforce

Rachel Werner, MD, PhD

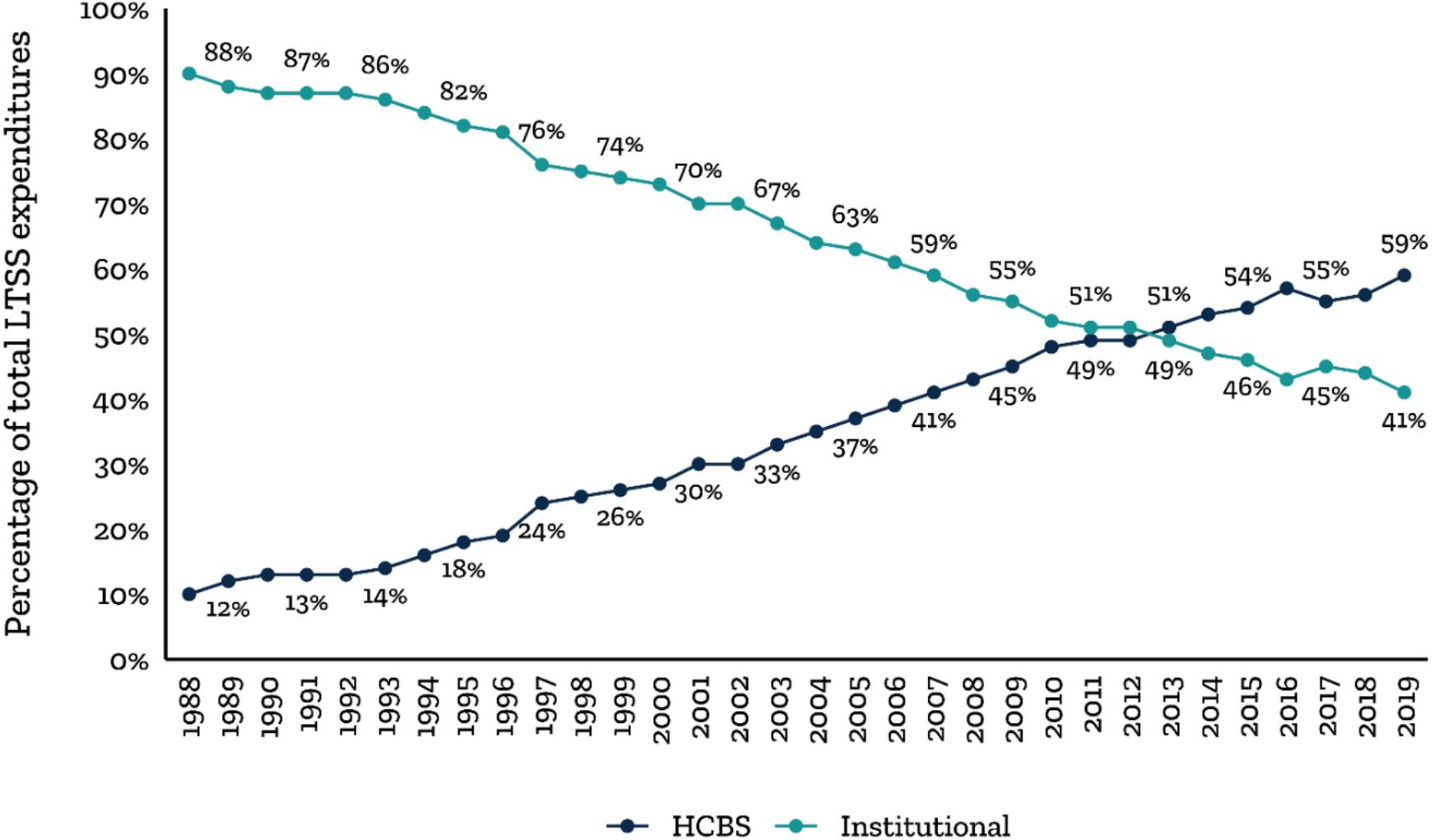
Leonard Davis Institute of Health Economics

University of Pennsylvania

Increasing need for a home care workforce

- 9 million people in US rely on help for ADLs
 - With aging population, the need for this help is expected to grow
- LTSS is shifting to home and community-based settings
- Enabled by Medicaid's HCBS programs
 - Pays direct care workers (homecare and personal care aides) for qualified enrollees

Increasing Medicaid spending on HCBS

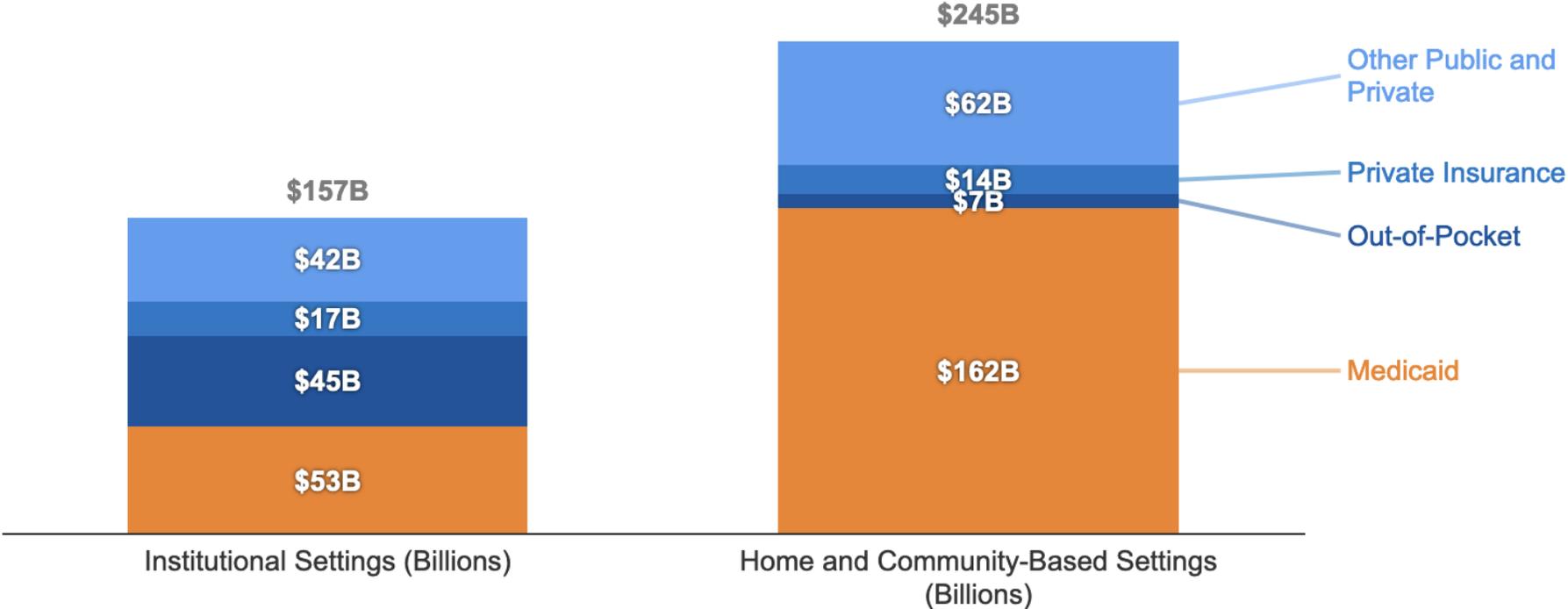


CMS, 2021

Medicaid is primary payer of LTSS

The U.S. Spent Over \$400 Billion On LTSS In 2020

Medicaid paid \$53 billion on institutional care and \$162 billion on care in home and community settings, over half of all spending on LTSS.



KFF, 2022

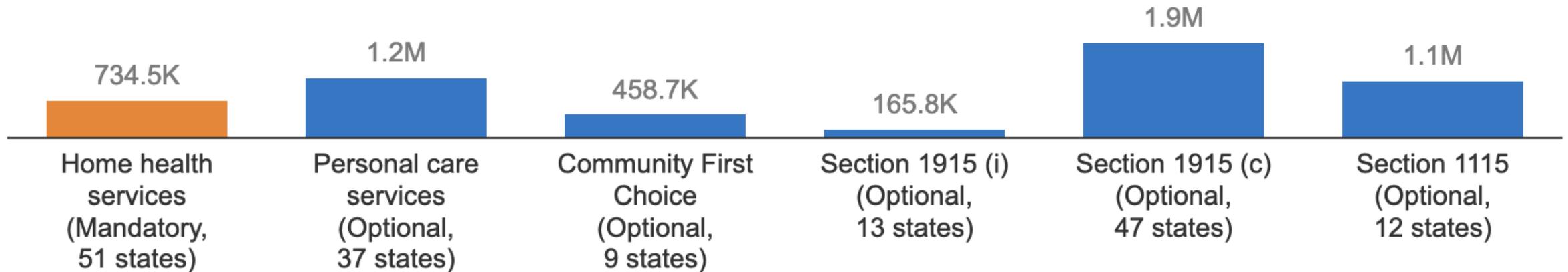
HCBS programs offered by states

States Must Provide Institutional Care and Home Health, but All Other Home and Community-Base Services (HCBS) are Optional

1915(c) services accounted for over 50% of spending in 2020.

Medicaid HCBS Users, FY 2020

Medicaid HCBS Spending, FY 2020 (\$)



KFF, 2022

Most states cover home-based services

Number of states that cover each major home and community-based service category via Section 1915(c) or Section 1115 waivers for older US adults, selected years 1998-2020

Major service categories	1998	2002	2006	2010	2014	2018	2020
Home-based services	49	51	51	51	49	49	49
Day services	42	47	48	49	47	48	47
Equipment, technology, and modifications	40	46	48	48	47	47	47
Caregiver support	38	43	44	46	47	47	47
Case management	31	32	33	34	36	36	36
Home-delivered meals	29	37	38	39	40	41	42
Round-the-clock services	27	33	35	41	40	39	40
Non-medical transportation	20	28	29	31	32	31	32
Nursing	17	22	28	29	32	33	33
Other health and therapeutic services	14	16	24	24	29	29	30
Mental health and behavioral services	13	16	15	15	14	13	14
Participant training	6	7	7	7	11	13	14
Community transition services	1	5	18	31	30	33	34
Supports for self-direction	1	3	11	18	19	19	19
Expenses for live-in caregivers	0	1	0	1	1	1	1

Skira et al, *Health Affairs*, 2022

At the same time, a shortage of home care workers

HELP WANTED: HOME HEALTH AIDES

A pandemic shortage of workers has left families struggling to find care at home

By Jason Laughlin
STAFF WRITER

THE illness struck Lisa Parladé's father in September swiftly and without warning.

A serious intestinal condition, it required surgery and a long, painful recovery. In its wake, he has experienced cognitive decline. Santiago Parladé, 77, who used to cook his own meals and drive his own car could no longer care for himself. He suddenly relied on his daughter for everything, even bathing.

"This is a person who's raised me and taken care of me and you want to do the same thing for them in their time of need," said the 34-year-old student adviser at the University of Pennsylvania, "but I don't have the training, I don't have the expertise, I don't have the time."

Finding a home health aide be-



Cindy Addenbrook, 43, lives in Manayunk, but from February 2020 to August 2021 she and her brother from Texas moved in with their mother, Carolyn, in St. Louis. Their 76-year-old mother had been hospitalized in 2020 with sepsis and continued experiencing chronic infections, along with diabetes, high blood pressure, and kidney problems. Her rehab period ended about as the pandemic lockdowns began, but in the following months her children decided it was safer to keep her home.

"We were doing IV antibiotics, doing wound care," Addenbrook said. "All of those things."

At the same time, Addenbrook's father was in an assisted living facility and they couldn't visit him because of COVID-19 protocols. They saw his health decline from a distance.

Both siblings worked full time remotely, using a whiteboard schedule to make sure they didn't



Lisa Stagon had to quit her job to care for her son, Chris, who is 26 and has Down syndrome.
KAYCEE ORWIG/PUBLICSOURCE

Low pay causes staffing crisis in disability care

By Colin Deppen | Spotlight PA and Juliette Rihl | PublicSource

Before the pandemic, Lisa Stagon and her son, Chris, had their care routine figured out. Chris, who is 26 and has Down syndrome, worked part time at an Eat 'n Park in Westmoreland County, received monthly job training.

Stagon, fearing Chris could contract COVID-19 through a caregiver, suspended his services. Suddenly Chris was home all day, without any support.

SPOTLIGHT PA

“I was working 50 hours a week and trying to care for him at the same time.” Stagon, 62.

A12 | TUESDAY, SEPTEMBER 12, 2017

STATE

THE JOURNAL TIMES

Aging population presents double challenge in health care

MATTHEW DEFOUR
Lee Newspapers

MADISON — Wisconsin's growing worker shortage presents a particularly difficult challenge for the health care industry, especially in rural areas and at facilities that care for the elderly and disabled.

As Wisconsin's baby boomers retire in greater numbers over the coming decades and live longer than previous generations, there will be more consumers of health care while the working-age population that provides those services



week, increases funding for Family Care, the state's long-term care program for frail elderly, disabled and mentally ill adults, by \$25 million. With matching federal Medicaid funds, the move would add \$60 million for employee raises.

Long-term care advocates say they are grateful for the additional funding, but the raises won't solve the worker shortage. Caregivers are paid on average \$10.75 per hour, and the increase is expected to allow for a bump up to \$12 an hour, said Jim

HEALTH INC.

With Workers In Short Supply, Seniors Often Wait Months For Home Health Care

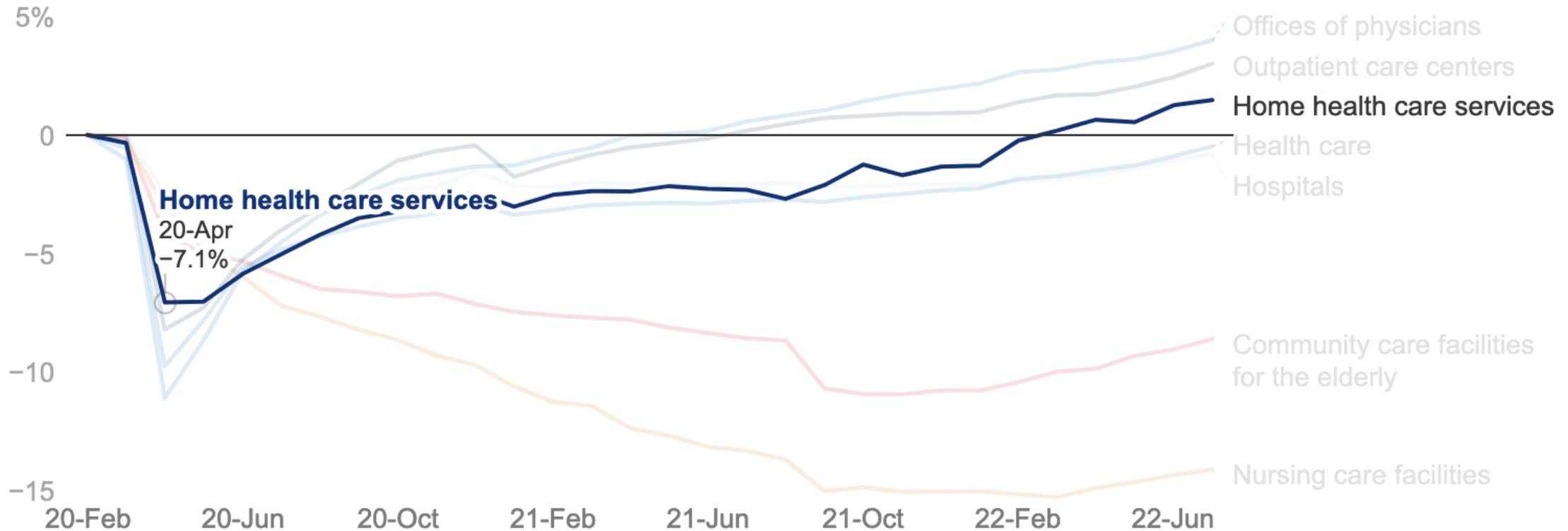
June 30, 2021 - 5:03 AM ET

PHIL GALEWITZ

FROM KHN



The pandemic exacerbated workforce shortages



SOURCE: Peterson-KFF Health System Tracker • [Get the data](#) • PNG

Peterson-KFF
Health System Tracker

By Amanda R. Kreider and Rachel M. Werner

DOI: 10.1377/hlthaff.2022.01351

HEALTH AFFAIRS 42,
NO. 5 (2023): 650-657

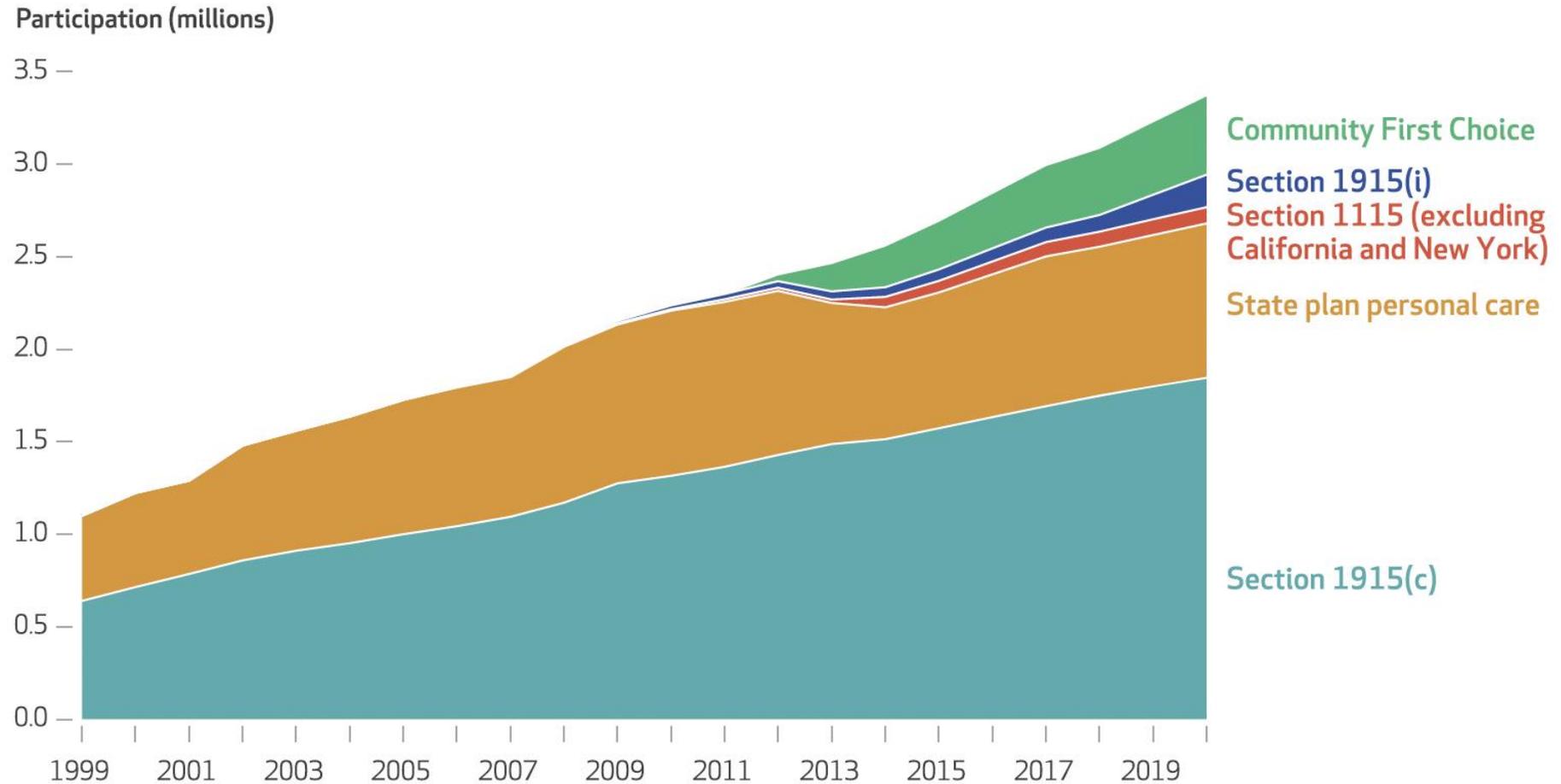
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Foundation, Inc.

The Home Care Workforce Has Not Kept Pace With Growth In Home And Community-Based Services

Amanda R. Kreider (akreid@wharton.upenn.edu), University of Pennsylvania, Philadelphia, Pennsylvania.

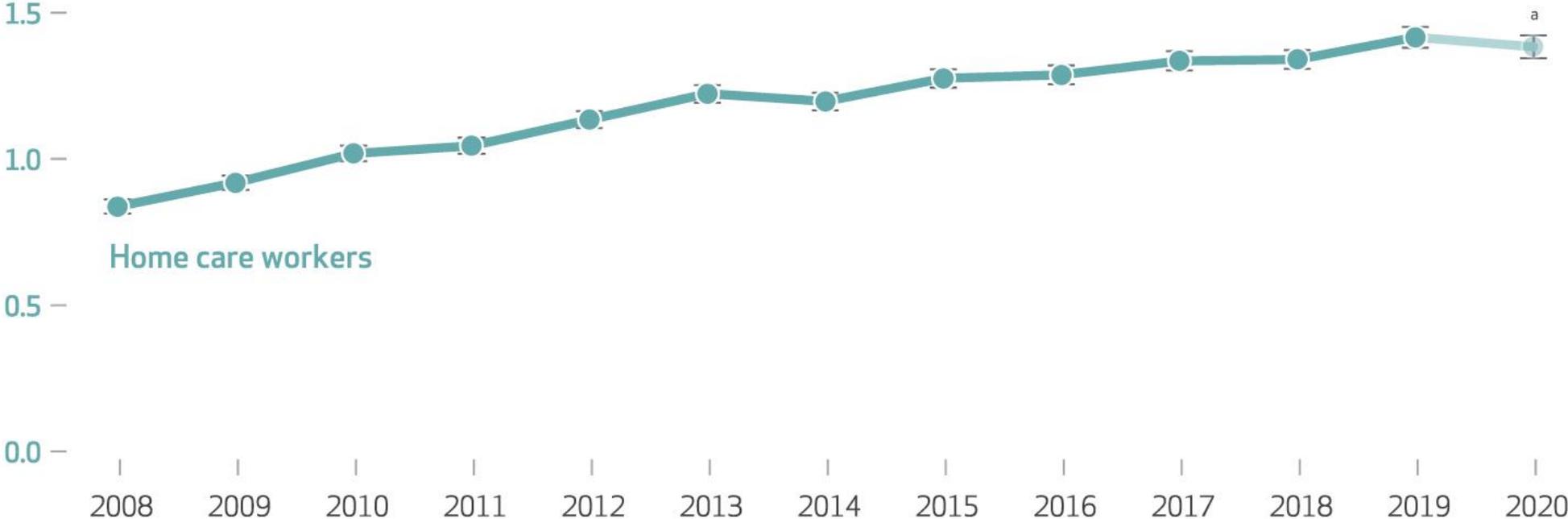
Rachel M. Werner, University of Pennsylvania and Corporal Michael J. Crescenz Veterans Affairs Medical Center, Philadelphia, Pennsylvania.

HCBS participants by program authority

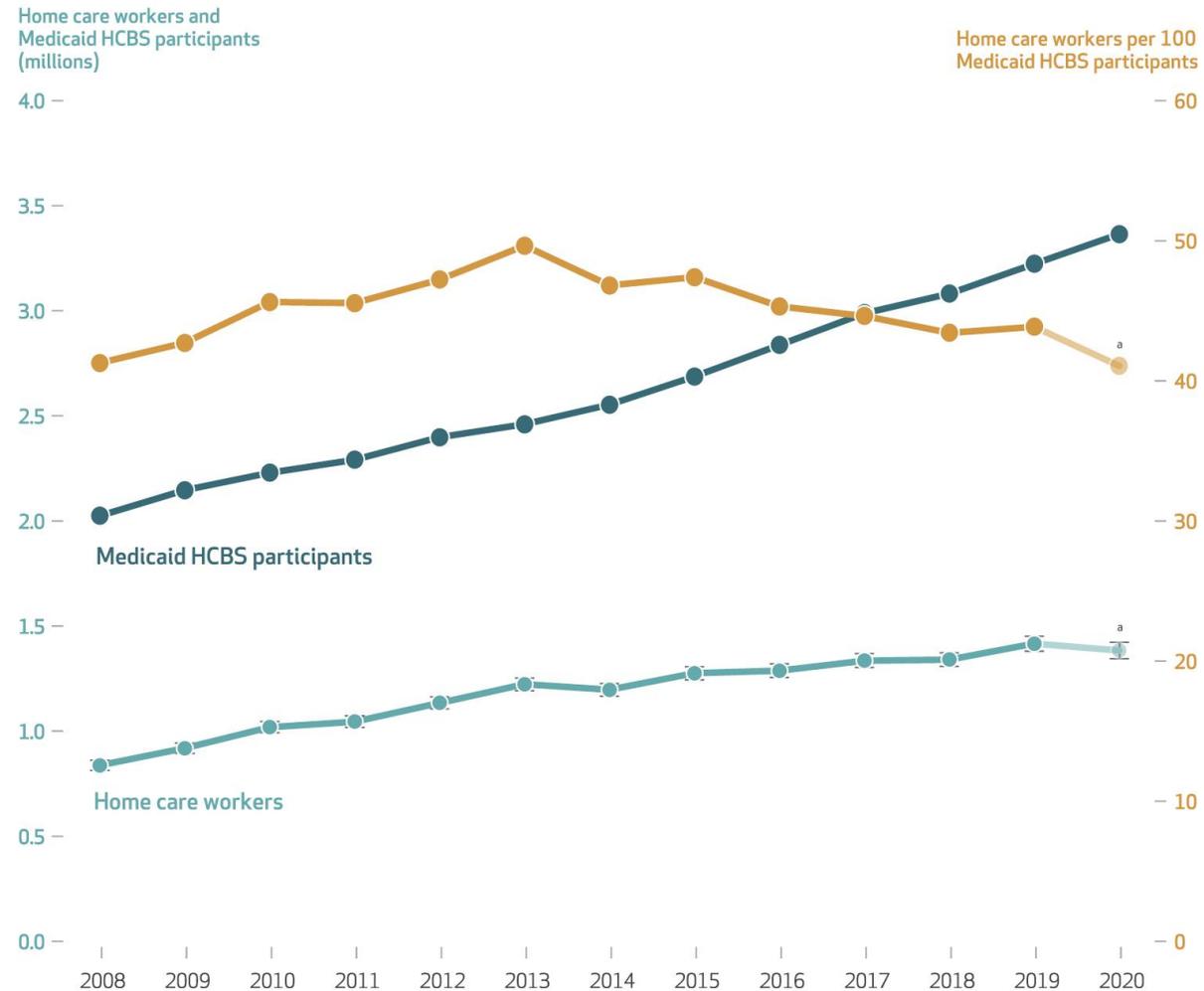


Home care workers

Home care workers and Medicaid HCBS participants (millions)



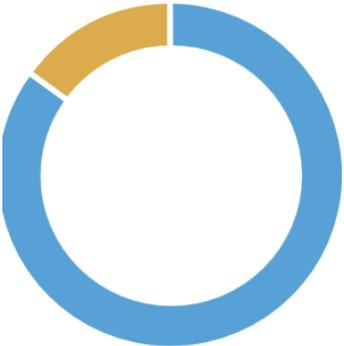
Home care workers per 100 HCBS participants



What are the policy levers to increase the workforce?

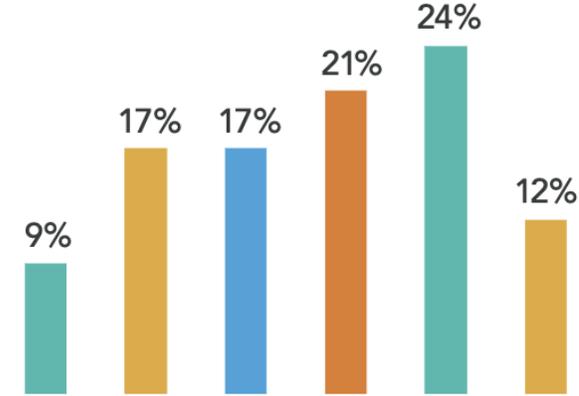
Demographics of home care workers

GENDER, 2020



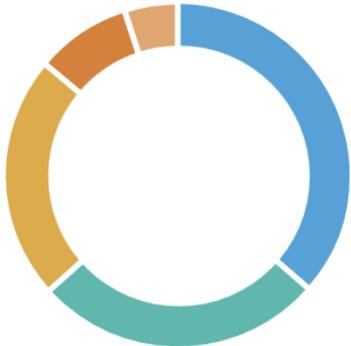
Female 85%
Male 15%

AGE, 2020



16-24 25-34 35-44 45-54 55-64 65+

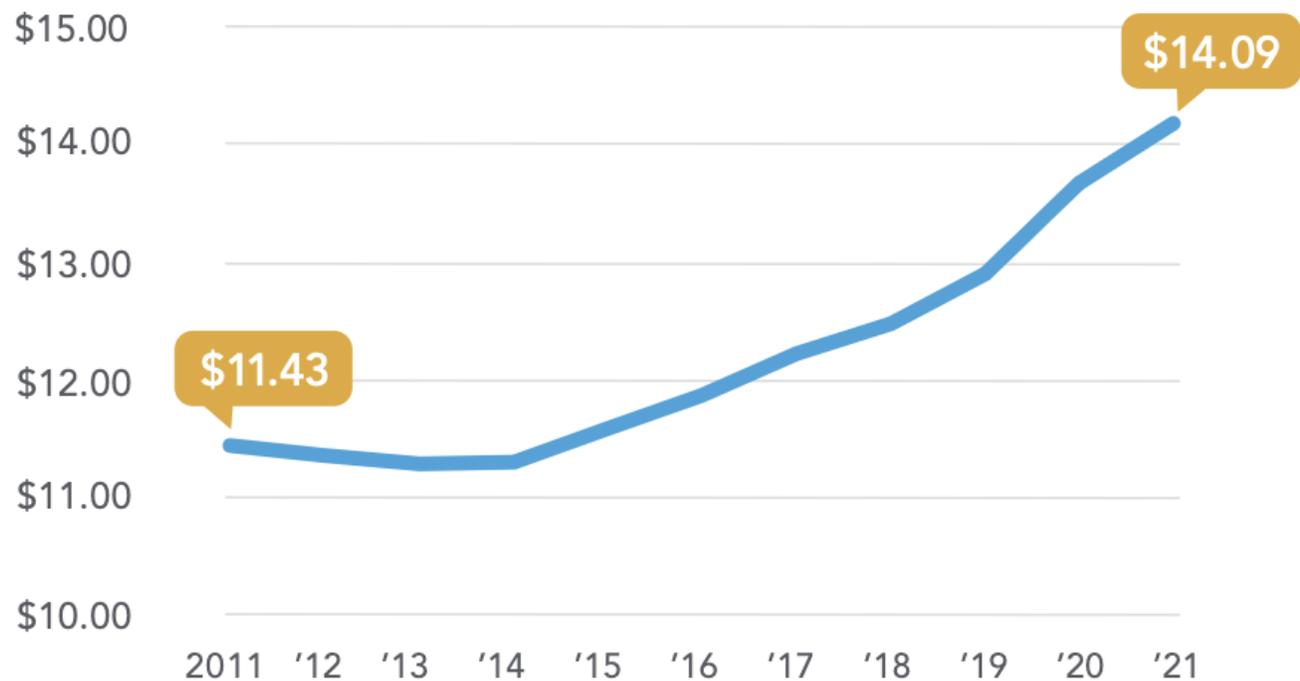
RACE AND ETHNICITY, 2020



White 37%
Black or African American 27%
Hispanic or Latino 23%
Asian or Pacific Islander 9%
Other 5%

Wages

HOME CARE WORKER MEDIAN HOURLY WAGES, ADJUSTED FOR INFLATION, 2011 TO 2021



HOME CARE WORKERS BY EMPLOYMENT STATUS, 2021



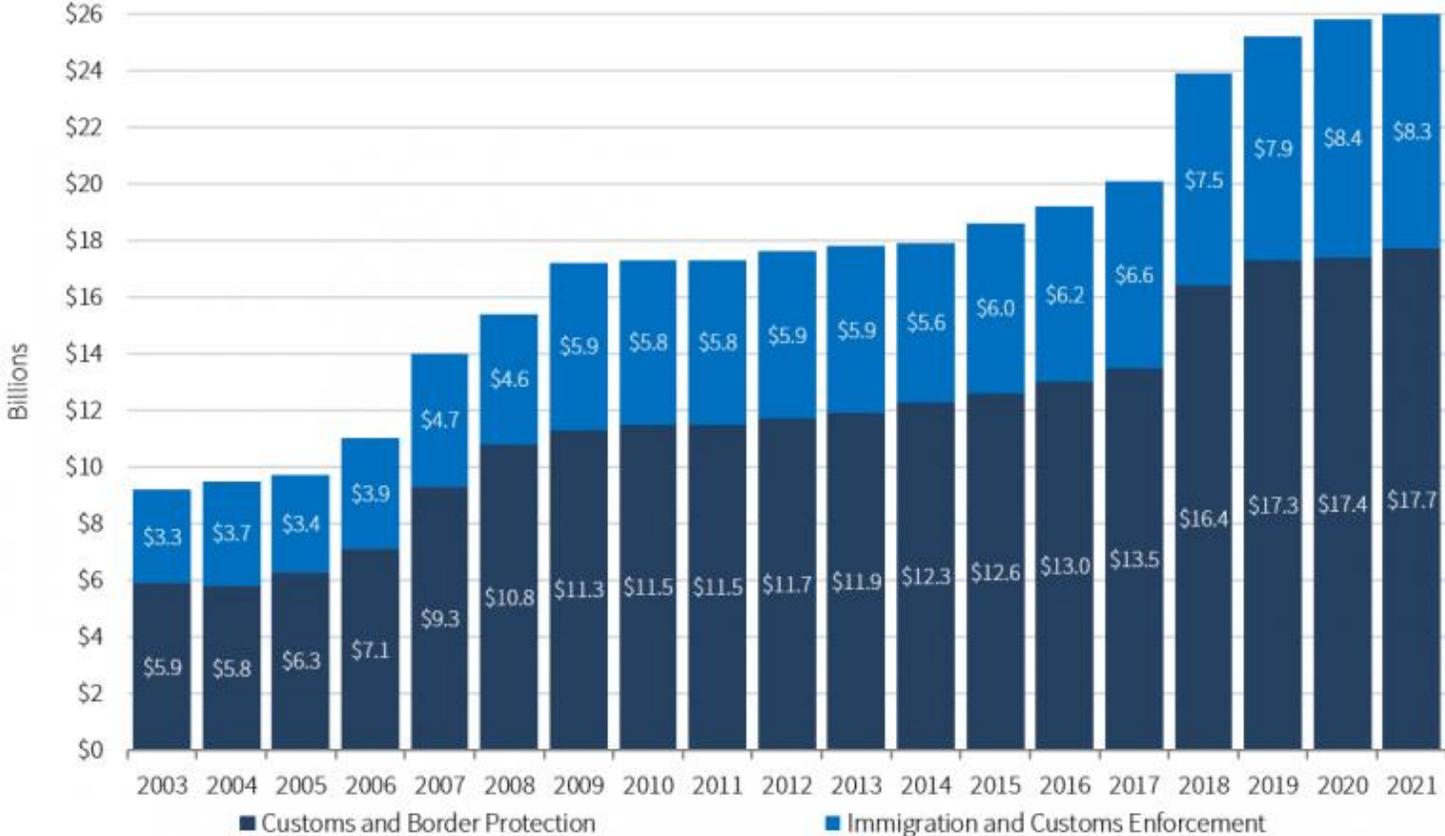
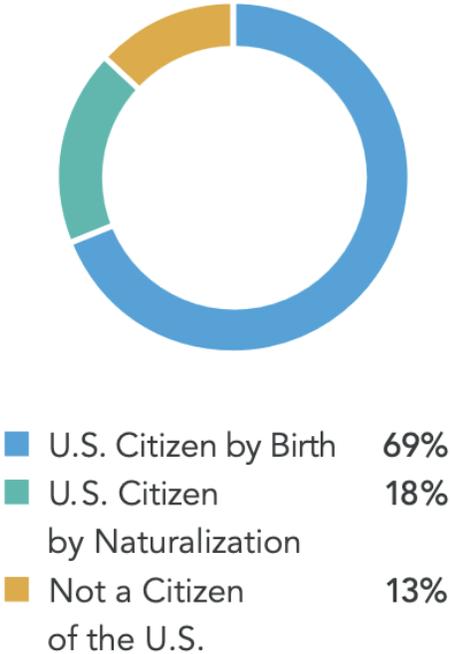
Schedule variability

- High-levels of schedule variability among home health nurses
 - It is common for employees to learn of their schedule for the next day only the night before, at which point they would be told whether they will start at 9 a.m. or 1:30 p.m. the next day.
 - Just-in-time scheduling, to match supply and demand in real time
- High schedule variability increases the odds a nurse will quit by 20%

Bergman et al, *MCRR*, 2022

Immigration enforcement

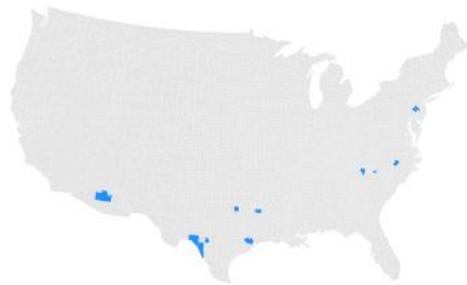
CITIZENSHIP STATUS, 2020



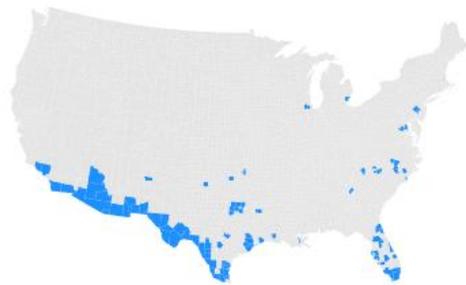
PHI, 2022

Immigration enforcement: Secure Communities

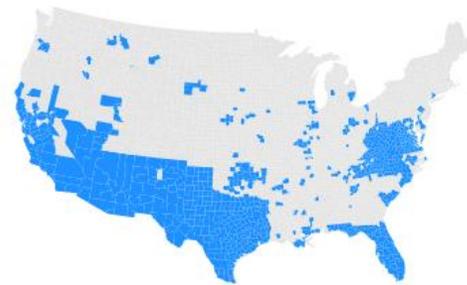
2008



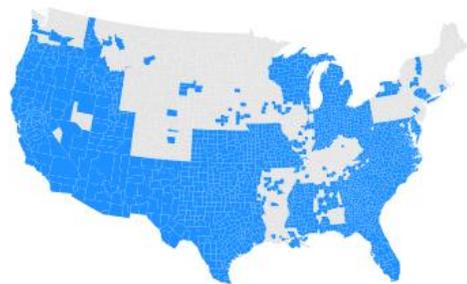
2009



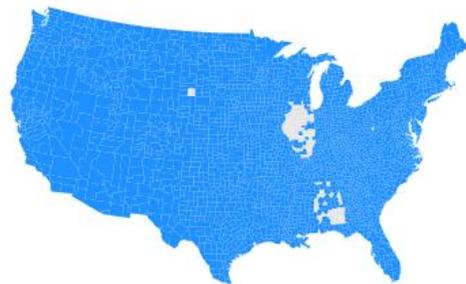
2010



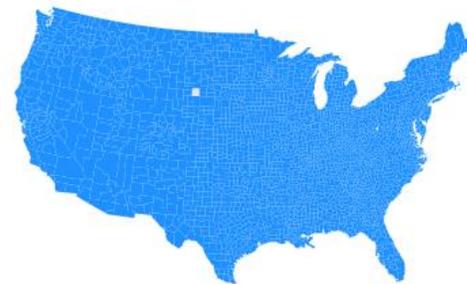
2011



2012

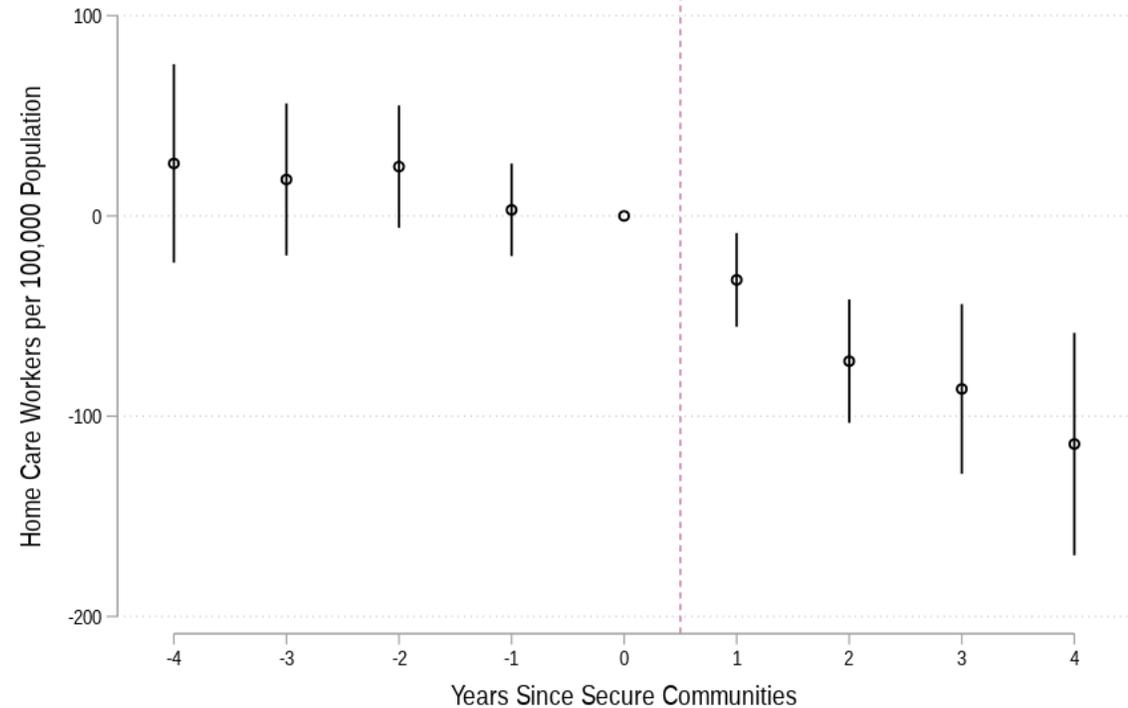


2013



Declining workforce with immigration enforcement

- Secure Communities reduced the home care workforce by 7.5%
 - Concentrated among foreign-born home care workers, where the workforce shrunk by 14.5%
 - No detectable effect on the size of the native-born workforce



Summary

- New evidence on national trends in the size of the home care workforce, comparing growth in this workforce with growth in Medicaid HCBS enrollment.
 - The home care workforce grew by 69% between 2008 and 2019
 - Growth in HCBS enrollment outpaced the growth in the workforce
- Approaches to bolster the homecare workforce are needed to maintain access to HCBS



**The Council
of State
Governments**

Our Workforce





Industry Snapshot

- 26,000 agencies – compared to 11,000+ home health
- Providing personal, supportive in-home care
- Employing 2.4 million direct care workers
- **Critical Workforce Shortage**
- Agencies increased wages by 20% or more.
- Family-funded home care – need to increase charges to supplement wage hikes
- Revenue Streams: Family-funded, VA, Medicaid, MA plan, LTC and other insurances



The Home Care Workforce Crisis

**AN INDUSTRY REPORT
AND CALL TO ACTION**

Coalitions Stronger Together

Report Themes & Takeaways

- Way out of crisis lies partly with **policy** and partly with **home care organizations**
- **Industry must OWN retention issues**
- Broaden pool of candidates
- Create *Culture of Caring*
- Commit resources to onboarding and training
- Appreciation and respect - elevating the profession and **expanding scope of services**



Recommendations Include:

Develop an industry endorsed standardized training model for DCW onboarding for all levels of non-Medicare certified DCWs

Amend the Immigration and Nationality Act to provide for an H-2C nonimmigrant classification for workers providing services to the aged and disabled.

Empower DCWs by embracing technology in caregiving and scheduling.

Encourage state policy makers and or research think tanks to evaluate the impact of benefit cliffs on the supply of DCWs.

Secure federal or state support pilot loan forgiveness programs for nurses, at all nursing school levels (BSN, RN, LPN, LVN)

Support full state sign-on to the Nurse Compact, which allows nurses reciprocity to practice across states lines without getting relicensed.

Join forces with the American Hospital Association and other stakeholder groups to prioritize and expedite the visa issuance process for eligible nurses.

Create a national workgroup to develop, a national home care clinical rotation model to provide early exposure to home care nursing.

Today's Priorities

Medicaid Proposed Rule – Worker Wages

President's Executive Order – Home Care, & Family Caregivers

Better Care Better Jobs, ACT

Caucus, Home Care for Seniors

Elizabeth Dole Home Care Act



HCAOA Provider Survey Results (Majority Small Providers)



Over 87% of providers would cap expenses with an 80/20 threshold

- The majority expressed the first expenses to cut would be training and competitive employee benefits like 401K plans, etc.

Over 60% of smaller providers felt their ability to serve rural populations would be impacted negatively by an 80/20 threshold.

ADVANCING STATES



Leadership, innovation, collaboration
for state Aging and Disability agencies

State Strategies for the Direct Care Workforce

July 2023

Our Vision:

Older adults, individuals with disabilities, and their caregivers will have access to the resources they need to live well & thrive in every community.

Our Mission:

To design, improve, and sustain state systems delivering long-term services and supports for people who are older or have a disability, and their caregivers.



Agenda

- ARPA
 - Affinity Group
 - Spend Plans
- Engaging with direct service workers
- Data collection
 - State of the Workforce

ARPA Affinity Group

- 15 states
- 6 sessions

Increasing wages and benefits

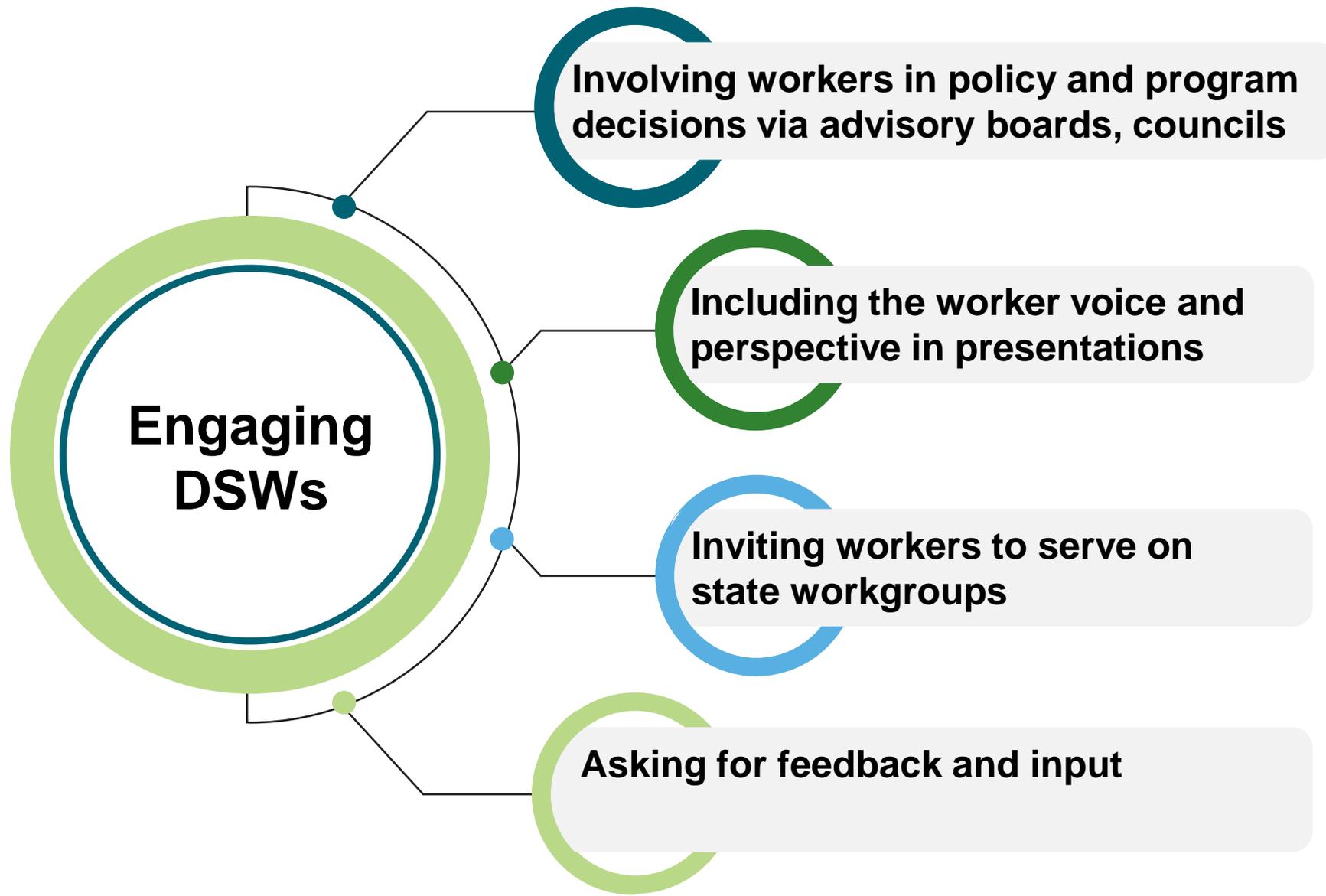
- Permanent vs temporary
- Legislative timing

Career Development Initiatives

- Washington
- Illinois
- Ohio

DSW Initiatives in ARPA Spend Plans

- Public awareness and marketing campaigns to attract new workers
- Providing training
- Focusing on workforce wellness
- Offering internship opportunities
- Environmental scans
- Transportation
- Development of mentoring/peer support programs



State of the Workforce Survey – Aging and Disabilities

- Measures key workforce data within aging and physical disabilities systems
- Information comes from provider agencies
- Aggregated data is available by state once the data collection period has ended
- Annual report posted

SoTW-AD Topics Included



Demographics of state
DSW workforce

Information on providers in
the state (ex: size, number
of people served)

DSW turnover rates

Length of DSW
employment

Vacancy rates

Hourly wages

Benefits

Recruitment and
retention strategies

States may add 10 of
their own questions

ADVANCING STATES



Leadership, innovation, collaboration
for state Aging and Disability agencies

April Young MSW
Senior Director of Strategic Initiatives
Ayoung@advancingstates.org

Q&A/Discussion

Next Steps

- Next Network Meeting: August 1 (Next Tuesday!)
- Focus: Building Career Pathways for Long-Term Care Workers
 - Register Now: https://csg-org.zoom.us/webinar/register/WN_DWD0pXUxQ_OOjn62rHTG_A#/registration
- Coming Soon: National Online Resource Center: <https://web.csg.org/long-term-care/>
- Send Us: Relevant Bills, Reports, Resources, Articles, Initiatives
- Request State Technical Assistance Services
- Reach Out With Your Thoughts (sslone@csg.org)
- See you at the HCBS Conference!

Thank You!

