

Long-term Care Workforce Survey (Facility-based and HCBS) December 2024

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Background

The DC Coalition on Long Term Care, in collaboration with the DC Health Care Association, the DC Home Health Association, Leading Age DC, the Maryland National Capital Home Health Association, 1199SEIU, Capital Hill Village, DC Appleseed and AARP, has been surveying providers across the long-term care service delivery system about workforce issues since May of 2020.*

Today marks the release of our sixth survey in four years Unfortunately, **this survey continues to document a continuing workforce shortage that is leaving seniors and people with disabilities without needed care.**

*Prior surveys may be accessed here: <https://www.dclongtermcare.org/workforce/>

Key Takeaways

Our latest survey confirms:

- With respect to direct care workers and nurses, **the shortage of interested and qualified candidates continues.**
- Despite some incremental increases in wages, **wages for entry level direct care workers still are not competitive** with other comparable entry level jobs including those that require much less training and skill.
- **Workers are continuing to leave direct care worker jobs for other jobs that pay more and provide better benefits.**
- **There are not enough new workers to meet current demand** and those workers who remain are working harder and longer.
- **More than half of survey respondents (and 80% of Medicaid providers) have had to refuse services to client/resident due to lack of staff.**
- Respondents identify that **regulatory barriers are a significant obstacle to attracting and hiring new workers.**
- **Respondents overwhelming support joining the Nurse Licensure Compact** and are willing to address objections raised by the Board of Nursing regarding loss of oversight and fees.
- **DC is not supporting the infrastructure to attract and train new workers, nor is DC moving quickly enough to reduce regulatory barriers that make it harder and less attractive for qualified workers from neighboring jurisdictions to work in DC.**

Methodology

Methodology - Our sixth survey builds upon the survey we fielded last year with a few key differences. First, providers serving individuals with developmental disabilities did not participate. These providers generally are highly dependent on Medicaid. In addition, direct care workers who serve this population, known as Direct Support Professionals, do not have to take training from schools that are certified through OSSE and the Board of Nursing, do not have to take a national exam and are not certified or monitored by the Board of Nursing.

Second, unlike prior years, we had much higher participation from providers who do not bill Medicaid or only bill Medicaid for a very small percentage of their revenue. While wages were somewhat less of an issue for these respondents, they were equally impacted by the shortage of qualified candidates and DC Health/Board of Nursing's regulatory barriers. These providers, many of whom serve clients across the DMV and therefore have experience in other jurisdictions, shared that regulatory hurdles are much less of a barrier elsewhere.

Third, this year's survey included several questions regarding the shortage of registered nurses and whether long-term care providers support DC's participation in the Nurse Licensure Compact.

The survey was distributed to providers via email and with the help of the co-sponsoring associations beginning on October 17. It closed on November 15. We received 29 responses representing 33 different providers including skilled nursing/nursing facilities, assisted living residences, adult day health, home health care, and home support agencies.

For purposes of this survey, we defined direct care workers as Personal Care Attendants (PCAs), Home Health Aides (HHAs), Certified Nursing Assistants (CNAs) and Direct Support Professionals (DSPs).

Acronyms

ADHP – Adult Day Health Program

ALR – Assisted Living Residence

ARPA – American Rescue Plan Act

BON – Board of Nursing

CNA – Certified Nursing Assistant

DHCF – Department of Health Care Finance

DSP – Direct Support Professional

HHA – Home Health Aide

MIT – Massachusetts Institute of Technology

NF – Nursing Facility

PCA – Personal Care Aide

SNF – Skilled Nursing Facility

WIC – Workforce Investment Council

WIOA – Workforce Investment Opportunities Act

How many workers do we need and how many do we have?

Unfortunately, these are not easily answered because DC is not regularly and consistently tracking demand or tracking supply.

According to the Workforce Investment Council (WIC), direct care jobs are the highest growth, highest demand jobs in any sector.

At a Workforce Investment Opportunities Act (WIOA) Community Engagement Meeting held on February 1, 2022, the WIC shared data showing that from 2021-2028, these entry-level, healthcare jobs will experience average annual openings of over 3,000 jobs for at least the next seven (7) years.

*Projections and annual openings are from the DC Department of Employment Services, DC WIOA Unified State Plan, July 2020 – June 2024, p. 261-262, available at: <https://dcworks.dc.gov/sites/default/files/dc/sites/dcworks/publication/attachments/DC-WIOA-Unified-State-Plan-2020.pdf>

Despite the knowledge of the demand, DC is losing workers and training capacity

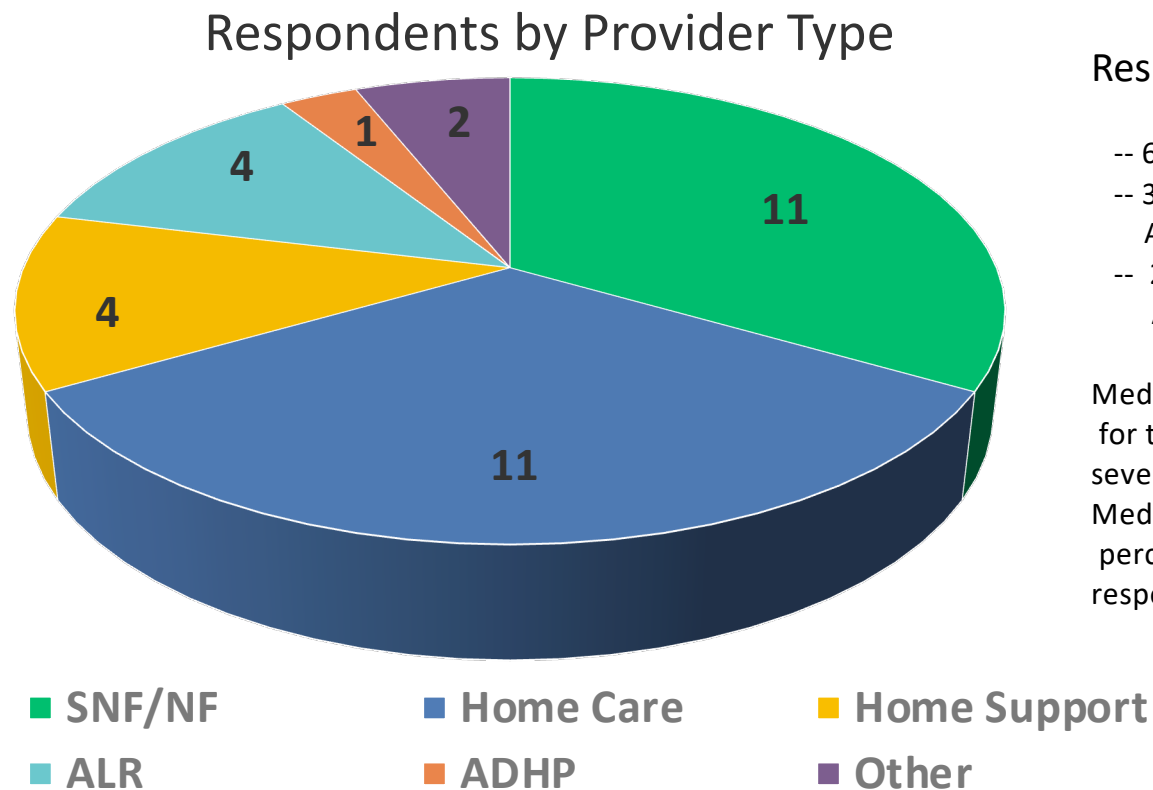
DC Board of Nursing data shows that instead of growing this critical workforce, we have lost workers and are not meeting the demand for new workers. Further, in 2021, we had six (6) fully approved and certified schools to train home health aides. Today (December 2024), we have only two (2)! There are nine (9) schools to train certified nursing assistants (two with conditional approval). However, the combined capacity of these schools to meet growing demand is very likely inadequate.*

	2/2/22	8/30/23	1/3/24	5/1/24	11/6/24
License Type					
CNA	Not available	5,102	2,756	3,053	Not Available
HHA	8,821	8,390	6,683	7,288	7,952
Total	?	13,492	9,439	10,341	?

*According to BON reports, in 2021, 8 CNA and 6 HHA schools, graduated 716 students.

The Survey Responses

We received 29 responses representing 33 providers that serve seniors and people with disabilities across the long-term care service spectrum.



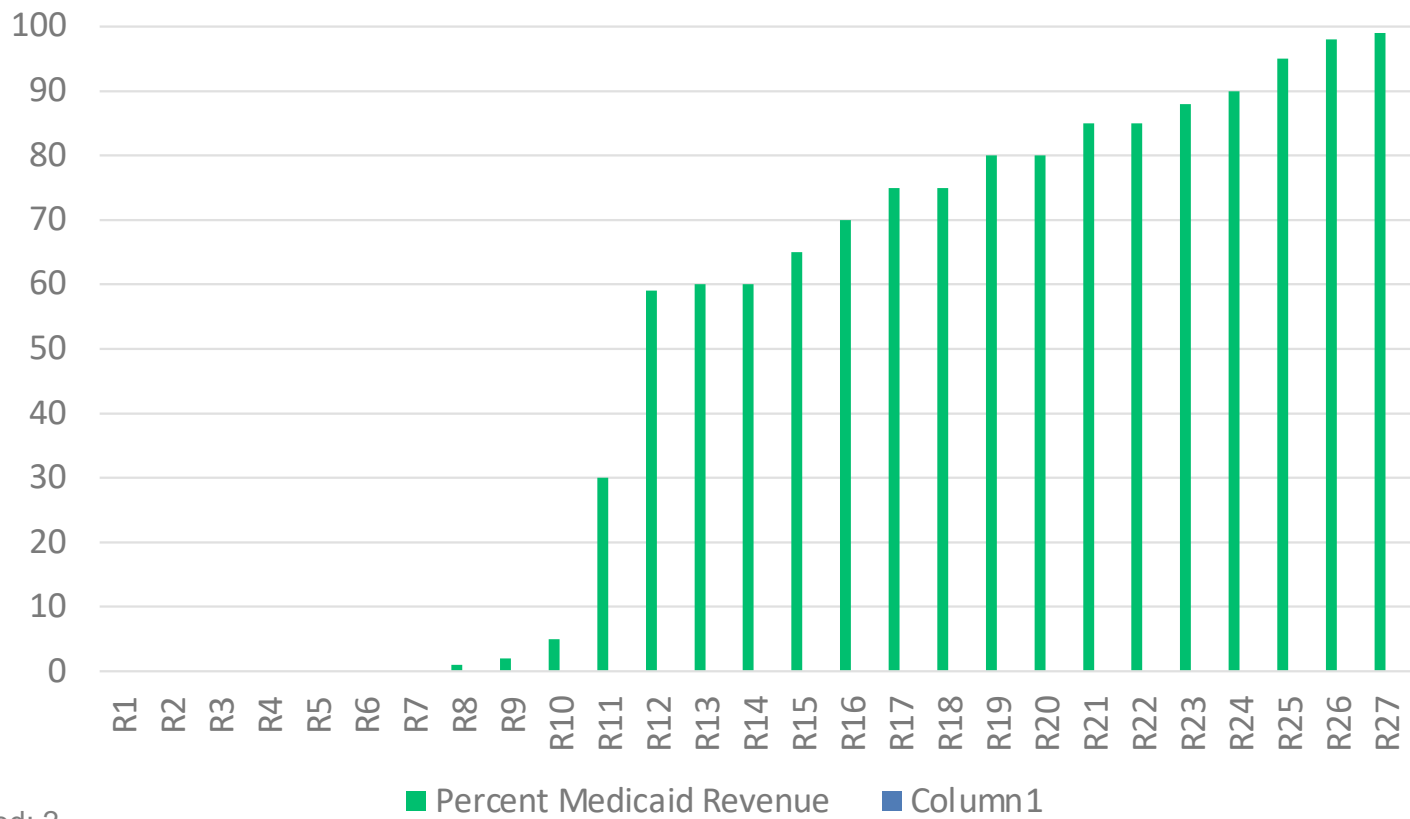
Response represents:

- 64% of all DC licensed Nursing Homes
- 33.3% of all DC licensed Home Support Agencies
- 26% of all DC licensed Home Health Agencies

Medicaid was the largest source of revenue for the majority of respondents. However, seven respondents reported they receive no Medicaid revenue, while Medicaid was five percent (5%) or less for three other respondents.

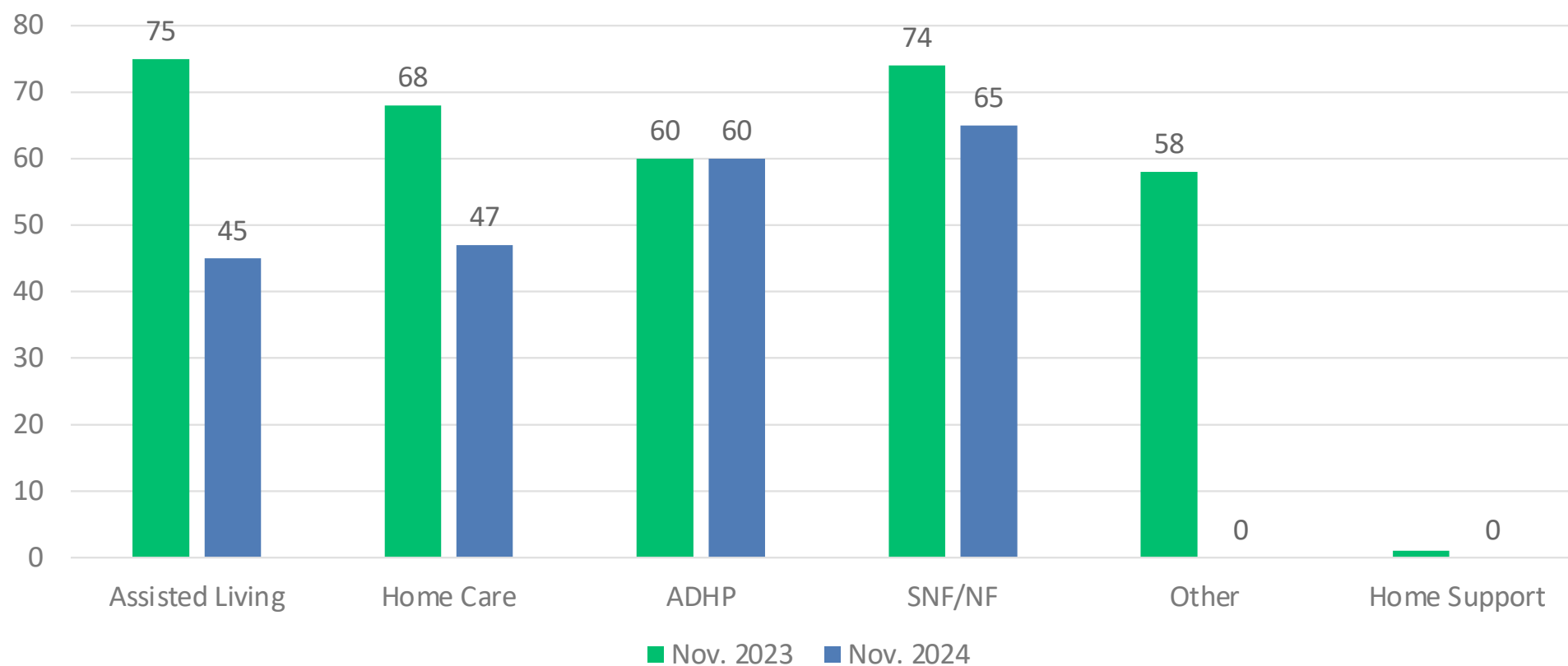
Note: Providers who serve individuals with Developmental and Intellectual Disabilities were not included in this year's survey.

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Answered: 27 Skipped: 2

Among respondents, the percent of revenue from Medicaid (on average) is lower this year when compared to last year, reflecting greater survey participation from providers who serve the private pay/Medicare market



Year over year, providers are seeing little improvement in the ability to recruit and retain direct care staff including Personal Care Aides, Home Health Aides and Certified Nursing Assistants.

May 2020
(HCBS Survey)

73% of Respondents report HHA are leaving the workforce. 95% express concerns about ability to hire HHAs to meet staffing needs

Dec. 2020
(CNA Survey)

64% of Respondents report CNAs are leaving the workforce. A majority express concerns about ability to hire CNAs to meet staffing needs

June 2022
(HCBS Survey)

72% of Respondents report the overall workforce situation has gotten worse or much worse since January 2022.

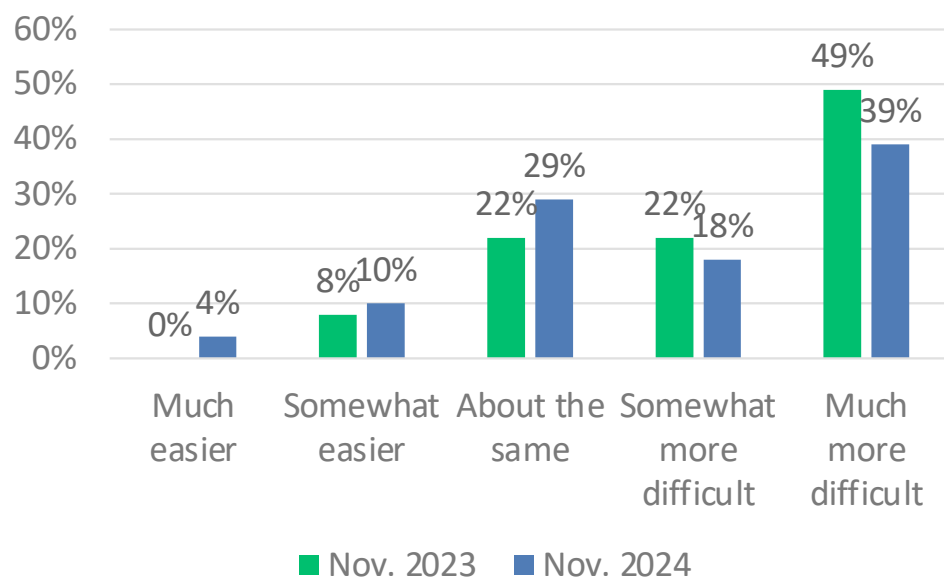
Jan 2023
(HCBS/Facility Survey)

**60% of Respondents report the situation is somewhat worse or much worse than last year. 29% report no change.
(NB: Post ARPA Bonuses)**

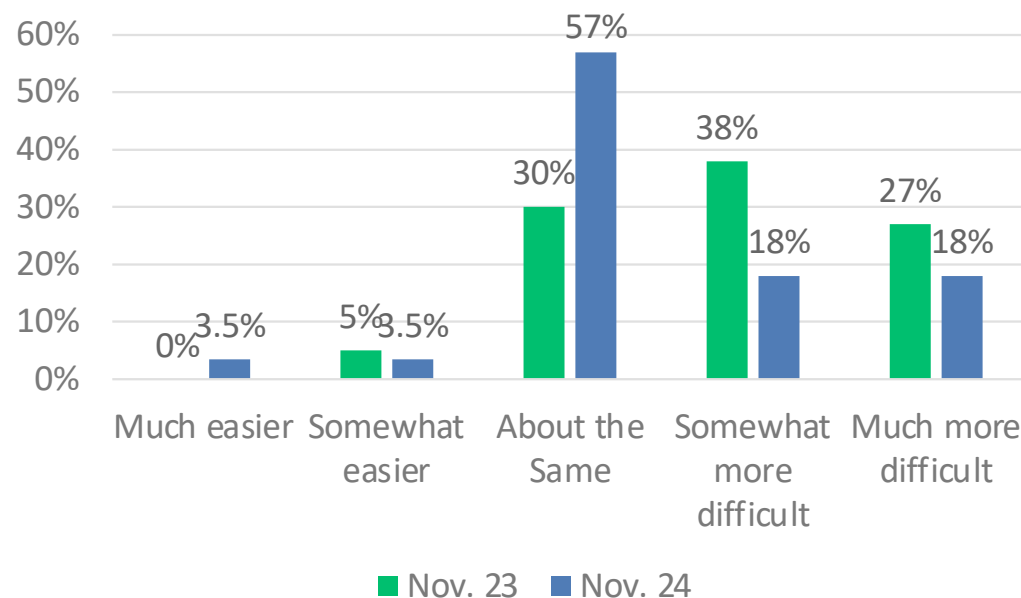
In November 2023 and November 2024, we asked respondents the same questions. The results again show that providers see little progress to alleviate the workforce crisis.

Nov. 2023 v. Nov. 2024

Describe your ability to *recruit*
new direct care staff

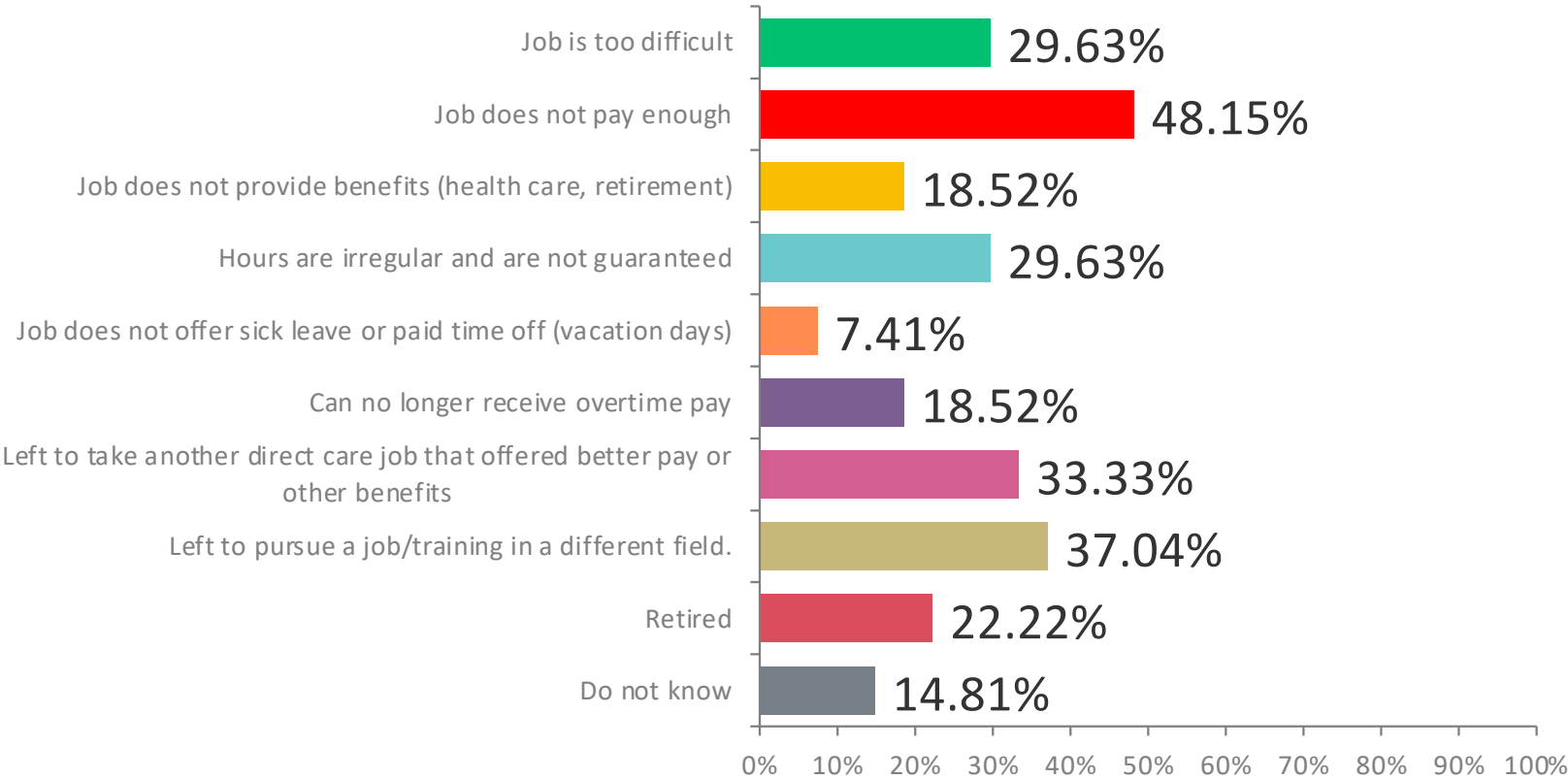


Describe your ability to *retain*
Direct Care Staff



As reported by Respondents, direct care workers continue to leave their jobs due to low pay and poor job quality.

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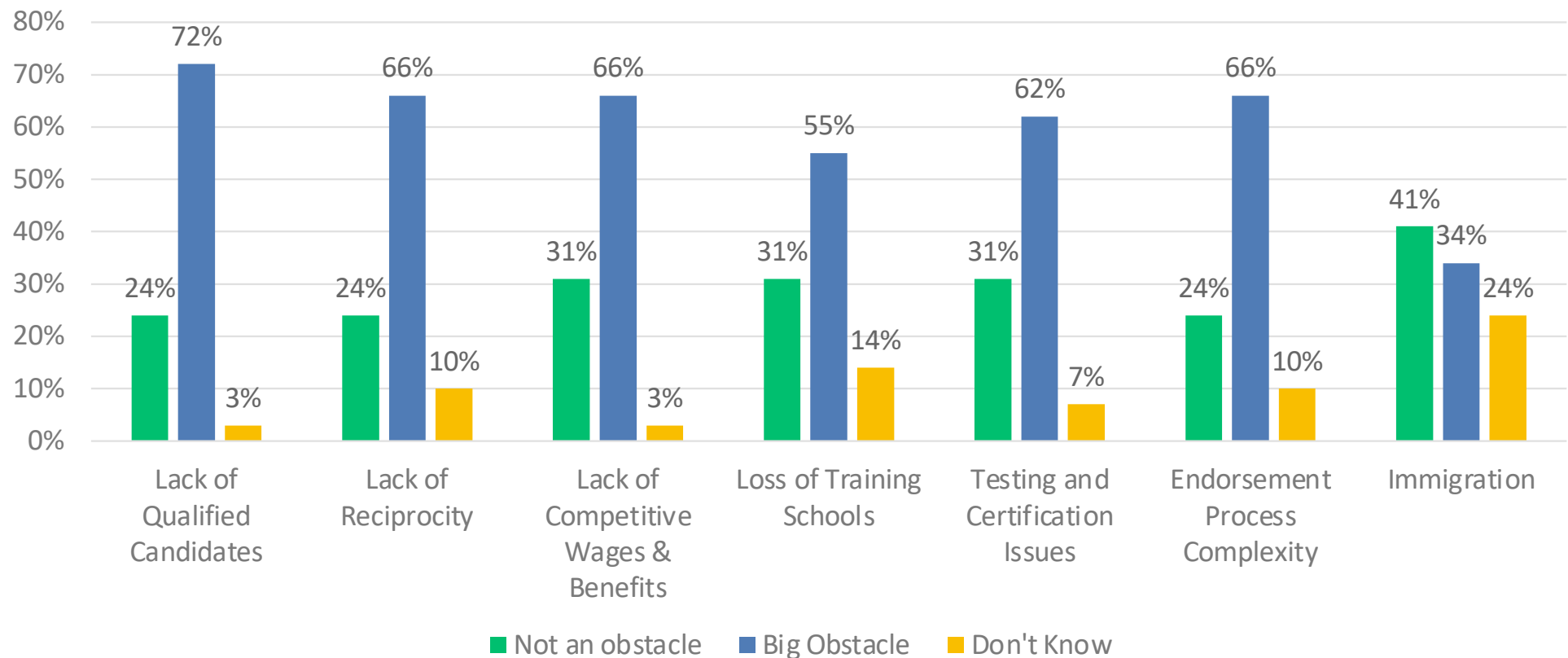


Regardless of payor source, workers are leaving due to poor pay, lack of benefits and overall poor job quality.

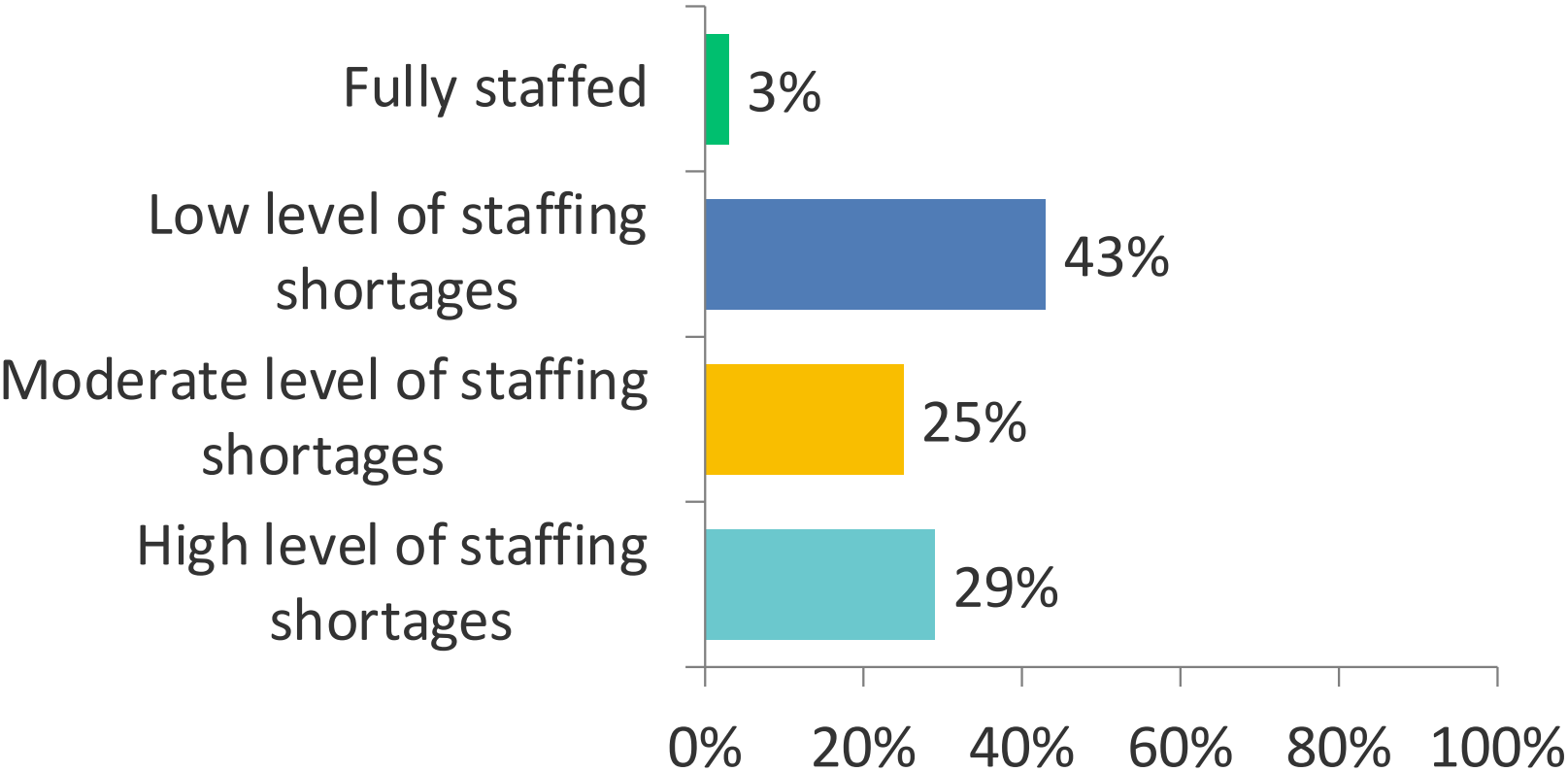
Top reasons why direct care workers leave by payor source.

Private Pay (< 20% Medicaid Revenue)	Medicaid (> 80% Medicaid Revenue)
Hours are irregular and not guaranteed	Job does not pay enough
Job does not pay enough	Workers left to take job training in another field that offered better pay or other benefits or left to take another DCW job that paid more
Job is too difficult	Lack of overtime pay.

Across all Provider types, lack of qualified candidates, lack of reciprocity, inability to provide competitive wages/benefits, testing & certification delays and the complexity of the endorsement process are all big obstacles to recruiting and retaining a qualified workforce.

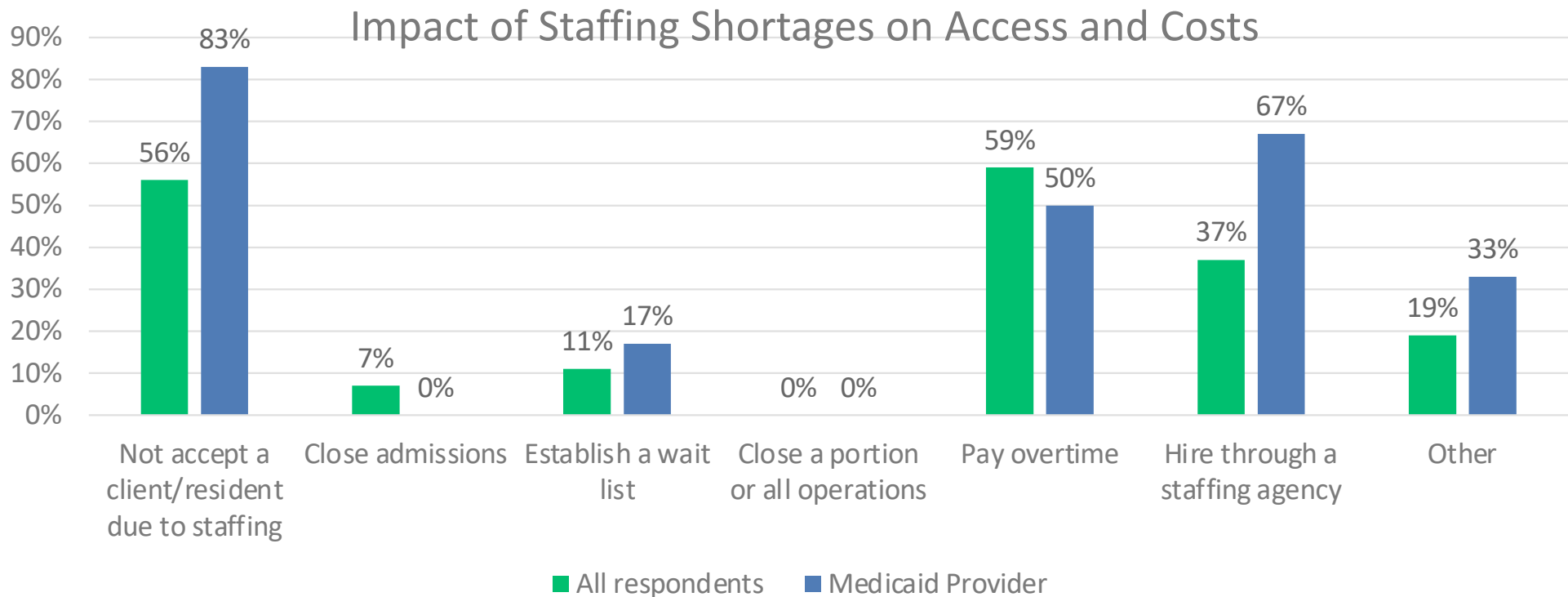


Only one of 28 respondents reported being fully staffed; while 54% reported moderate to high levels of staffing shortages.



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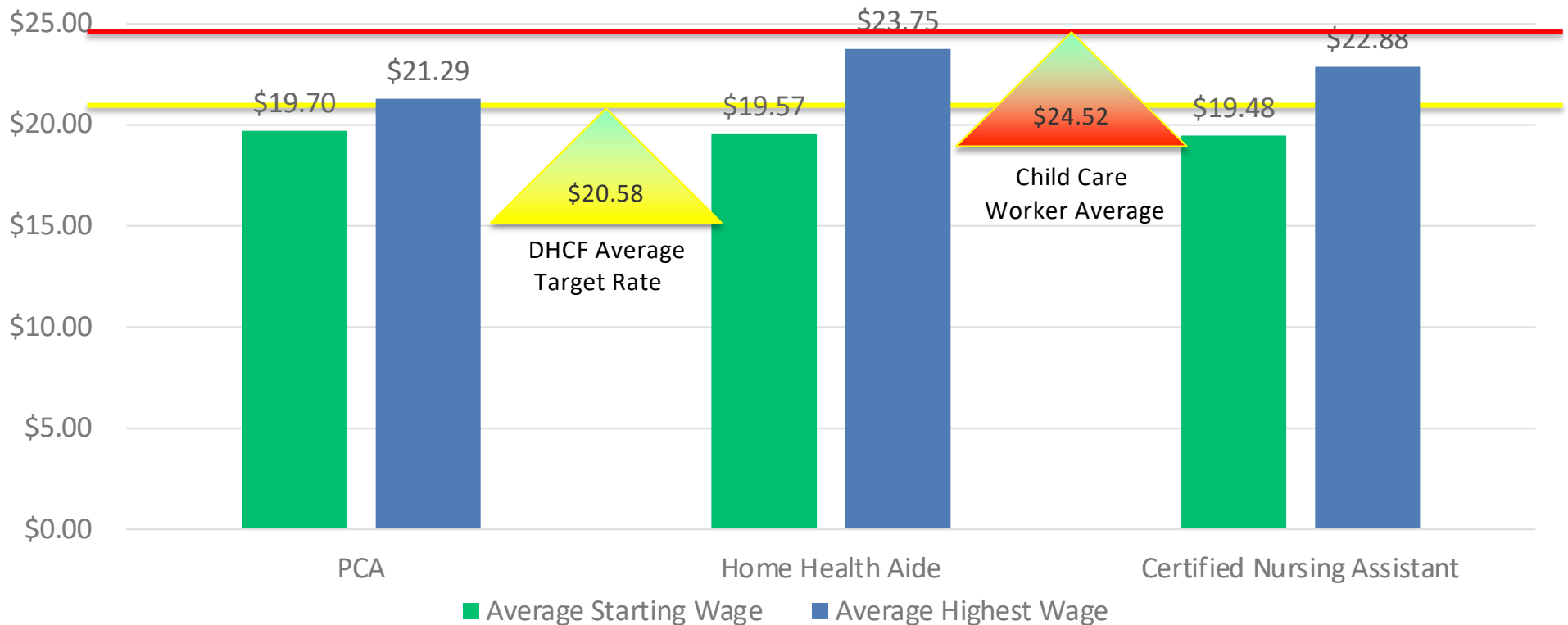
More than half of all respondents have had to refuse services to a client/resident due to lack of staff. Among the providers who rely on Medicaid for 80% or more of their revenue, more than 80% have had to refuse services to a client/resident. While private pay are using more overtime, Medicaid providers are hiring through higher cost staffing agencies.



Respondents' comments on staffing shortages offer additional insight into the challenges faced and the impact on access.

- One respondent reported 42 openings.
- Another commented that: “We always get it done but we are asking caregivers to work more hours than they would like and have to put minimums in place which eliminates people from being able to get services because they cannot afford it or simply do not need that many hours.”
- We always have to ask people to work overtime and extra shifts.
- We do not have as many openings for aides because we are limited in the number of clients we can accept based upon our grant funding.
- Some clients are refused because PCAs want easy assignments and do not want to care for clients with complex needs.
- PCAs continue to drop difficult clients.
- Clients experience delays in getting care.

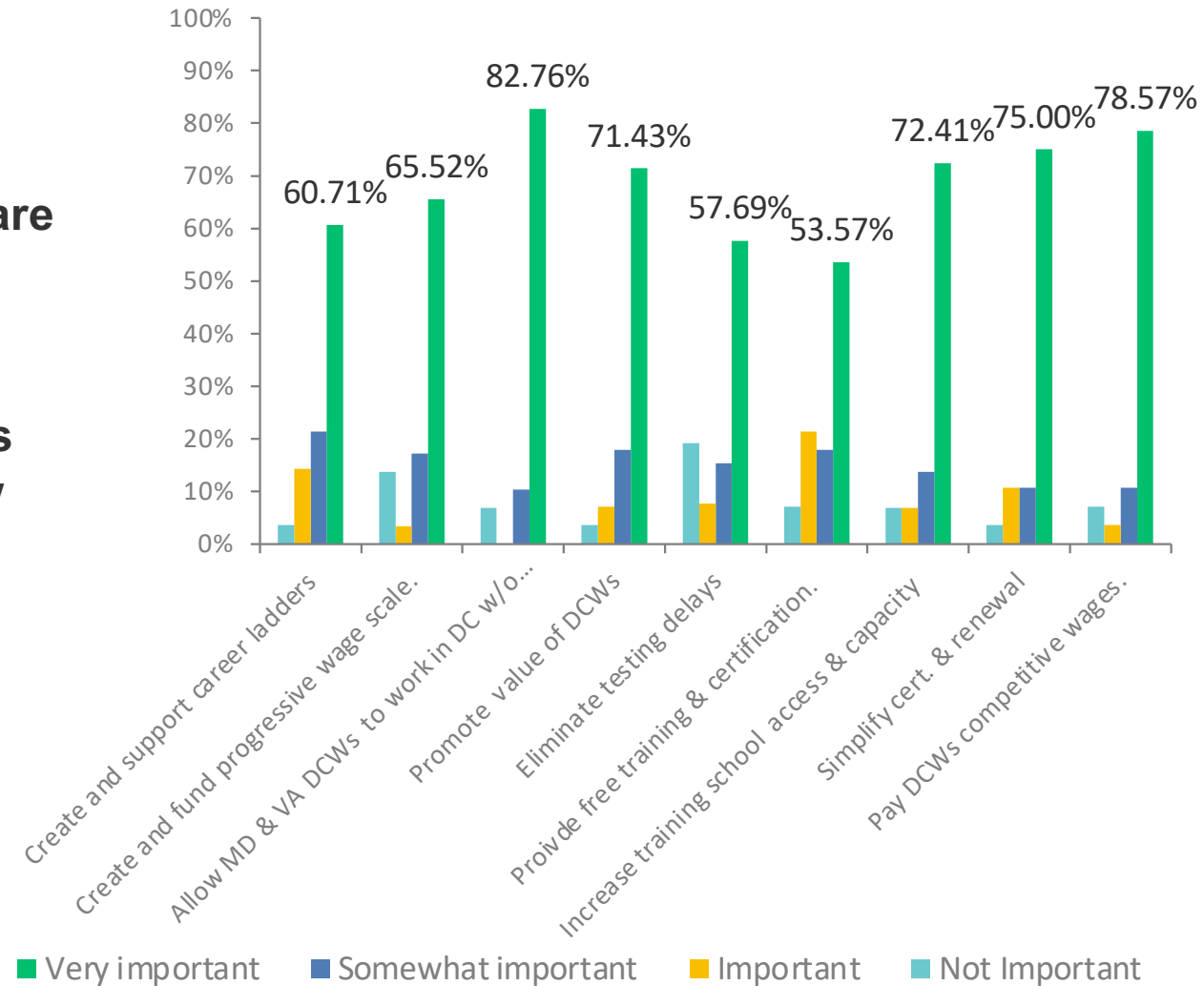
Starting wages, on average, exceed DC's current minimum/living wage of \$17.50. The average highest wage was still below MIT's Living Wage for One Person in DC (\$23.90 in 2024) and significantly below the average salary of a DC Child Care Worker with comparable training and responsibilities (\$51,006 to \$54,262/year or \$24.52 -\$26.09/hour).



*. See MIT Living Wage Calculator as of February 2024, <https://livingwage.mit.edu/counties/11001>

Answered: 29 Skipped: 0

To reduce the direct care workforce shortage, providers recognize multiple strategies are needed. Respondents identified all the below strategies as very important.



The Role of Registered Nurses in Long Term Care

Registered nurses play a key role in long term as administrators, supervisors, direct care givers, assessors, quality control leads and trainers, among other roles.

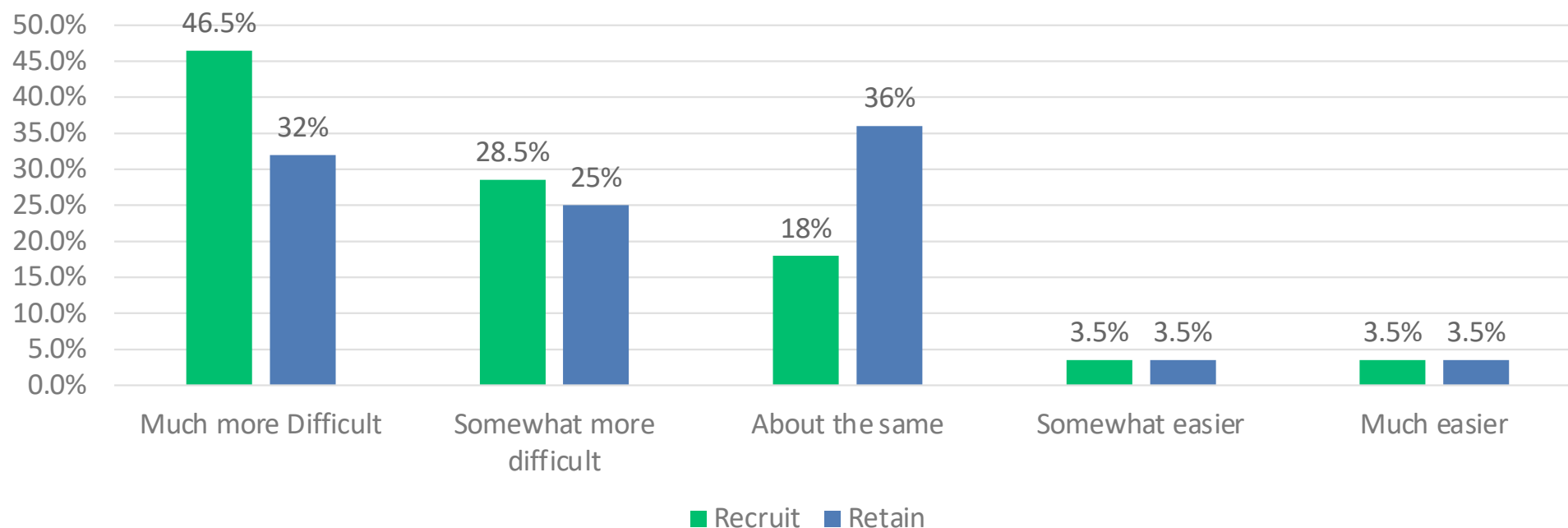
Importantly, currently only nurses can administer medications to an older adult or person with a disability who is unable to self-administer medications.

This year, we specifically asked respondents about their ability to hire and retain registered nurses.



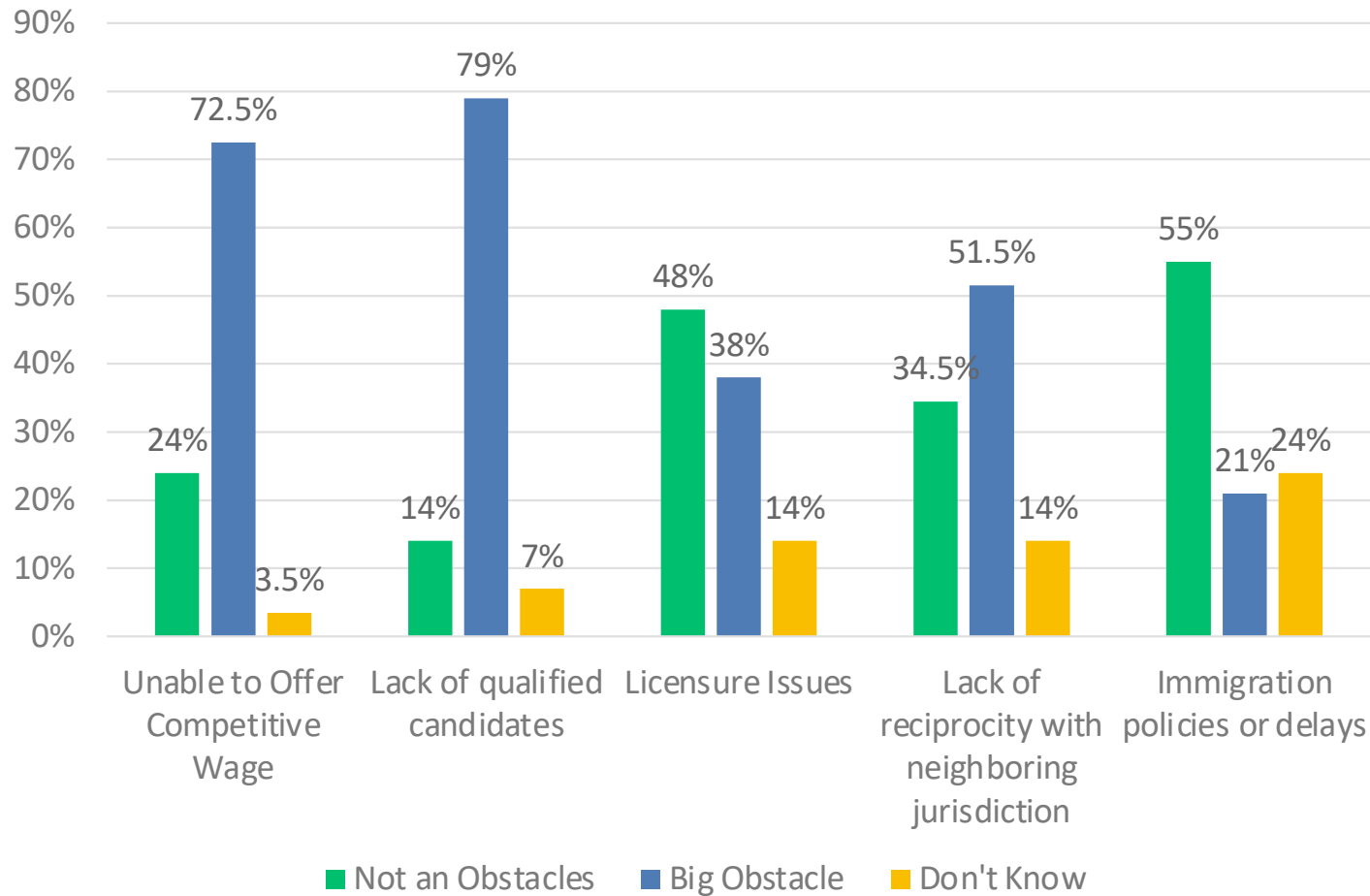
When compared to last year, respondents reported more difficulty recruiting Registered Nurses. Neither recruitment nor retention has become easier.

Ability to Recruit and Retain Registered Nurses
When Compared to Last Year



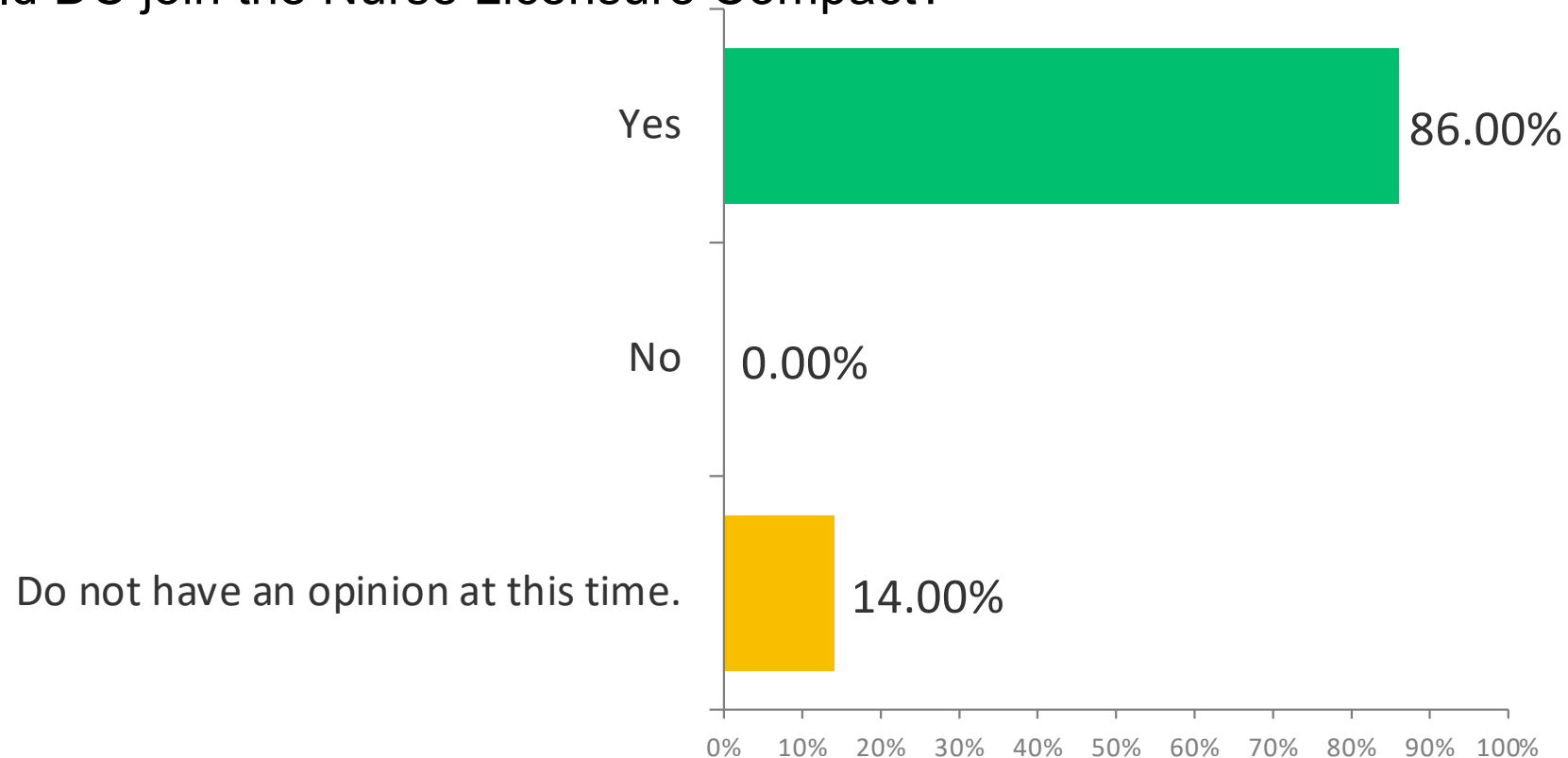
The biggest obstacles to recruiting and retaining Registered Nurses are the lack of qualified candidates and inability to offer competitive wages.

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The Nurse Licensure Compact allows a licensed nurse from a Compact State to practice in any other Compact State without getting a license from the State in which s/he is working. Providers overwhelming support DC joining the Compact.

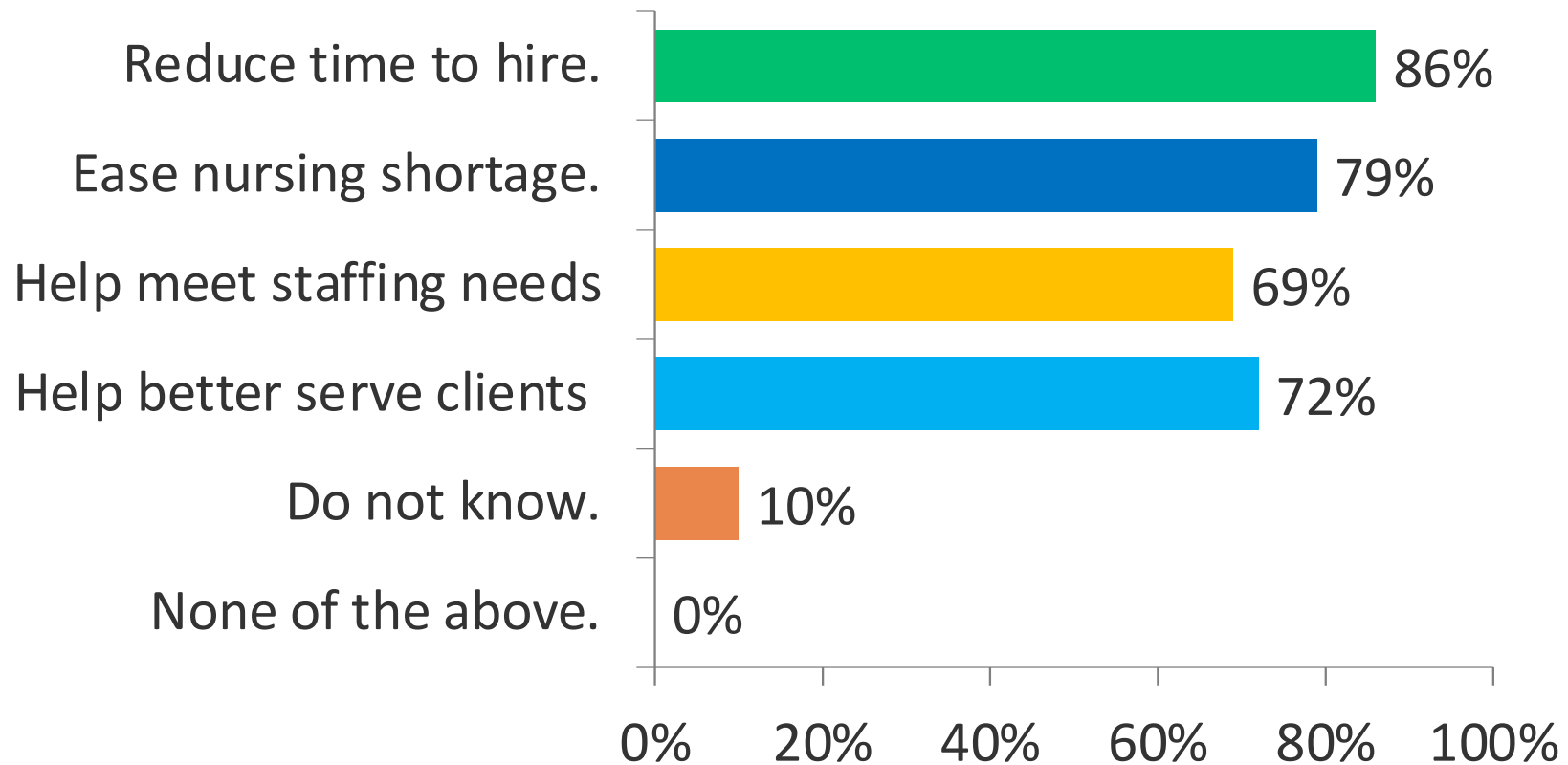
Should DC join the Nurse Licensure Compact?



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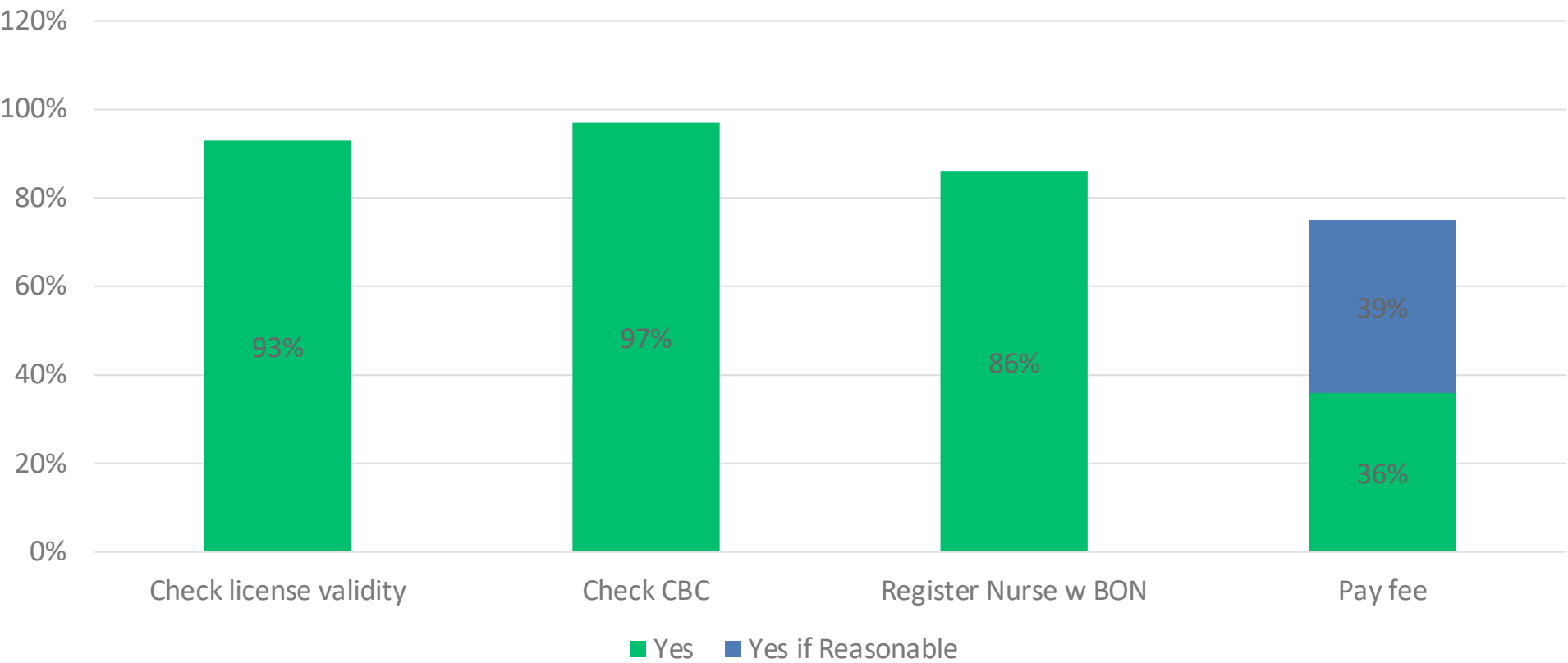
Respondents see major benefits of joining the Nurse Licensure Compact.

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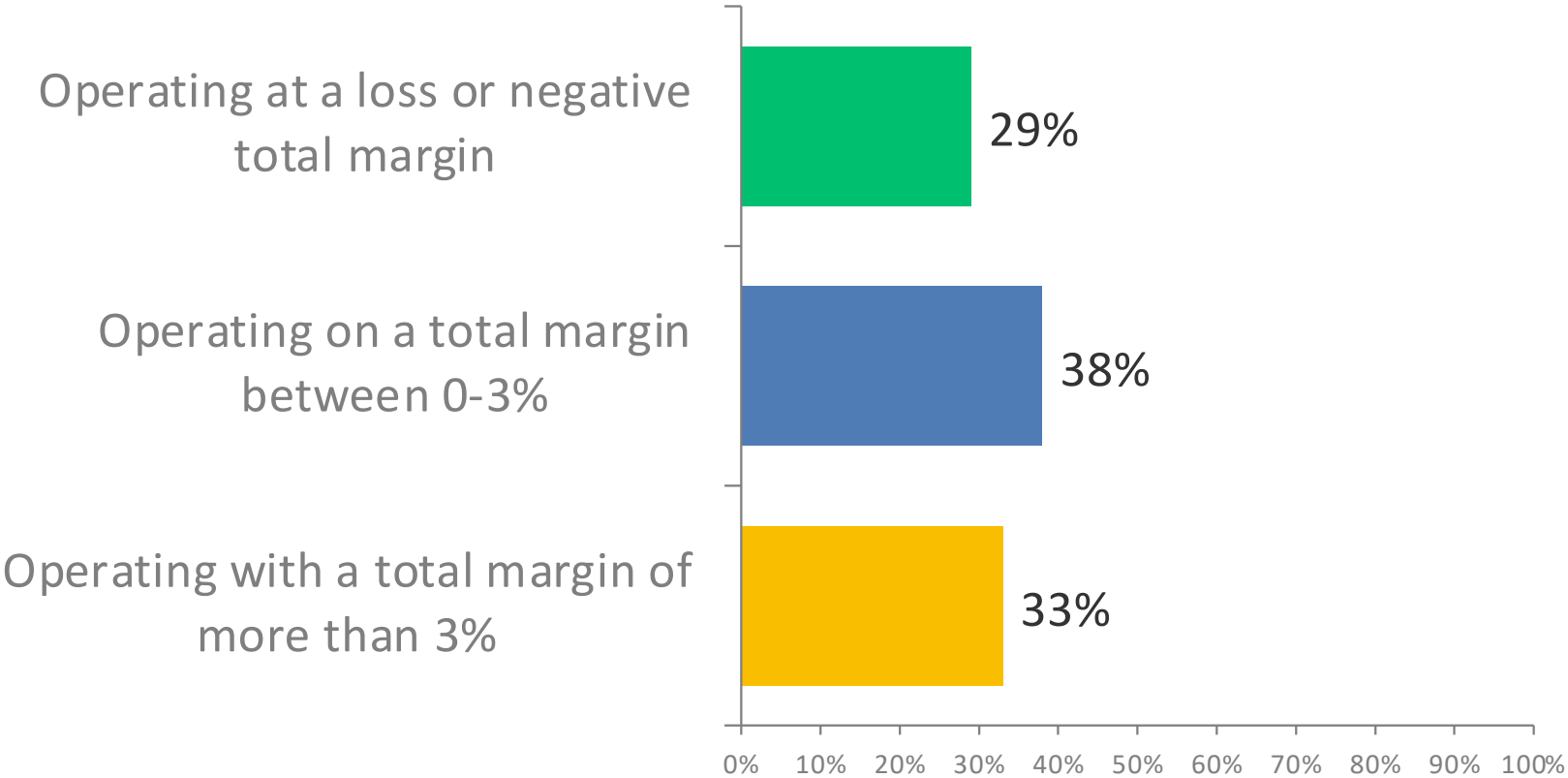


Respondents are willing to ensure that Compact Nurses have valid credentials and a current Criminal Background Check. They also are willing to report information about Compact Nurses to a Registry and pay a registration fee, if reasonable.

Q. As a condition of hiring a Compact Nurse, would you be willing to:

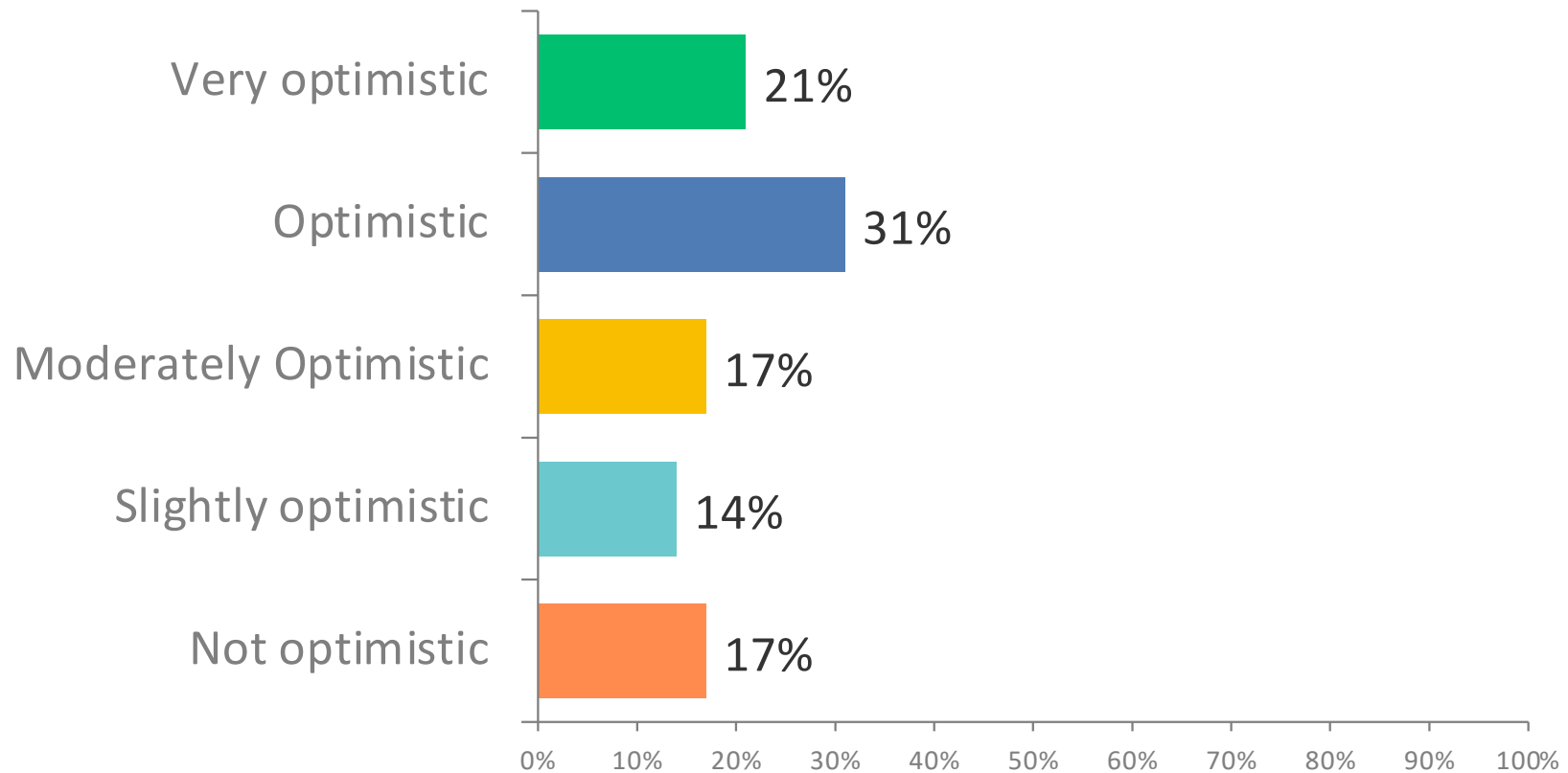


The financial stability of some long-term care providers is concerning. Nearly two-thirds of respondents are operating at a loss or on a total margin at or below 3%.



Answered: 24 Skipped: 5

Nevertheless, respondents are mostly optimistic about the future of their program/organization.



Answered: 29 Skipped: 0

Conclusions and Recommendations

With greater competition from both the retail, IT sectors and other health care providers including the new, long, awaited opening of Cedar Hill Regional Medical Center, the need to build capacity to meet the workforce needs of an aging population can no longer be ignored.

The Mayor should **put someone in charge** who is empowered to marshal the agencies and resources needed to develop and **implement a multi-agency strategic plan** that addresses short term and long long-term objectives to meet the workforce needs of seniors and people with disabilities.

DC must:

- **Expediate the elimination of regulatory barriers** that make it challenging for workers from neighboring jurisdictions to work in DC and for providers to hire them. Specifically, **simplify the endorsement process and allow for reciprocity.**
- **Fund the wage increase passed by Council** in the Certified Nurse Aide Amendment Act of 2024.
- Identify ways to **quickly increase the capacity to train new workers** (including use of on-the-job training models).
- **Examine the costs of training and increase funding so that schools can continue to offer courses and expand capacity.**
- **Eliminate training costs and pay for mentoring.**
- **Eliminate delays in testing and certification.**
- **Implement the regulatory reforms** in the HORA (**lowering the certification age to 16**) and the Certified Nurse Aide Amendment Act of 2024 (**combining CNA and HHA credential**)

- **Increase DOH/BON staff** and provide increased funding for IT infrastructure.
- Enact legislation to **join the Nurse Licensure Compact**.
- **Enact companion legislation** that establishes a registry for Compact Nurses and a fee structure to address DOH/BON concerns. **Create a dedicated fund** so that fees paid by providers support DOH/BON staffing needs..
- **Regularly collect and analyze data** to better understand the workforce crisis and whether interventions are having an impact.
- **Revise the current CNA/HHA survey and process** to gather more meaningful data.
- **Change Medicaid reimbursement to providers for direct care work – treat these jobs as salaried positions with wages and benefits** and reimburse providers accordingly.
- **Establish a progressive wage scale to recognize tenure and advanced credentials.**
Wisconsin, Washington State, Indiana].
- **Launch a public relations campaign to promote DCW jobs** [i.e., New Jersey, Wisconsin].
- **Establish a direct care worker advisory council** to elevate the voices of workers and provide guidance to policy makers [i.e. Indiana, Maine, Colorado].

For more information or to join the DC Coalition on Long-Term Care, please contact:

Luis Chavez, Convenor

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