# Long-term Care Direct Care Workforce Survey (Facility-based and HCBS) January 2023

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# Background

The DC Coalition on Long Term Care's Workforce Development Subcommittee has been surveying providers since May 2020 to monitor the workforce crisis. In our first survey, dated June 2020, we documented the Impact of COVID 19 on Home Health Aides. At that time, due to the massive number of aides who were leaving the workforce, 95% of respondents expressed concerns about their ability to hire all the aides needed to meet their clients needs.

In December 2020, we released a second survey, entitled CNA Needs Assessment, focused on providers who hire Certified Nursing Assistants (CNAs). Then, 64% of respondents reported that more CNAs are leaving the workforce or not reporting for work.

In June 2022, we fielded a third survey focused on Home and Community-based Service Providers. Results documented that the workforce crisis was deepening. Among providers most dependent on Medicaid, 100% of home care, adult day health and DD providers reported difficulty recruiting and retaining staff, and that strategies such as paying bonuses, paying for training and education and addressing workplace culture were not working to increase retention or reduce turnover. At that time, respondents reported rising costs for overtime and an inability to staff to meet demand.

## The 2023 Long-term Care Workforce Survey

In conjunction with DC Health Care Association (DCHCA), the Developmental Disability Services Provider Coalition, LeadingAge DC and 1199SEIU, the DC Coalition on Long Term Care built on its survey of 2022, adding questions to get feedback on recent DHCF initiatives and sent the survey to providers across the spectrum of long-term care.

The survey went live on January 23, 2023, and closed on February 10, 2023. After duplications were removed, there were 38 respondents.

The results are presented in the following slides.

## Key Take Aways

- Provider across the LTSS spectrum continue to face unprecedented staffing shortages, driving up costs, particularly for overtime, and reducing access to care.

- Providers continue to implement multiple strategies but see little impact.

- DHCF spent millions in ARPA funds to give bonuses to workers for past performance. While the payments boosted the morale of staff who were eligible to receive the payments, they had little impact on increasing recruitment and retention.

-The main driver of the workforce shortage is **there are not enough qualified candidates due to low wages.** Providers face fierce competition from other sectors that offer higher pay for less stressful, less demanding jobs with similar or lower entry level requirements.

- Lack of reciprocity and other issues with licensure/certification remain challenging.

## Respondents represent the spectrum of providers across long-term care.

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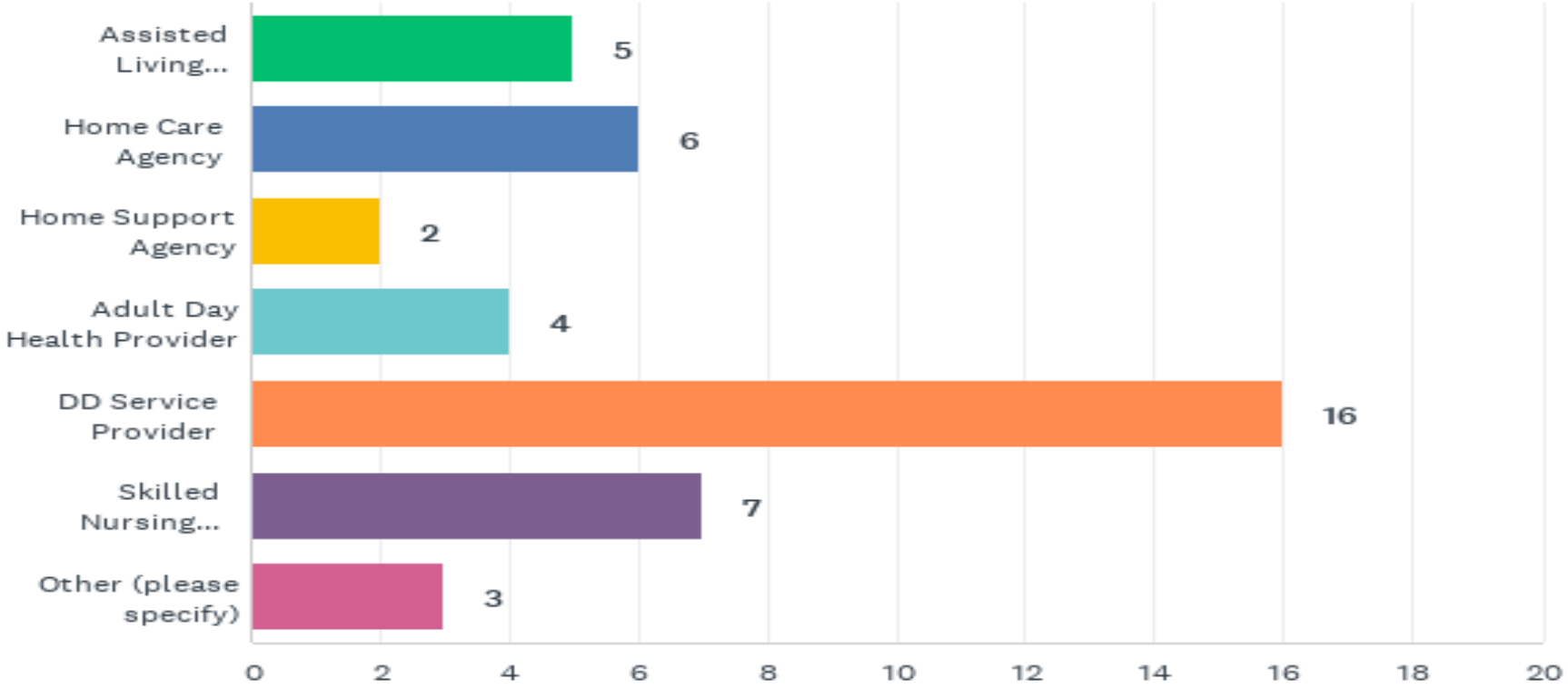
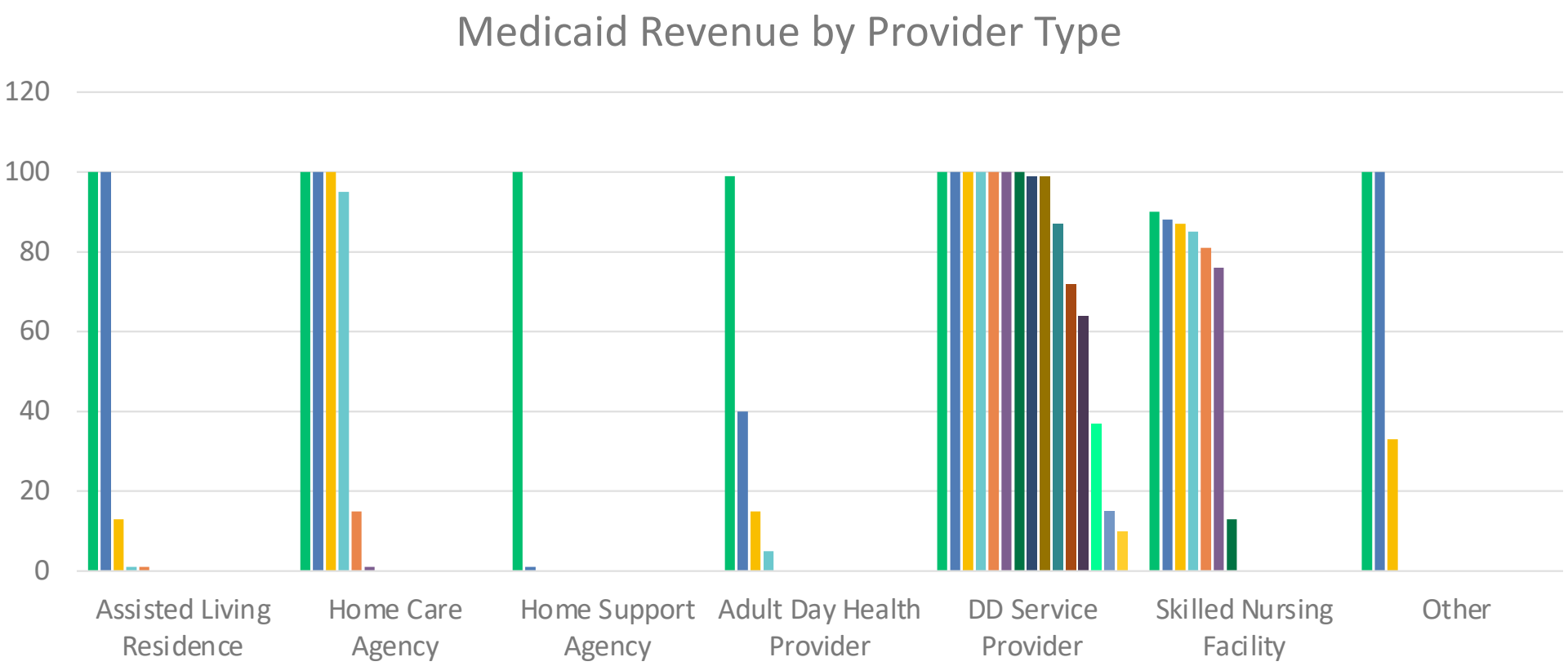



Other includes two ICF/IDs and one SNF/Assisted Living Residence

## Across provider types, Medicaid accounts for 67% of revenue, but for nearly half of respondents, Medicaid accounts for 99-100% of revenue




Note: Each vertical line represents a single respondent.

**In June 2022, 72% of providers reported that the overall workforce situation had gotten worse since January 2022. Today, nearly 29% report that the situation has remained the same, while over 60% of respondents report the situation is somewhat worse or much worse than last year.**

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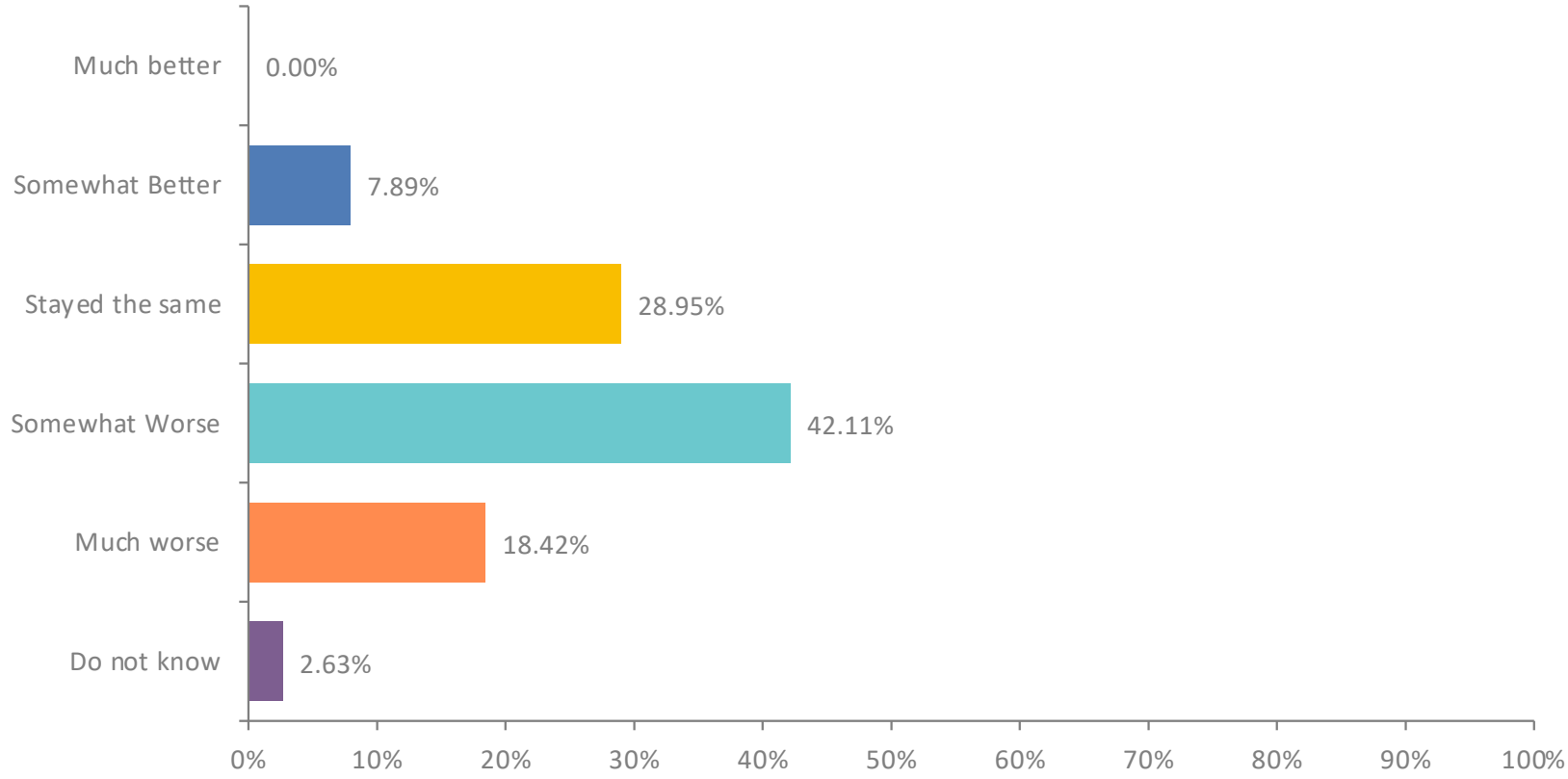

## Respondents Shared their Comments on the State of the Workforce Crisis

-Shortages of Home Health Aides, unemployment, absenteeism for long periods.

-Work **situation has gotten much wo**rse due to staffing challenges, resulting in **severe increases in unfunded overtime.**

-We have had difficulty finding experienced/properly trained applicants for DSP roles. Retention with DSPs has also been an issue with very **few new recruits transitioning into permanent/full-time roles.**

-The shortage of reliable DSP staff has caused a **substantial increase in overtime staffing costs.** As a nonprofit, it has been extremely challenging to find and retain Registered Nurses.

-The staffing crisis **remains a big challenge** for all service providers.

-Staff are not available for employment;  staff are not committed/engaged;  staff are not skilled; **monetary competition is great.**

-**We are only operating and caring for our clients thanks to overtime** . Not sure what will happen post PHE.

## Respondent comments continued

- We continue to consistently recruit for C.N.A./H.H.A and L.P.N. positions but are challenged with **competing with hospitals that provide better pay and benefits.**

In the past six months we have seen more applicants, but **100% of applicants have asked for a higher rate.** Of note, the applicants with only a high school degree, no work experience outside of an internship or summer job, are not accepting the starting rate. **Qualified applicants are regularly asking for $20/hour and highly qualified applicants are not applying** (I assume providers are doing everything they can to keep them in place). We are at the will of the employees, many employees (while dealing with a lot in their personal lives) are only working 4 of their 5 scheduled 8-hour shifts, leaving salaried leadership and other **Overtime employees to fill in the gaps.**

- **Our overtime and staffing crisis has steadily gotten worse since 2020**.

- It was really bad in early 2022. We believe it was due to employees still having full bank accounts from federal money being paid out to people out of work. Workers began to run out of money in the middle of the year and started coming back to work. There was also the issue of daycare centers and after school programs slow to open which made childcare an issue. That also began to work itself out by the middle of 2022. Things are better than they were in Q1 2022 but it's still difficult to find qualified staff.

# Respondent comments continued

-We have attracted more applicants but often they do not have required license. Even when hired, **the turnover among newly hired aides is very high.** We have also had difficulty hiring licensed social workers and although we don't currently have any openings for licensed RNs, we have had great difficulty hiring RNs in the past.

-**We are competing with hospitals and the staffing agencies when it comes to wages.**

-While we have seen a slight increase in walk-in applicants due to word-of-mouth, the number of experienced applicants does not meet our current need for experienced staff. A large number of the applicants that we interview do not meet the certification and experience requirements.

-Recruiting and retaining management staff is also extremely challenging - ED, DON, Marketing, Dietary, Business Manager.

-**If we posted a position starting at $20 we would see, without question, qualified applicants and potentially highly qualified applicants.**

-Staff that are applying are very limited in their ability to work due to having multiple jobs. Most do not want to work weekends!

-**Compared to one year ago it is about the same but it was really difficult a year ago, as well.**

## Nearly 82% of respondents reported moderate to high levels of staffing shortages within the past two weeks. We defined a "staffing shortage" as "on one or more shifts, you could not fill all of your shifts without agency staff or asking people to work overtime/extra shifts."

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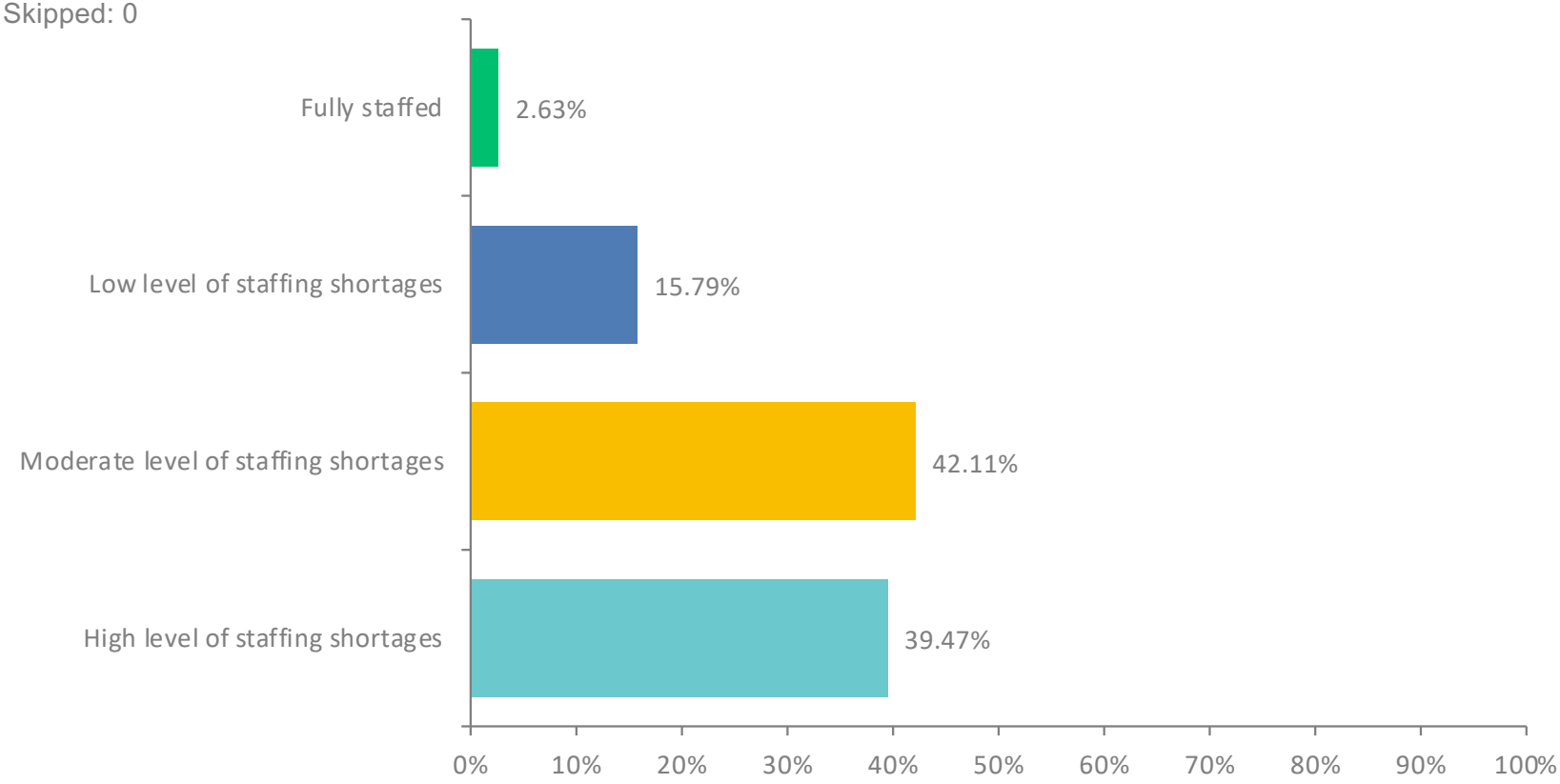

## Providers continue to employ multiple strategies to try to recruit and retain direct care staff including increasing wages and offering bonuses (not funded by DHCF).

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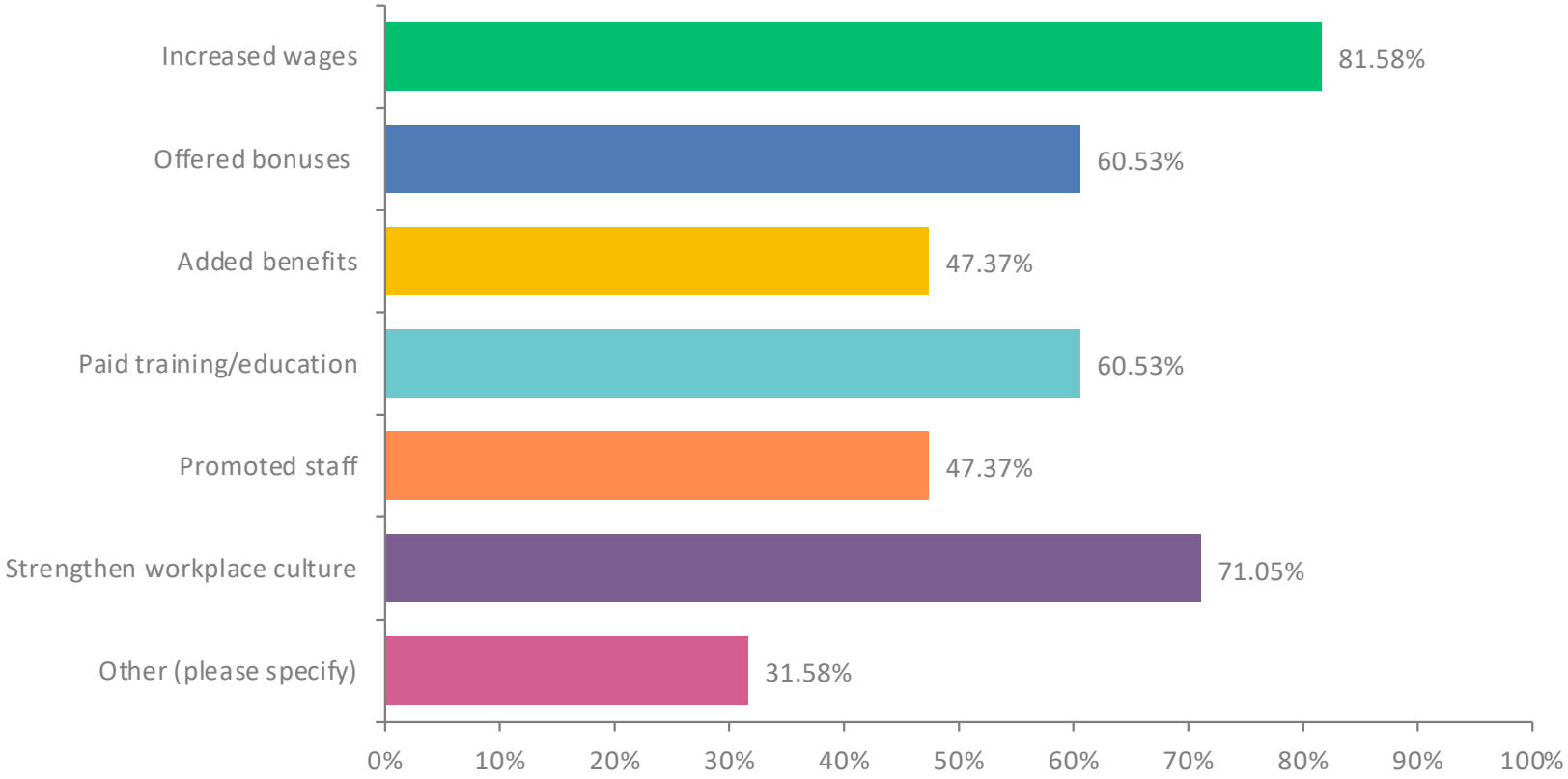


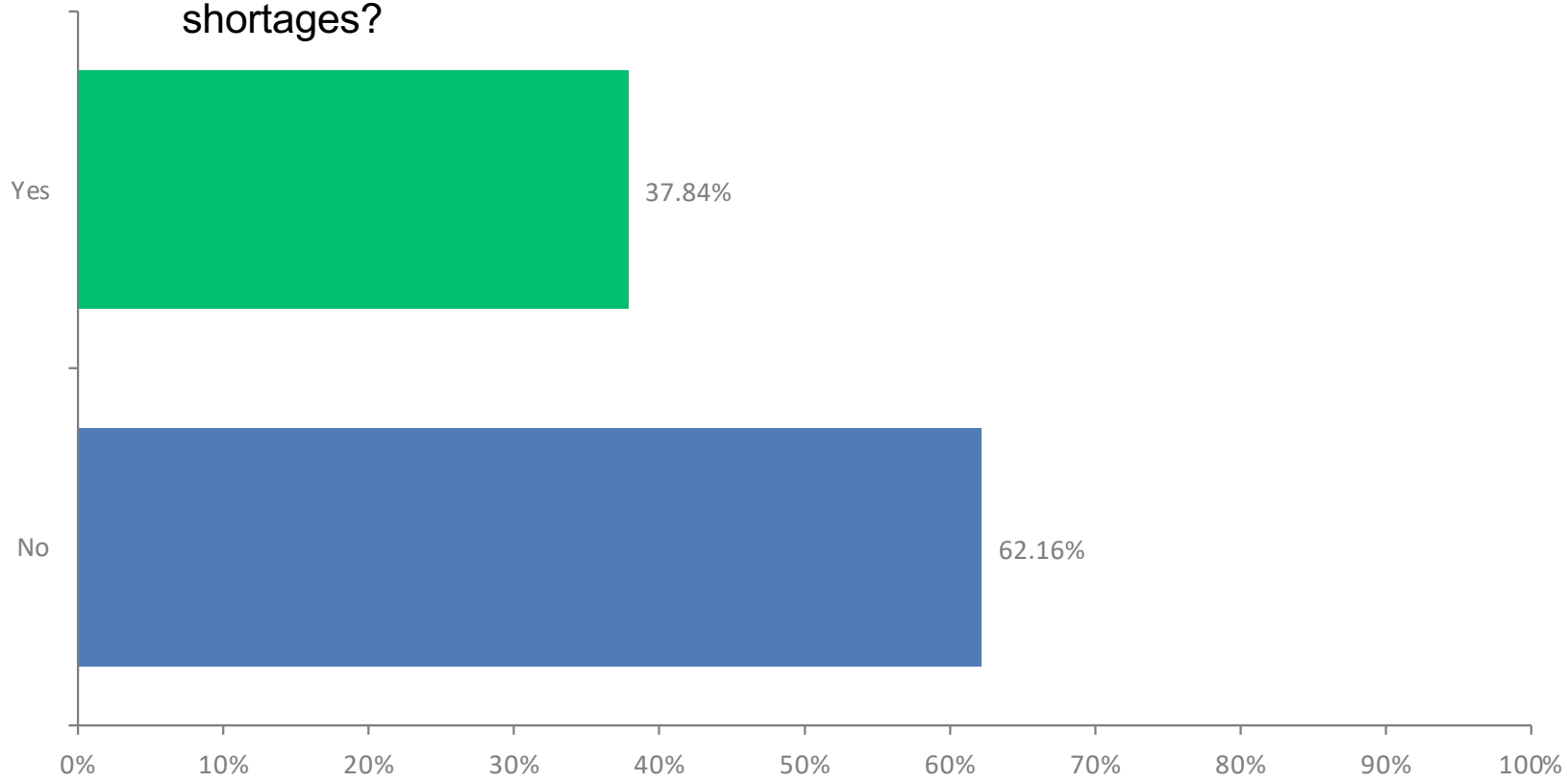
## Respondents shared additional strategies they are using to try to recruit and retain staff

- Offering the CNA Apprenticeship Program helped us with retention and recruitment
- Numerous job fairs and referral bonuses
- We attempt to recognize staff for their commitment to the persons.
- Weekend differential
- All of the above are so key as well as promoting a generous employee referral incentive
- Increased the Trained Medication Employee (TME) hourly rate
- Changes in schedules (i.e., longer shifts – fewer days, or short shifts for part-timers); using staffing agency/temporary staff to cover shifts;  pay differential for PMs and Weekends.
- Staff bonuses for retention, vaccine;  up to $5000 per referral
- We already have significant health and retirement benefits in place, and I believe we have one of the best workplace cultures in the industry, so we have had to significantly increase wages to get people to come work for us.
- We implemented open house events for DSP recruitment. The Home coordinators are supporting by working shifts. Hired a dedicated recruiter for DSP recruitment.

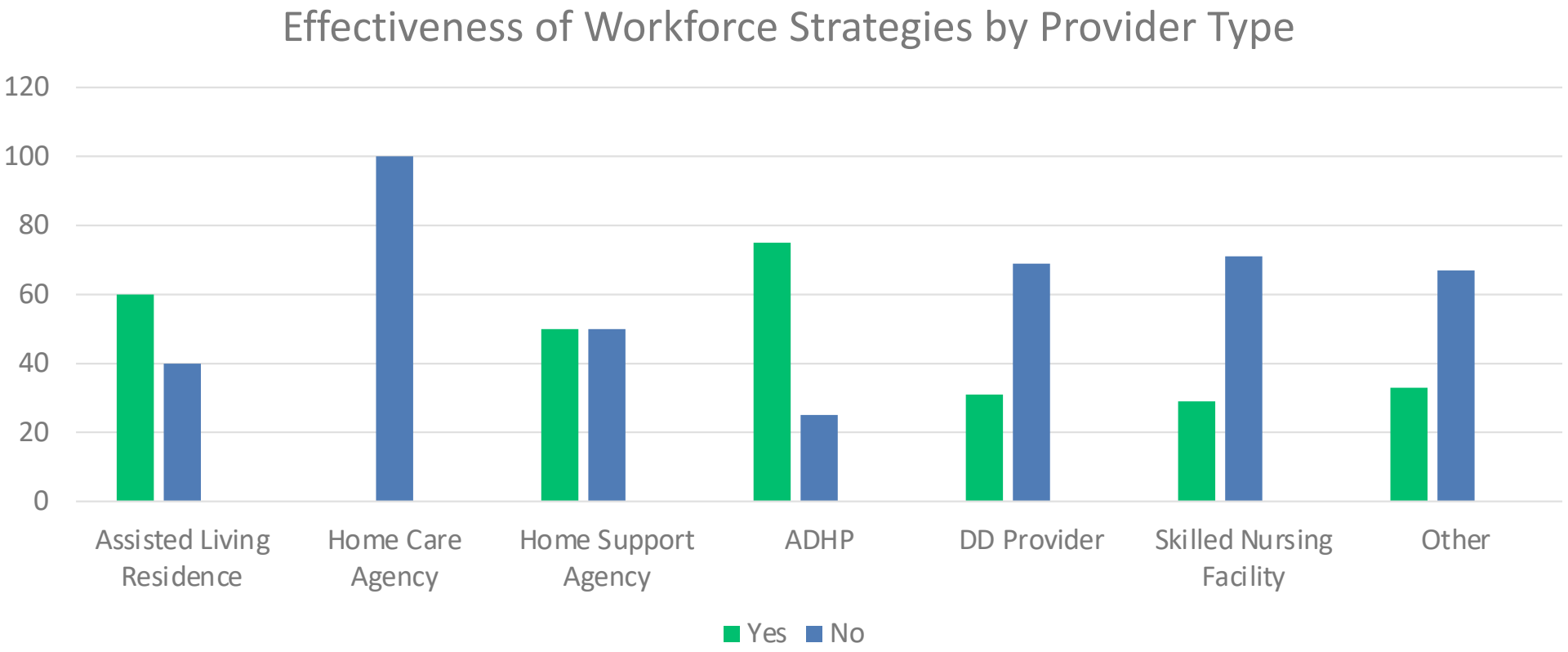
**Despite implementing these strategies, more than 62% of respondents across all provider types report that direct care staff workforce shortages persist.**

Answered: 37 Skipped: 1.

Q. Have the strategies you implemented to try to recruit and retain direct care staff effectively reduced or eliminated your workforce shortages?



**Notably, when looking at the impact of strategies by provider type, 100% of home care agencies reported that strategies were ineffective.**



**Respondents shared additional comments about the effectiveness of the strategies they employed to try to increase recruitment and retention of direct care staff.**

- Providers remain concerned that direct care workforce are leaving the field because of age (baby boomers), better job opportunities, vaccination fatigue, and burnout.

- **Staff are leaving for other job opportunities in the private sectors** such as driving Uber, Lyft and Amazon, door dash etc. According to staff, it pays more, and their time is more flexible.

-In spite of our efforts to bolster wages and benefits to our DSP staff, many still feel that **the increase to their wages/benefits is not commensurate with the intensity of time and effort required from them in their roles**.

-Several of our **DSPs have opted out saying that they will receive a better rate of remuneration in other fields such as retail, hospitality, etc**. This makes it very difficult to retain experienced staff.

-Yes, but just as quick as we hire, **staff are leaving to go onto careers that they may have gone to school for or pay higher wages.**

-Staff want more money commensurate with hospitals, travelers, and agencies. Not-for-profits don't have the money and for-profits cut staff to make budget.

-**The competition with other sectors is fierce** and they pay a higher wage that we can afford.

## Respondent comments continued

-[Hiring] is an ongoing challenge and as we grow our census we need to hire more.

-We still have **open positions with no candidates** applying especially for RNs.

-Use of agency and overtime is likely to continue into foreseeable future.

-**When we are able to offer a higher rate, we see many people staying longer.**

-**We are losing staff at an alarming rate**. This coupled with **sever staffing shortages due to better wages elsewhere**, professional jobs, work that is not so demanding, remote work and work that does not require as much physical labor.

-[Our strategies have] has decreased the amount of overtime we are paying but we are still stretching our current staff too thin. **It would be helpful if we could use DC CNA's in the home and if we could use out of state workers in DC.** The lack of reciprocity is ridiculous considering the years-long shortage of HHA's in DC.

## Respondent comments continued

-Increased wages and hiring bonuses have helped attract applicants but we still have many applicants who are not qualified, and the retention issue remains.

-**The  amount of overtime impacts our ability to give higher wages.**

-**Lack of reciprocity with license aides from other states is a huge issue**. We can use aides from MD in VA and vice versa but we cannot use either in DC where the biggest shortage is.

- **We  also cannot use DC CNA's in the home which is ridiculous**. All of these things were allowed during the PHE and were very helpful with no adverse outcomes. It's silly that we were not allowed to continue doing so after the PHE when it makes good common sense.

**Providers continue to rely on overtime and agency staffing to meet staffing needs. Yet, they still are forced to limit access to care because they do not have staff to serve residents in need.**

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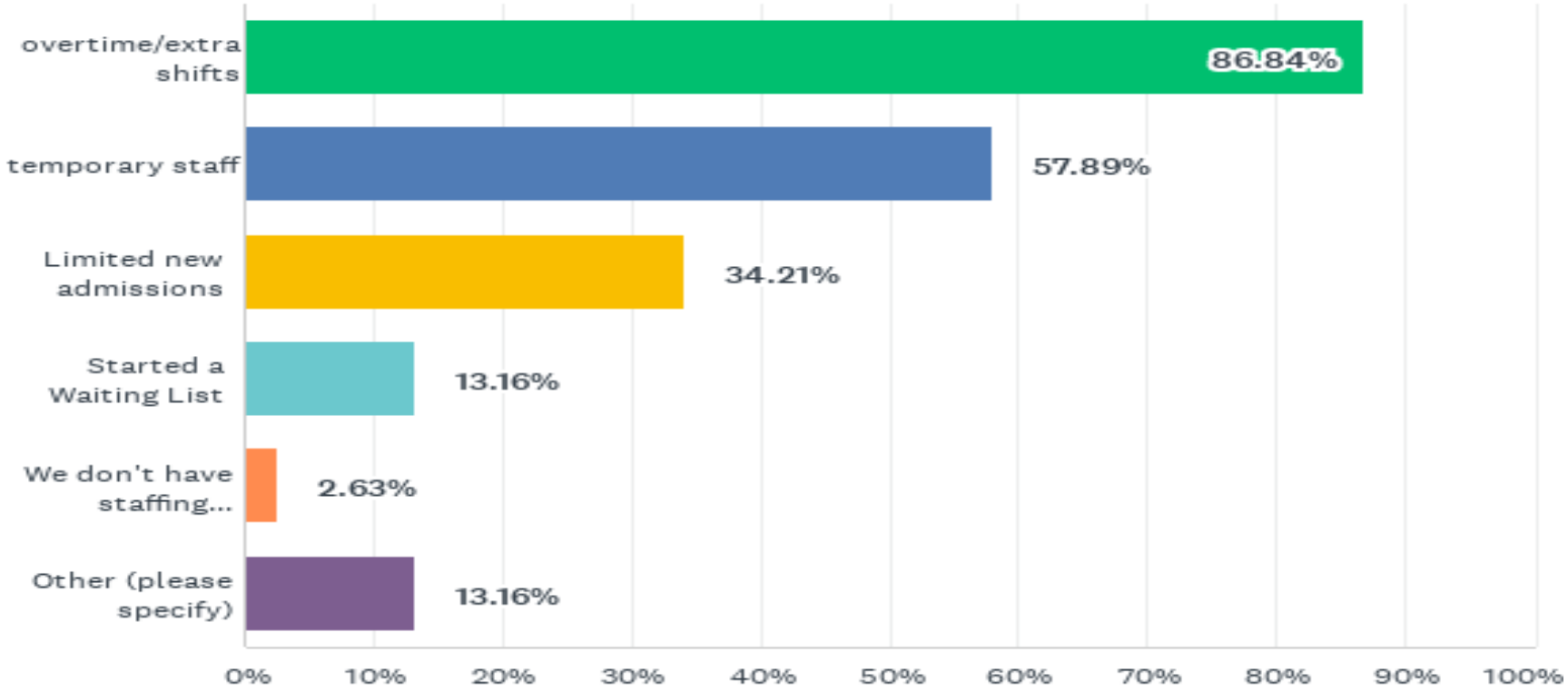

# As in 2022, Respondents identified that the two biggest obstacles to recruiting and retaining staff are: lack of funding for COMPETITIVE WAGES; and lack of qualified candidates.

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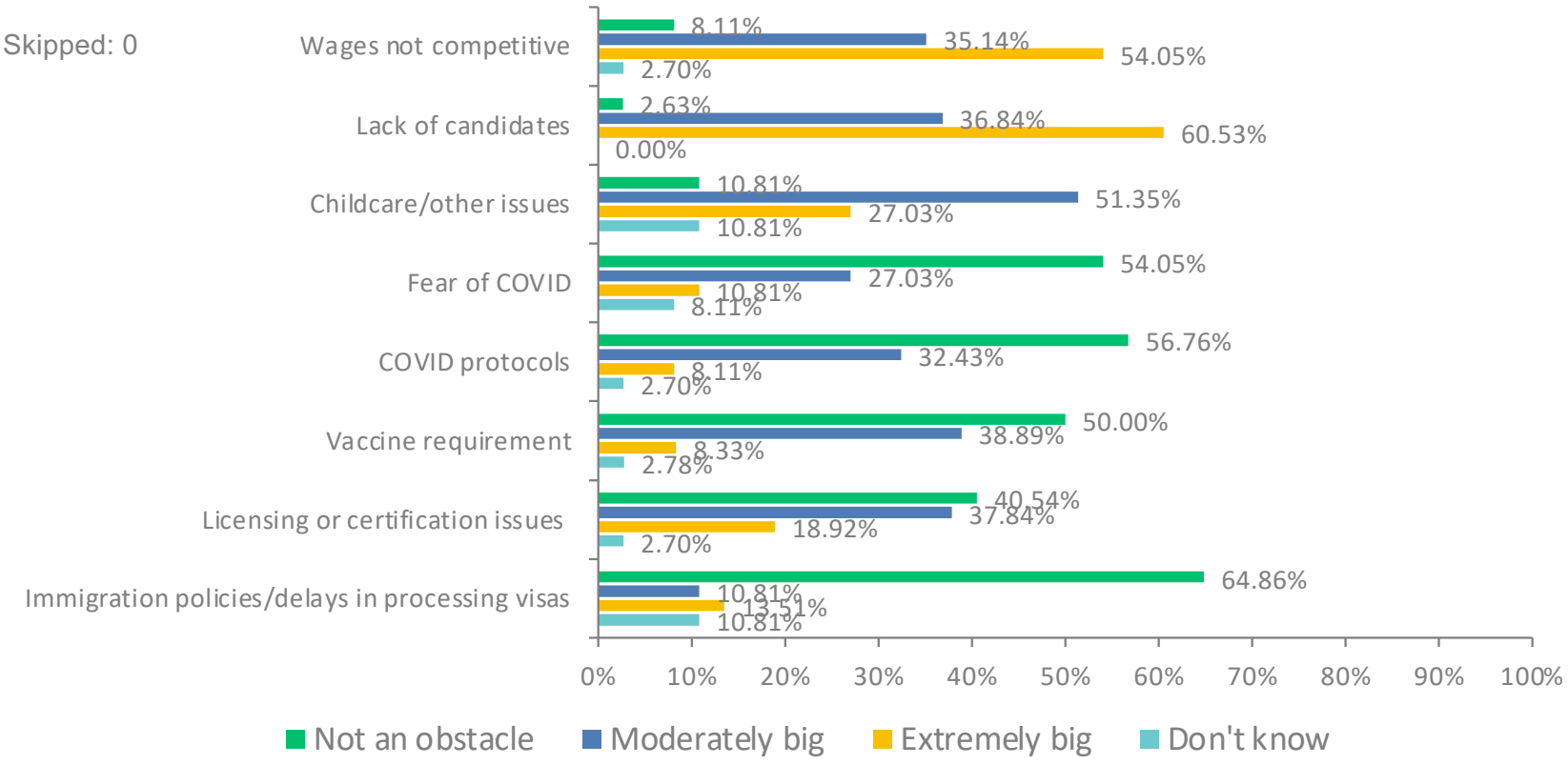


## Experts in workforce development have also cited DC for lack of competitive direct care worker wages.

-A 2021 national analysis of direct care worker wages found that, just prior to the pandemic, **entry-level direct care workers in DC were making $4 an hour less than workers in other jobs with similar or lower entry level requirements (e.g., janitors, retail sales, restaurant workers, etc). This represented the second worst differential among all states in the national (only Texas was worse).**[1]

-In 2022, a study by the Economic Policy Institute concluded that due to DC's unique city-level status and economy-wide average wages that are significantly higher than statewide averages and the high cost of living in DC, the hourly wage rate of home health workers should be $33.87/hour.[2]

-In 2023, PHI International published the Direct Care Workforce State Index. While overall, DC ranked 3rd in the nation for direct care workforce policies that improve compensation, training and access to employment and 17th overall, **on the direct care workforce economic index. on the key indicator of wage competitiveness, DC ranked last in the nation.**[3]

See also testimony of Margaret Ziemann, MPH, the Fitzhugh Mullan Institute for Health Workforce Equity at the George Washington University, before the DC Council Labor and and Workforce Development Committee., April 4, 2022.

1 Campbell S, Drake ADR, Espinoza R, Scales K. Caring for the Future: The Power and Potential of America's Direct Care Workforce. PHI. 2021. Accessed November 23, 2021. https://phinational.org/wp-content/uploads/2021/01/Caring-for-the-Future-2021-PHI.pdf

2 https://www.epi.org/publication/state-home-health-care-wages/

3 https://www.phinational.org/state/district-of-columbia/

**Workforce shortages are reducing access to care and services to seniors and people with disabilities.**

- More than half (56.25%) of all respondents have had to refuse to accept  a new client/resident because they could not provide the staffing that the client/resident needed.
- Nearly 20% have had to establish a waiting list.
- Nearly 16% have had to close or partially close operations.

## Respondents shared comments reflecting the impact of the workforce shortage on client access

-**UNABLE TO TAKE ANY NEW REFERRALS DUE TO HHA SHORTAGE**. WILL REVISIT REFERRALS ONCE THE HHA'S ARE AVAILABLE

- Management staff cover some shifts

-**We have had to limit new admissions of emergency placements** due to not having enough experienced & trained staff to meet these individuals' needs as current staff are already allocated and often have to work overtime already. The requirements for DSPs to have TME/CMT certification also makes it difficult to recruit and retain staff.

-We have not had an issue in our residential services but we have had situations where **we couldn't provide for our day program due to lack of staff.**

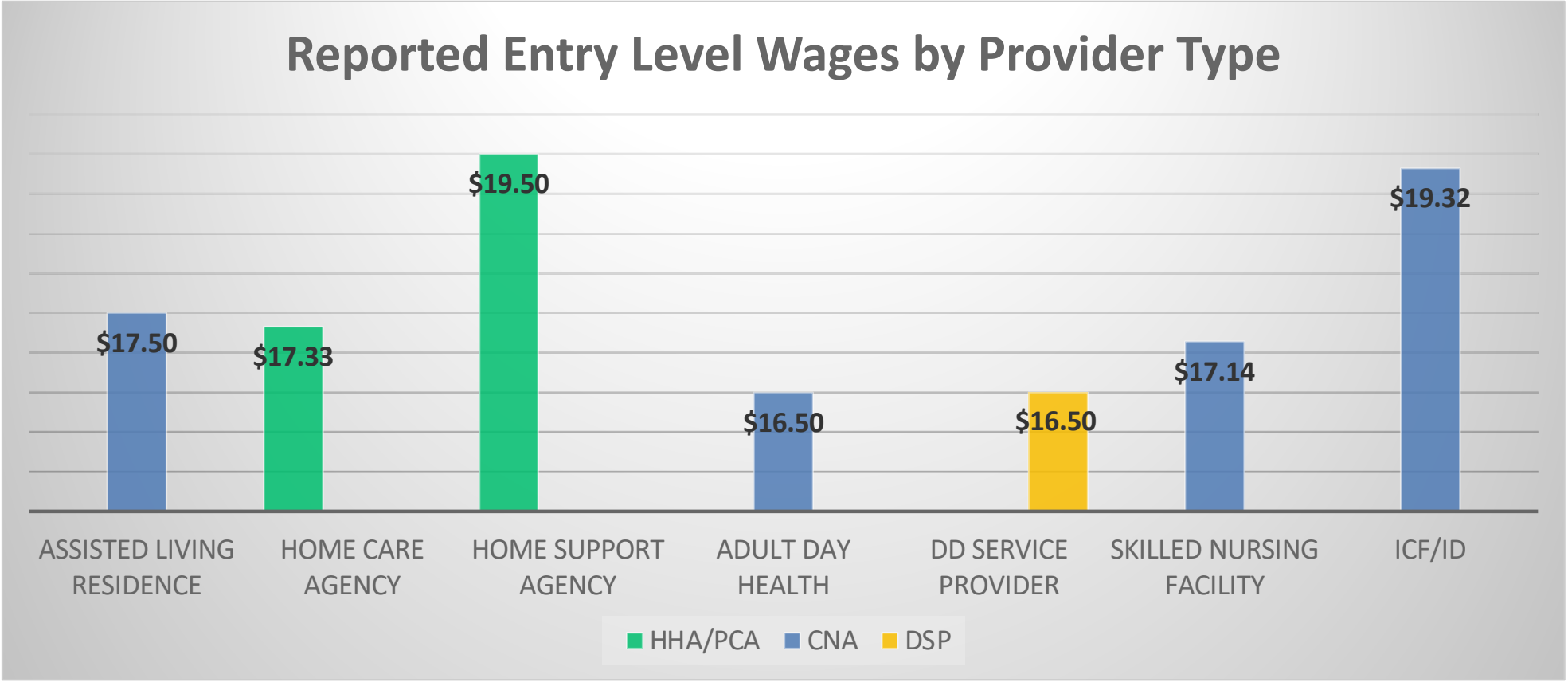
-**We have had to decline some emergency/respite requests** due to compatibility with current residents at available locations and due to not having sufficiently experienced staff on hand to assist with these emergency placements.

-We are using private duty aides who are contracted with the family.

-**Day services have not been able to open due to lack of staff**

-We have authorizations for people to get services and we have not found staff yet.  Specifically in-home supports and respite.

**With the exception of home support agencies (which are not eligible for Medicaid reimbursement) and ICF/IDS, reported average entry level wages for new employees with no or limited experience remain at or near the District's minimum wage/living wage of $16.50.**



## Nearly 30% of respondents are operating at a loss.  Nearly 65% are operating with a margin of between 0-3%,

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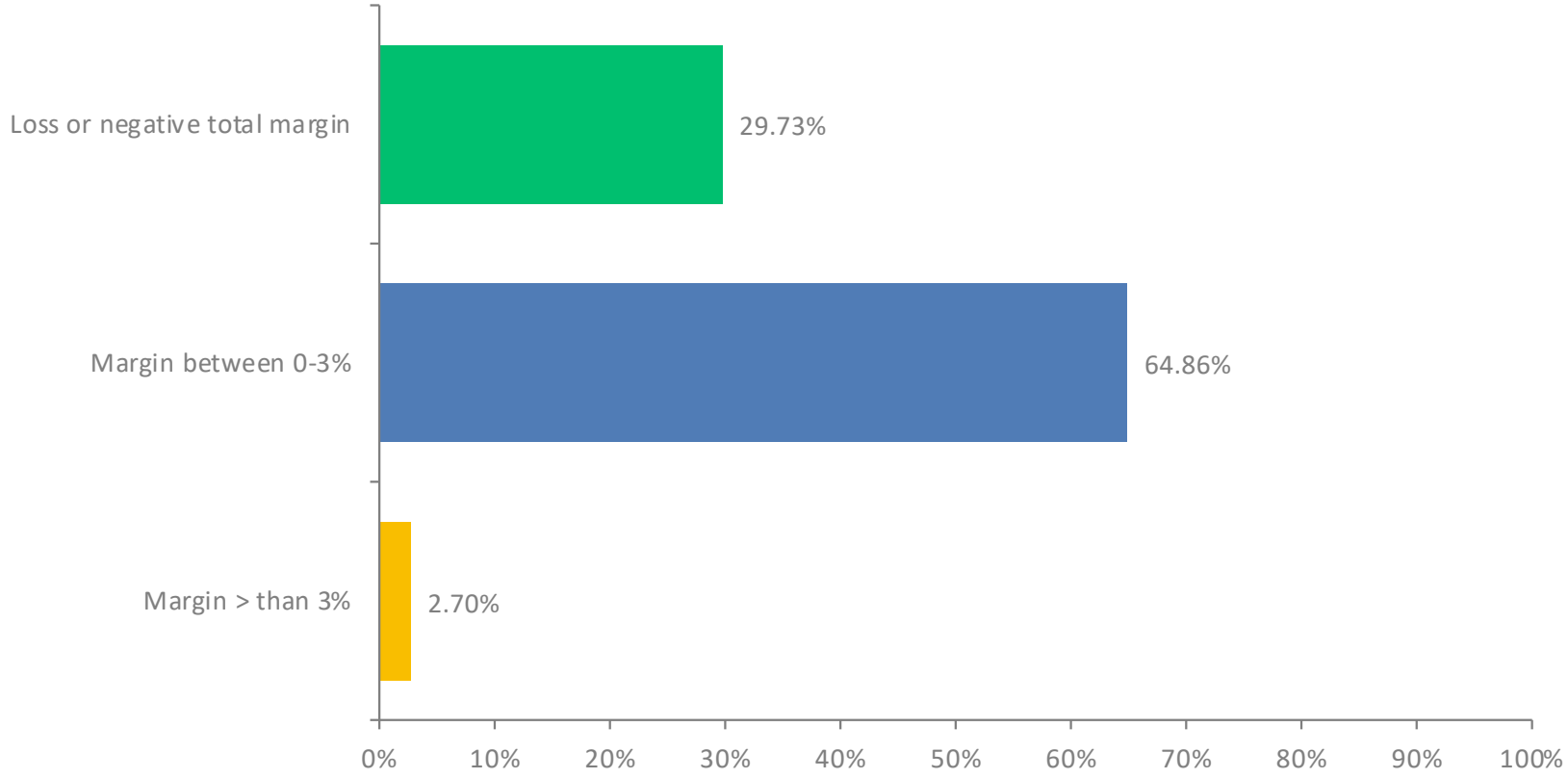


# Questions and Responses Regarding ARPA Bonus Payments

**Background - On September 30, the Department of Health Care Finance published three separate notices that outline its approach to paying out more than $17 million in ARPA funds for direct care worker retention, recruitment, conversion and vaccine bonus payments.** All of the bonus payments involved a performance period that ended on September 30, 2022 - meaning that DHCF used these grant funds to pay providers to either reimburse for bonus payments already made or to provide a bonus payment to workers for work already performed.

The vesting period for retention bonuses was January 27, 2020, through September 30, 2022. Direct care workers were eligible for up to two, $1500 bonus payments for each 12-month period of continuous employment worked during the vesting period, provided they are still employed by the agency on the day the agency files its application for grant funds.

To be eligible for a recruitment bonus of up to $1500, the direct care worker had to be "newly" employed between April 1, 2021, and September 30, 2022, and still be employed on the day the agency filed its application for grant funds. A newly employed direct care worker is one that had not worked full-time (32 hours a week) at an enrolled Medicaid HCBS provider for at least six months prior to April 1, 2021.

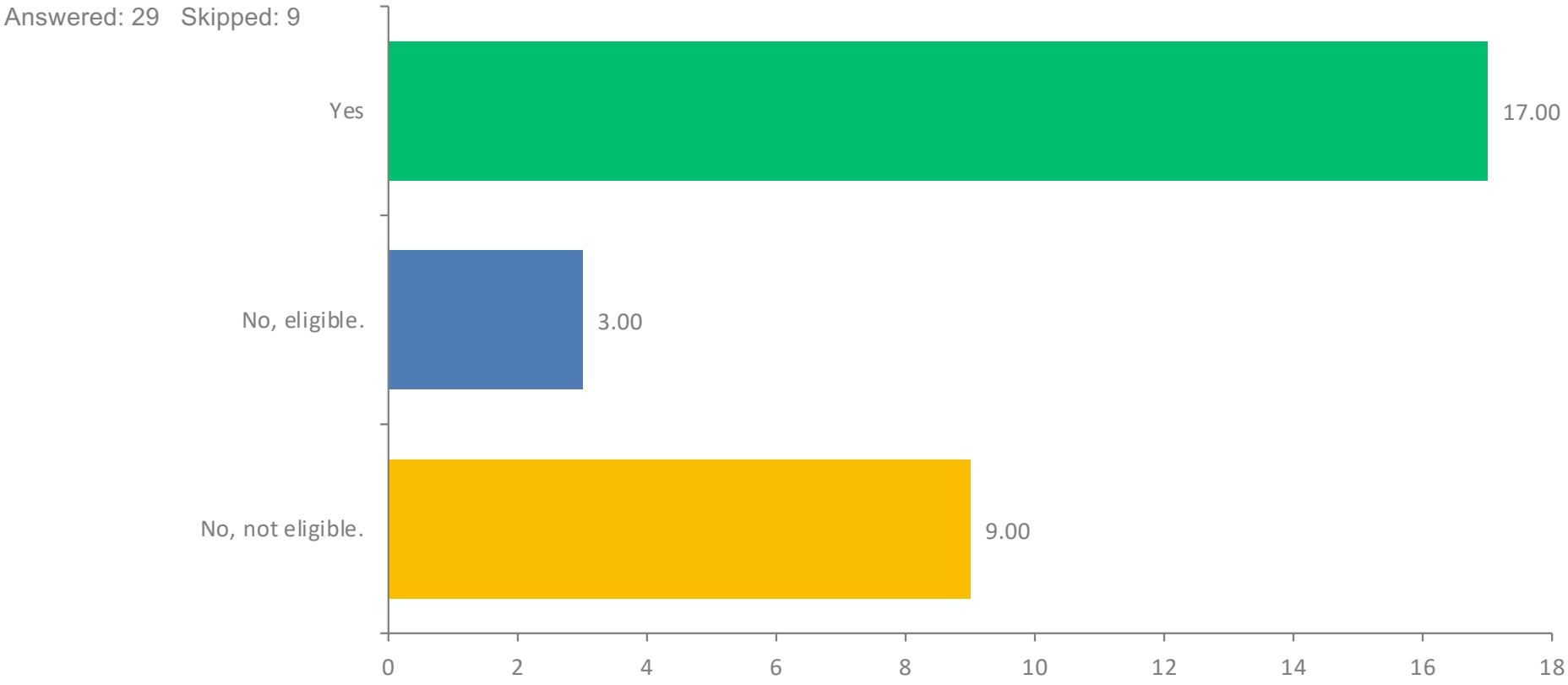
To be eligible for a conversion bonus of up to $1500, the worker must have attained certification as a direct care worker between April 1, 2021, and September 30, 2022, after being hired under DOH's temporary authorities during the Public Health Emergency and must still be employed by the agency on the day the agency files its application for grant funds.

The period of performance for the vaccine incentive payment was December 1, 2020, to September 30, 2022. Eligible workers can receive a payment of $120 for receiving required vaccines or boosters as long as they are still employed by the agency.

DHCF originally required that all payments to be workers had to fully paid before the end of the calendar year. However, this deadline was extended because DHCF was not able to make the grant awards as quickly as they had hoped.

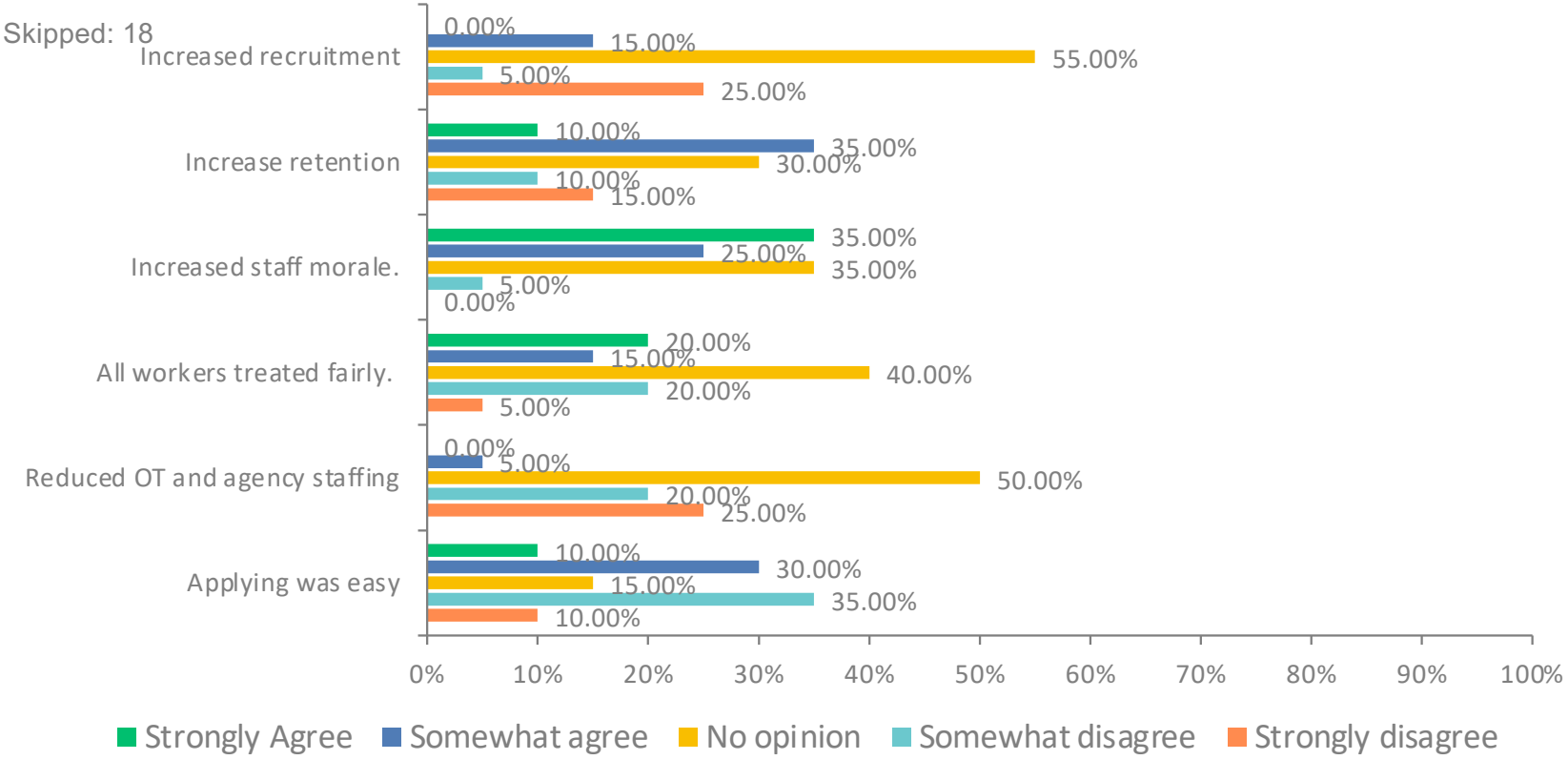
We asked eligible providers a series of questions to try to discern how these funds impacted their ability to recruit and retain direct care staff.

## Among non-institutional respondents, 20 were eligible to apply for the grants but three did not. Another nine, non-institutional providers were not eligible to apply.



**Among respondents, the impact of these bonus payments appears to have had marginal impact on recruitment and limited impact on retention. The biggest impact appears to be on staff morale. The bonuses had virtually no impact on provider use of overtime or reliance on agency staff.**

Answered: 20 Skipped: 18



## Respondents shared comments about DHCF's bonus payment program

As of 2/6, we applied for the grant, and we were approved however no funding has been received nor has the employees been made aware of the bonuses.

As of 1/24, we have not received the funds.

We paid bonuses to retain our staff before we knew we would get reimbursed. Additionally, **the eligibility criteria should have included funds to retain staff in the future as turnover is so high.**

# DHCF's Enhanced Living Wage Supplemental Payment Program

In accordance with the Direct Support Professional Payment Rate Act of 2022, DHCF is using a portion of ARPA funds to make supplemental payments to HCBS providers to support an average "enhanced" living wage of $18.15/hour, effective January 1, 2023.

The goal is to increase the wage rate incrementally to 117.6% of the living wage by FY 2025.

To be eligible to receive the funds, providers had to submit data identifying current staffing and wage rates.

Even if provider do not receive the funds, they will be required to maintain the new average "enhanced" living wage.

DHCF did not receive data from all eligible providers and had more difficulty calculating the payment amounts. As a result, the payments were delayed. Providers are now beginning to receive the funds and will need to make adjustments to the wages of their staff retroactive to January 1, 2023.

Providers will be required to submit interim reports and if they are fail to maintain the average wage rate, they will be subject to recoupment.

The following slides address responses to questions regarding the Supplemental Payment program.

## Among eligible non-institutional respondents, 20 sought funding by submitting required workforce data to DHCF.

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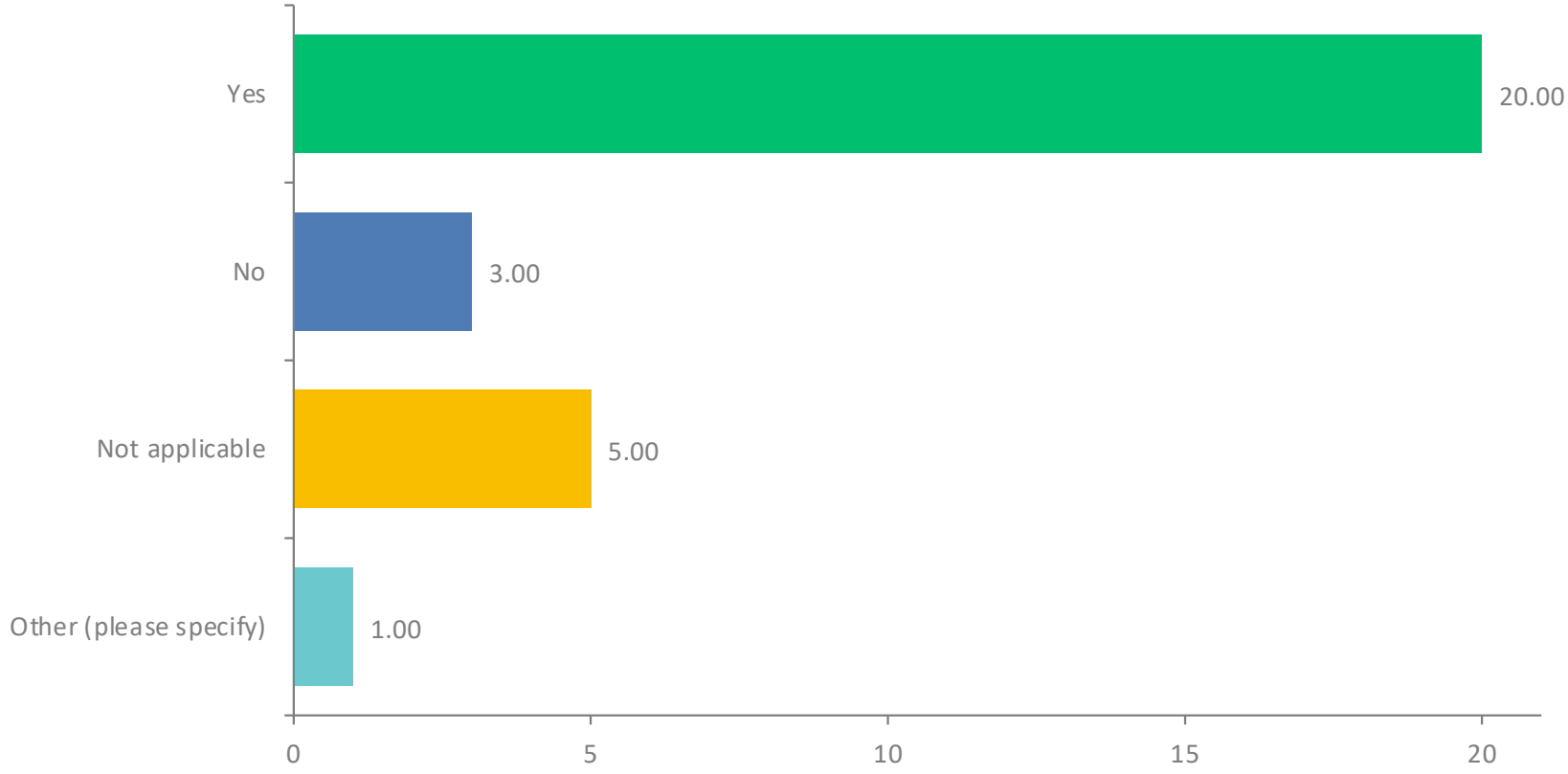

## During the survey collection period, most of the respondents who applied still had not received the anticipated payment.

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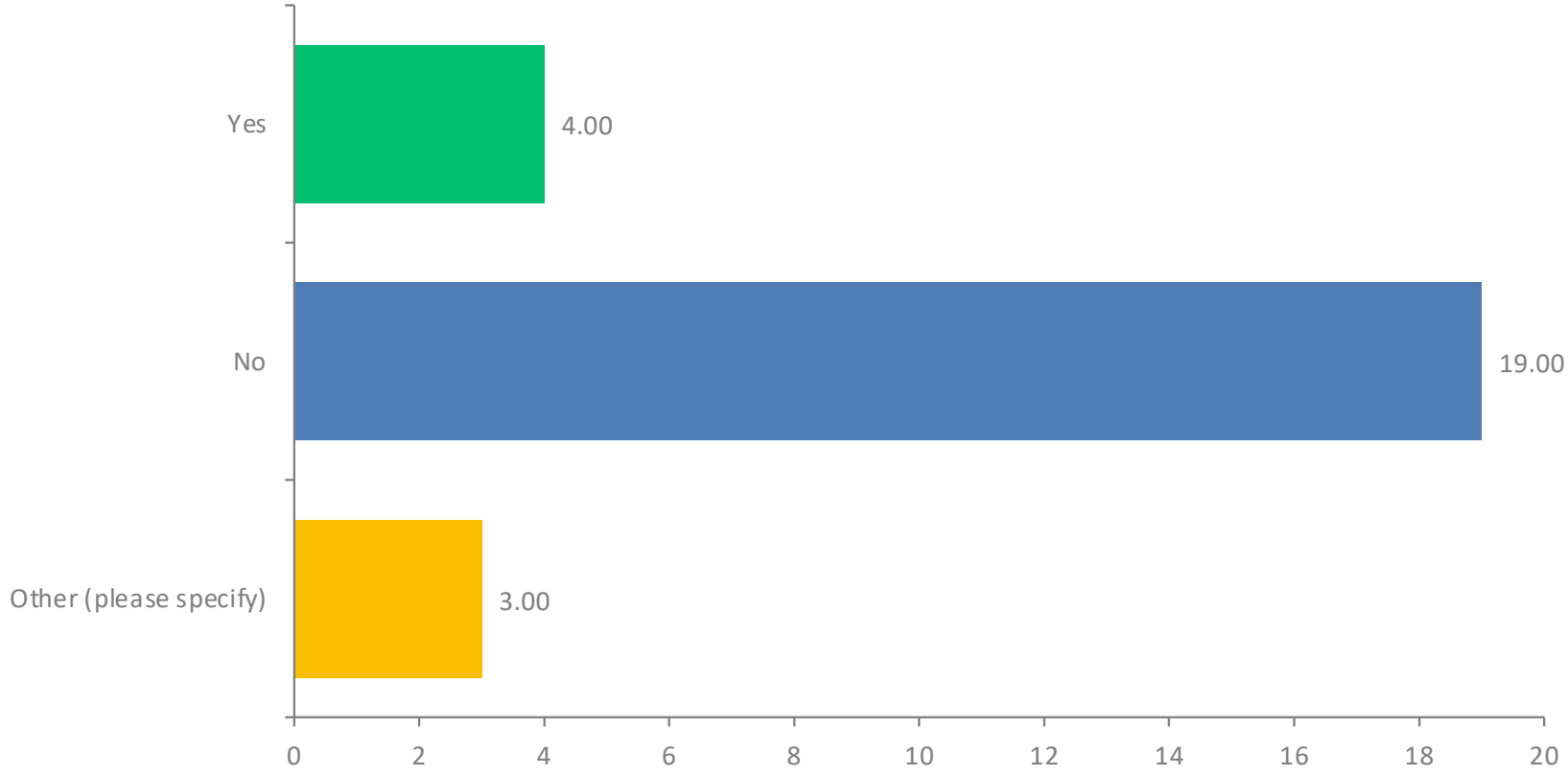
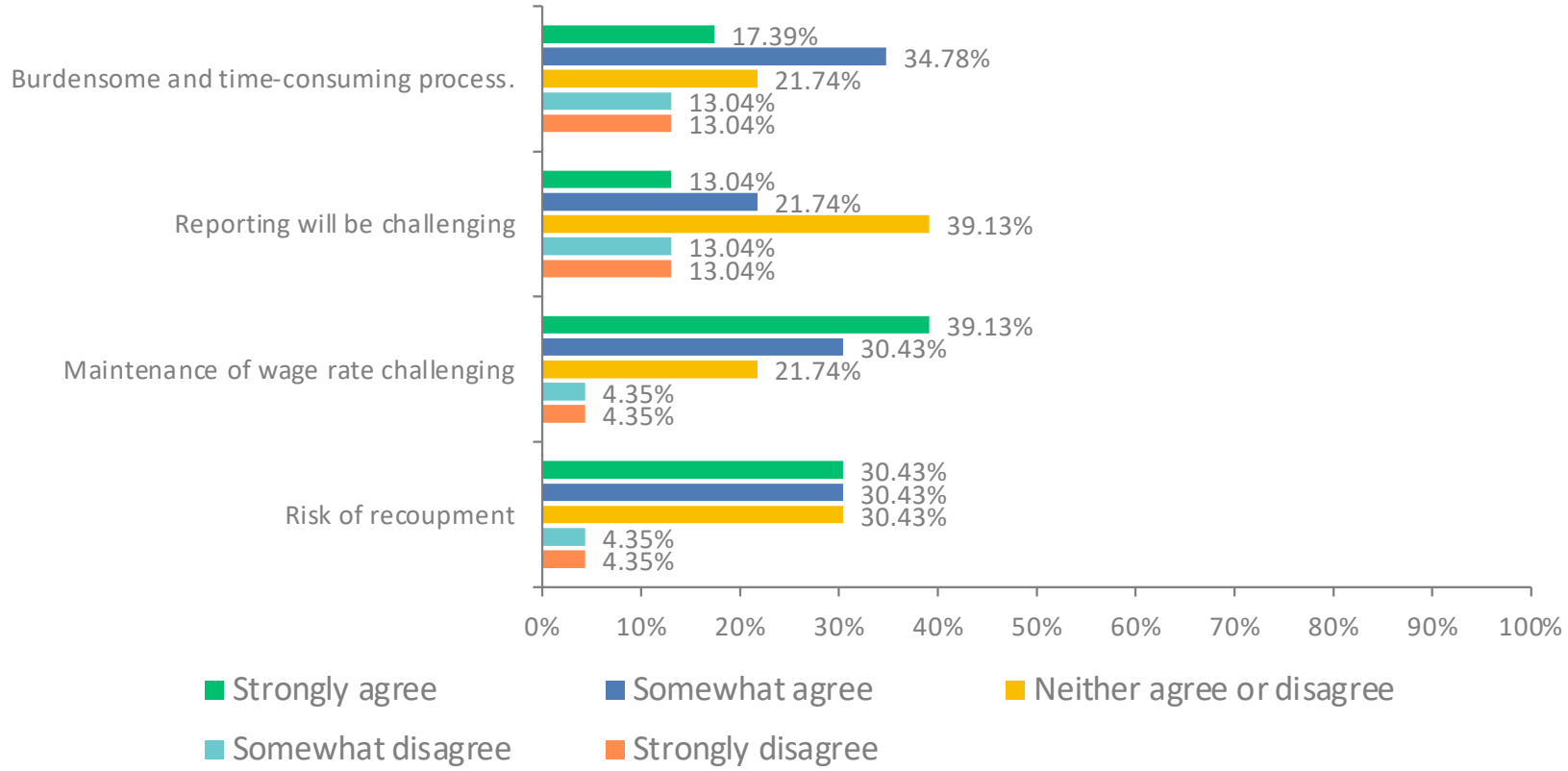


**Among respondents, 52 percent strongly agreed or somewhat agreed that the process was burdensome and time-consuming; while almost 70% strongly agreed or somewhat agreed that maintaining the average wage rate overtime will be challenging. More than 60% strongly agreed or somewhat agreed that they could be at risk for recoupment.**

Answered: 23 Skipped: 15



## Most respondents feel confident they will be able to manage the grant to maintain the average wage rate over the course of the grant period.

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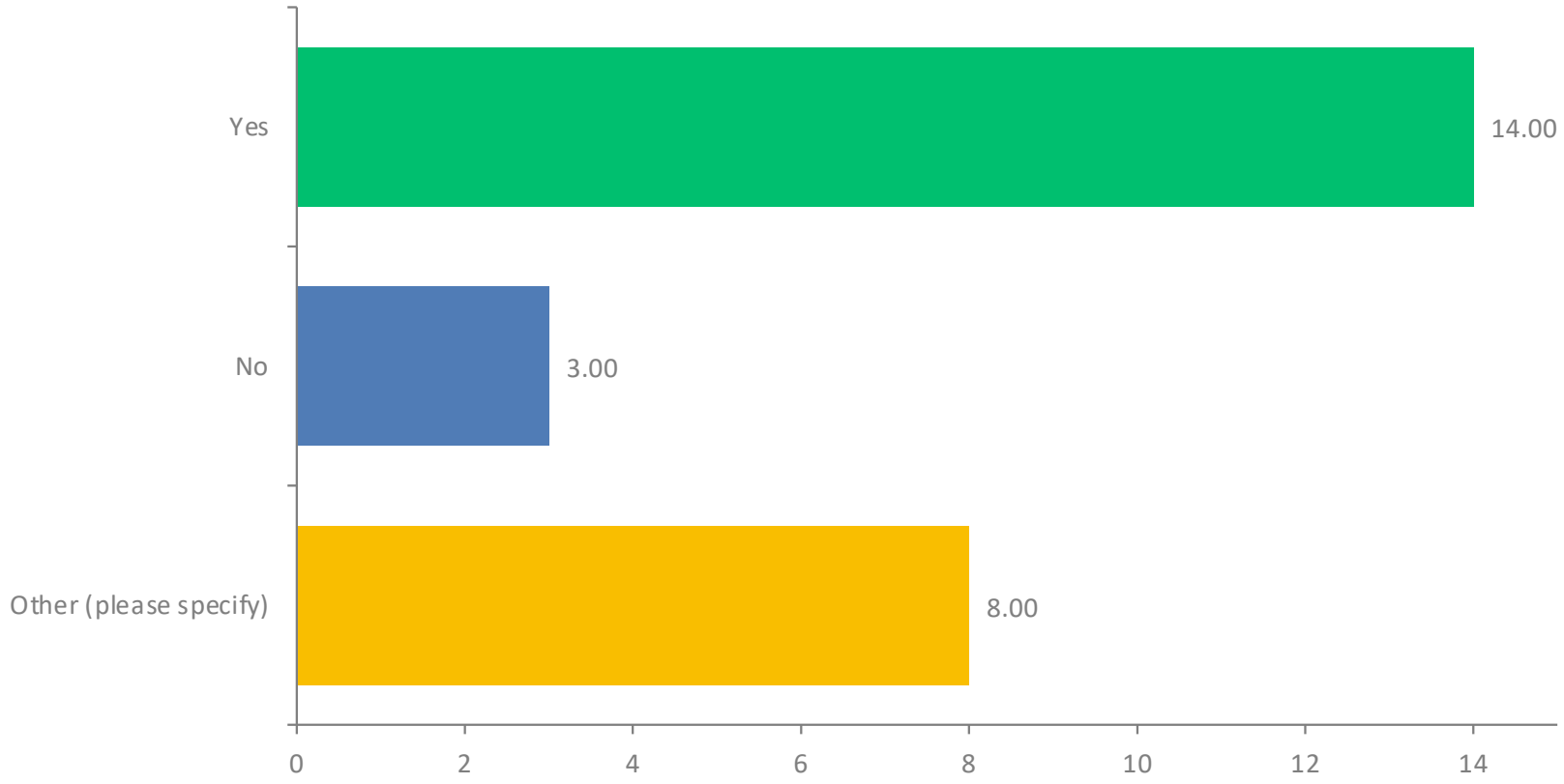

## Respondents shared additional thoughts about the Enhanced Living Wage Supplemental Payment program.

-The challenge that all providers will face is **as wages are increase so does the unfunded overtime rate.** While we need increase rates to recruit and retain staff, we need a means to address the unfunded overtime as well.

-I am not yet aware of the implications the enhanced wages will have on the organization, which makes it challenging to know to how answer this section of questions.

-My company applied, I have not received a response, and no one seems to know why

-The massive consideration here is for our longer-term DSPs -- can we pay the 117%? no. We can't. So, what can we pay them ?? 120? 150? 200? How valuable is there tenure and expertise valuable, as compared to a new hire at 117%

- **DHCF did not take into account and there was no room on the form to give actual numbers. We had to back out all of the OT which does not give an accurate picture**, nor does it give providers any leeway to explain the numbers. **We were told OT would not be counted.** That is a provider reality and if actual numbers were depicted DHCF may have a better understanding of the actual numbers it will take to implement this. As is, providers cannot stay afloat if they do what DHCF is asking.

-We understand the complexity of handling the grant including it's reporting requirements. Our optimistic view is we will learn in the details of the requirements as we move along with the process.

-**We are confident we can manage it, Not confident we do it with the funds provided without taking OT into account. OT is an unfortunate reality that cannot be ignored**.

# Respondents last comments

- **I would hope there would be increased attention and resolution to the staffing crisis and a fair wage adjustment for direct care workers.**
- Need more timely response from DHCF for grants applied for.
- All providers do not have equal access to service authorizations for services they are approved to provide. The overwhelming majority of DDS' service budget is only available to a limited group of providers. The supported living realities are particularly egregious and, in some ways, discriminatory.
- There is a concern as it relates to wage compression. With the initiative to increase wages for the DSPs, there needs to be a discussion as it relates to wage increases for the residential managers especially. The managers are definitely sensitive to the fact that the DSPs seem to be considered as the more valuable class of workers with the focus on pay increases and bonuses for them while no discussion has been had to appreciate their efforts.
- The retention and retainer payments went a long way in boosting staff moral!
- The lack of quick response from authorities is concerning.
- Funding to hire and retain staff in a difficult market is needed to continue a high-level of care.
- Ease HHA license hurdles, increase rate to compete with other sectors

# Respondents last comments continued

- **Overtime is incredibly high** -- some of which we plan for, as it is a retention tool (though feels like an ethical conundrum), and most of which we can because the schedule of the residential homes are so fragile. - Retuning to a 'live with covid model' must acknowledge the 3 years of burden on the residential providers, as our services, while often compensated for by companion services, were born out of necessity. This means that our programs and staff need to learn and live into the new reality. - Turnover costs are high, this is certainly due to our dire need to welcome people to roles they are not ready for. - 90% of our admin, ie. managers and program coordinators will make more from being a DSP due to overtime, rates increase, etc. We won't be able to do simple reporting ie. quarterlies, etc. if all our managers return to full-time DSP roles for the money, better schedule, and better treatment overall.
- We need med techs!
- **OT has gone up significantly since 2019 - 360% to be exact** staffing numbers has declined by 13%, nursing shortages have declined by 20%
- Again, we can pay more than others for staff, but we have to keep raising prices on private pay clients. **My biggest concern is that we are a few years away from not being able to service the middle class and only wealthy people will be able to afford our services.**

# Recommendations

## Encourage people to enter and stay in this occupation

- **Amend the DC Living Wage Act to establish a real living minimum wage of $24/hour in FY 24** and ensure that it rises with inflation for all Direct Care Workers who care for seniors or people with disabilities in Washington DC.
- Require public payors including Medicaid to rebase provider payment methodologies so that providers can pay this living wage rate and higher rates for workers with more years of experience and/or advanced credentials.
- Until staffing levels stabilize, continue to reimburse providers for overtime.
- Eliminate all costs associated with direct care worker training and credentialling and fund stipends for both DC and non-DC residents, provided they continue to work in DC caring for DC residents for a period of up to two years.

# Recommendations

## Increase Training Providers' Capacity to Offer Training and Mentoring Programs to a Larger Pool of Students

- Provide additional start up and operational funding to training schools so that they can expand courses including medication aide training, attract and hire competent staff, and quickly ramp up their capacity to train more direct care workers.
- Provide funding to home health providers to support on the job mentoring to new employees.
- Allow DC funded, public schools, universities and adult charter schools to enroll non-residents and charge out-of-District tuition for students who enroll in CNA, HHA, MA-C and nursing programs.
- Provide funding to support the Geriatric Career Builder's Apprenticeship Program
- Establish and fund a Direct Care Worker Pay Equity and Education Fund to fund the needed wage increases and support additional educational resources and supports.

# Modernize regulations and increase the pipeline of new workers

Amend the Health Occupations Regulations Act to:

- Clearly define a direct care support worker as: direct support professionals (DSP), home health aides (HHA), personal care aides (PCAs) and Certified Nursing Aides (CNAs) regardless of care setting.
- Lower the minimum age for all direct care workers to 16.
- Replace separate credentials for Home Health Aides and Certified Nursing Assistances with a single, universal credential for direct care workers that is based upon competencies. Phase out the “Bridge Course.”
- Allow those seeking to enter the health care workforce as Direct Care Workers to acquire skills through on-the job training through Registered Apprenticeship Programs.
- Direct DC Health to eliminate barriers that make it difficult for out of State Direct Care Workers, medication aides and nurses to become credentialed/licensed in the District of Columbia.