Home and Community-based Service Provider Workforce Survey

July 2022

The DC Coalition on Long-term Care,
Subcommittee on Workforce Development

Background

In May 2020, the DC Coalition on Long Term Care's Workforce Development Subcommittee and DC Appleseed released "COVID-19 Impact on Home Health Aides Survey Results," a survey of home health agencies assessing the impact of COVID 19 on the homecare workforce, particularly during the stay-at-home period of the pandemic. **Then, 73% of respondents reported that aides are leaving the workforce or not reporting to work since the public health emergency was declared, and 95% expressed concerns about their ability to hire all of the HHAs they need to meet clients' needs.**

In December 2020, the LTC Workforce Development Subcommittee released the results of a "CNA Needs Assessment Survey." This survey focused on providers who hire CNAs. **Then, 64% of respondents reported that more CNA staff are leaving the workforce or simply not reporting for work.** A majority of respondents are concerned or extremely concerned about meeting their future staffing needs.

The Current Survey

- In June 2022, the Subcommittee fielded a new survey of Home and Community-based Providers to better understand the current workforce situation impacting HCBS providers and their clients. We adapted the questions used by AHCA/NCAL for its June 2022 survey on the State of the Long-Term Care Industry released on June 6, 2022.[1]
- The survey was sent to all D.C. licensed home health agencies, all D.C. licensed home support agencies, all D.C. licensed assisted living facilities, all D.C. Medicaid certified Adult Day Health Providers and all members of the DC Coalition of Disability Service Providers.
- Twenty-nine (29) providers responded for **a response rate of 41%. Fifty-five percent (16) of respondents are Home Care or Home Support Agencies; 38% (11) are Developmental Disability Providers**

[1]https://www.ahcancal.org/News-and-Communications/Fact-Sheets/FactSheets/SNF-Survey-June2022.pdf

KEY TAKE AWAYS – Providers face unprecedented staffing shortages

- Across all respondents, **the workforce shortage has gotten worse or much worse** since January 2022.
- The vast majority of respondents report experiencing moderate to high shortages of direct care staff.
- Respondents also report shortages of clinical staff (RNs, LPNs and Supervisory Staff) but shortages are less severe.
- Among the providers who are most dependent on Medicaid, **100% of home care, adult day health and DD providers report difficulty in recruiting and retaining staff. More than 50% report that is very difficult.**

KEY TAKE AWAYS – Respondents are implementing multiple strategies to recruit and retain workers but see no impact.

- **Respondents report implementing multiple strategies to increase recruitment and improve retention rates.** Strategies include:
    - Paying multiple types of bonuses
    - Paying for training and education
    - Offering gift cards, personalized notes and flowers
    - Promoting staff
    - Addressing workplace culture and more.
- Yet, for the vast majority of respondent (82+%), **these strategies have not worked to increase retention or reduce turnover.**

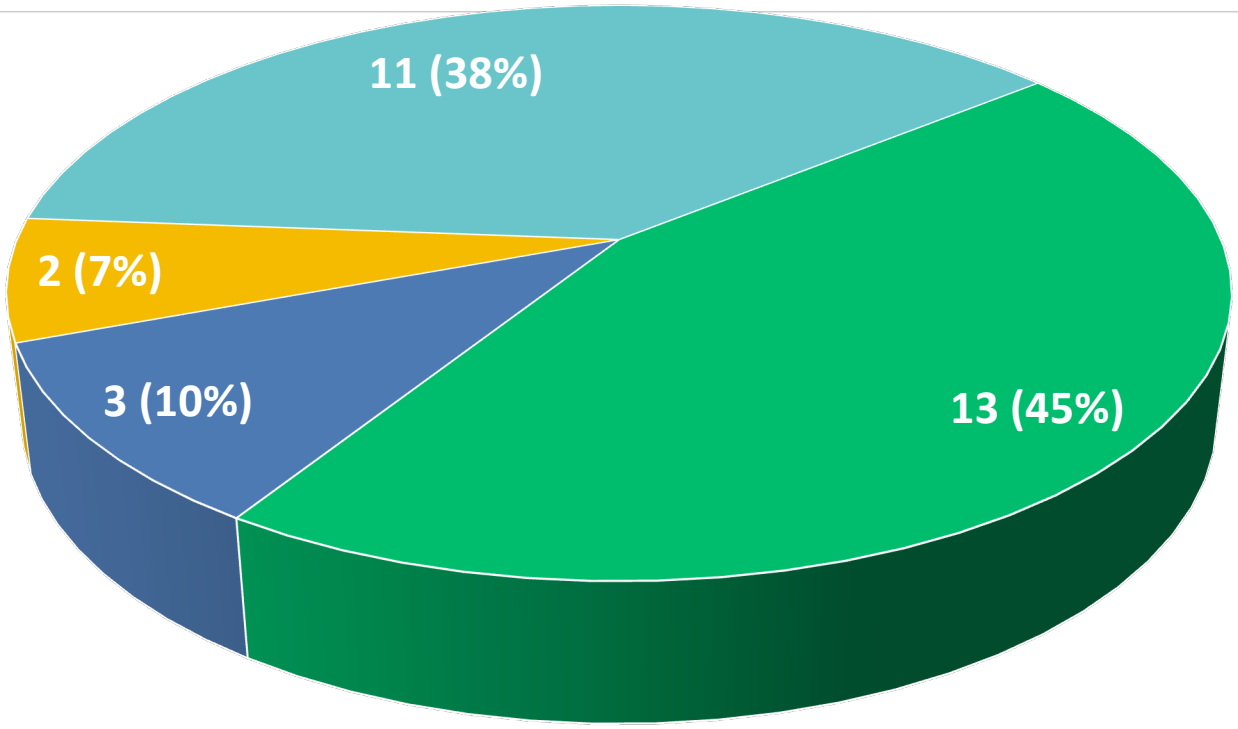
KEY TAKE AWAYS – Staff shortages already are increasing costs and reducing access to care and services.

- **Respondents are paying more for staffing including increased overtime and increased reliance on staffing agencies.**
    - Nearly 100% of home care agency respondents are paying overtime.
    - 100% of DD providers are paying overtime.
- Despite effectuating multiple strategies to recruit and retain workers, **respondent providers already are unable to staff to meet current demand.**
    - **100% of respondent home care agencies have limited admissions**
    - **More than half of respondent DD Providers have limited admissions.**
- If workforce challenges persist, **90% of respondents report that they will have to stop accepting new clients; over 80% report they will have to establish a waiting list.**

KEY TAKE AWAYS – Providers lack funding to offer competitive wages; there are not enough qualified candidates

- **Respondents identified lack of funding to pay competitive wages and lack of qualified candidates as the two biggest obstacles to recruitment and retention of staff** . However, **lack of funding is disproportionately impacting Home Care, Adult Day Health and DD Providers, who have the greatest reliance on Medicaid as a payor source.**
- **Regulatory barriers were cited as obstacles by nearly two-thirds of respondents.**
- A small, but still significant percentage of providers are operating at a loss. The majority are operating within margins of 3% or less.
- A majority of respondents report that the pandemic has changed how they must operate. M**ore than 2/3 state that on-going public funding is needed to meet higher costs.**

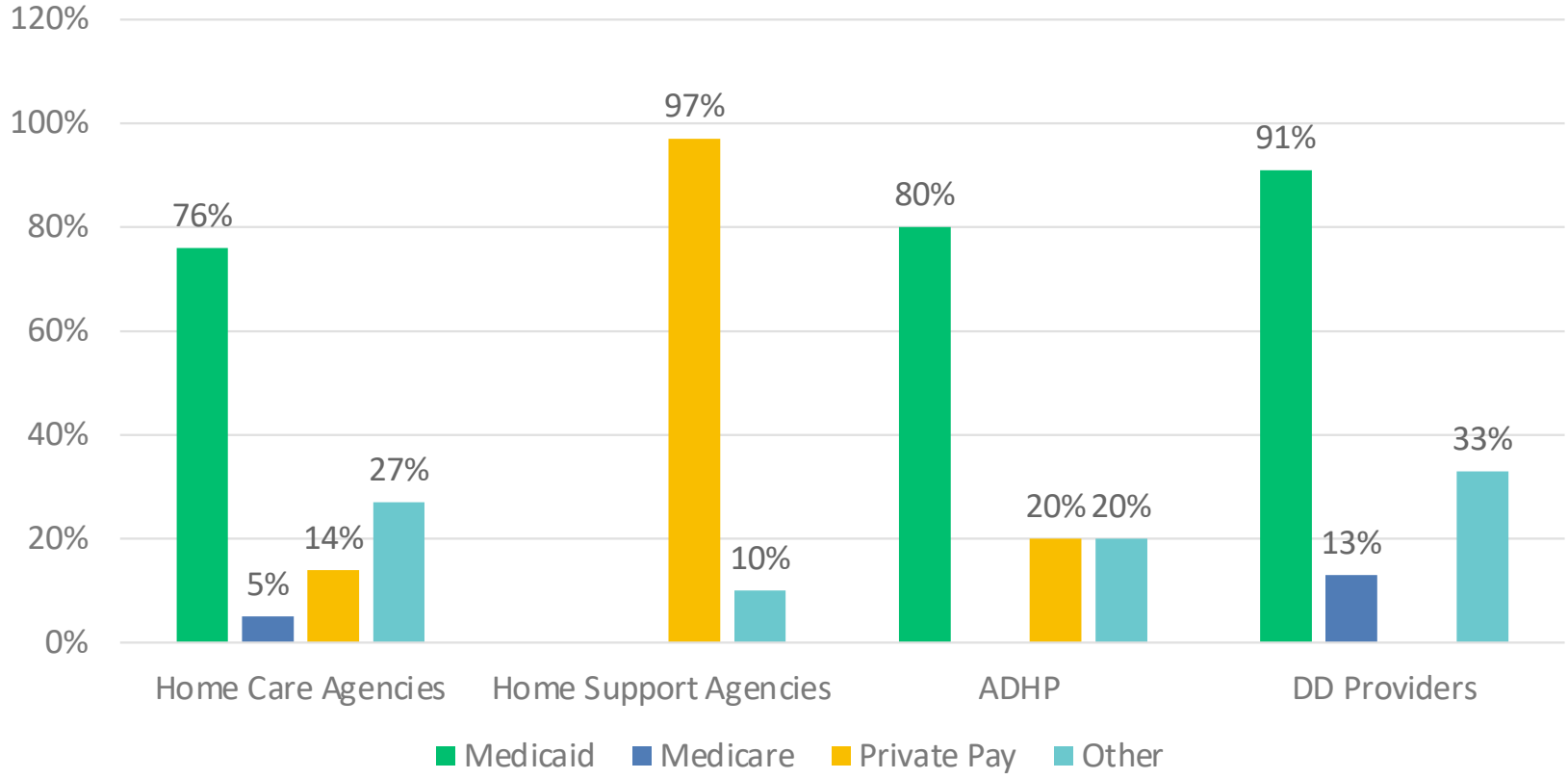
Response by Provider Type[1]



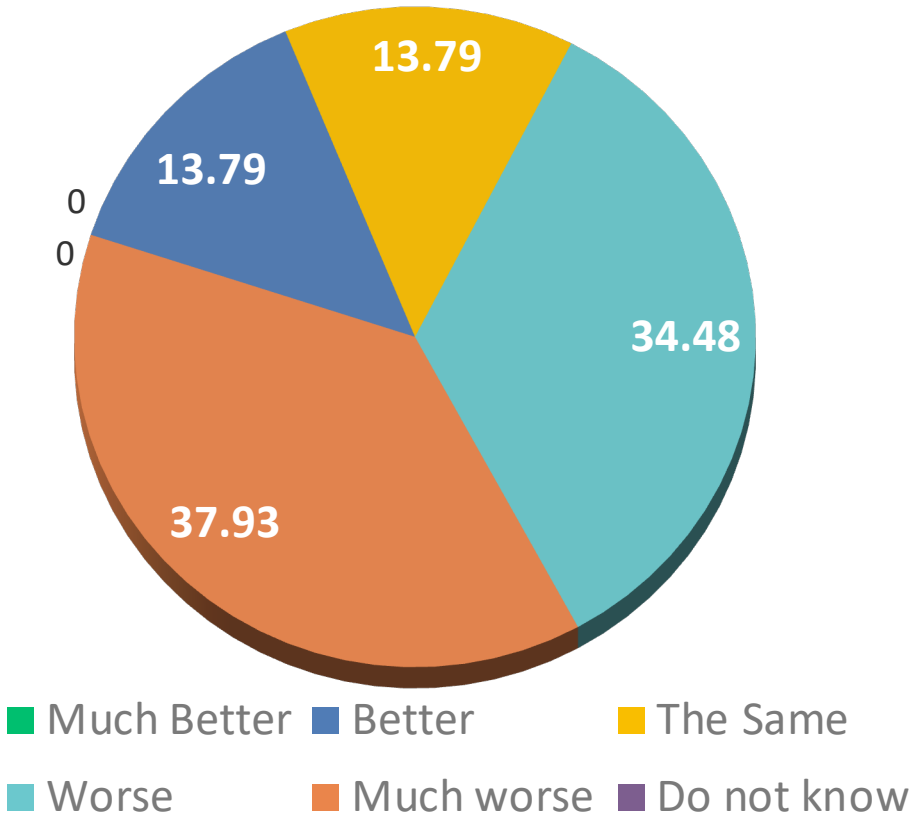
[1] Key characteristics Provider Types and Workforce Positions are described in the Appendix

With the exception of Home Support Agencies, which do not participate in Medicaid, all respondents, primarily rely on Medicaid as a source of revenue.

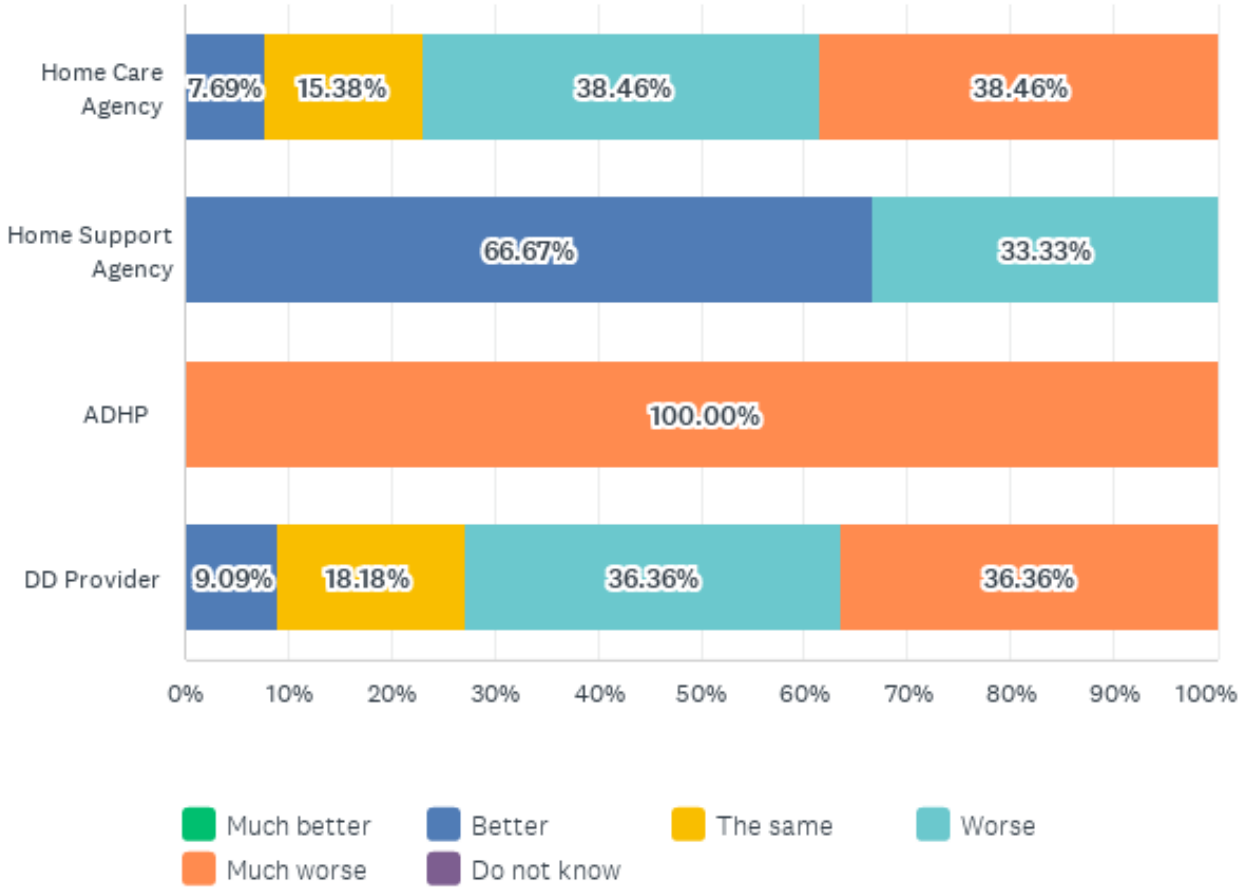
Percentage reflects average among all respondents within provider type by revenue source.



More than 72% of respondents state that the overall workforce situation has gotten worse or much worse since January 2022.



Q3 Overall, the workforce situation is worse or much worse for providers who participate in Medicaid.



Comments from Respondents who said the workforce situation has gotten worse or much worse reflect the on-going challenges faced by providers and the impact on beneficiary/client access

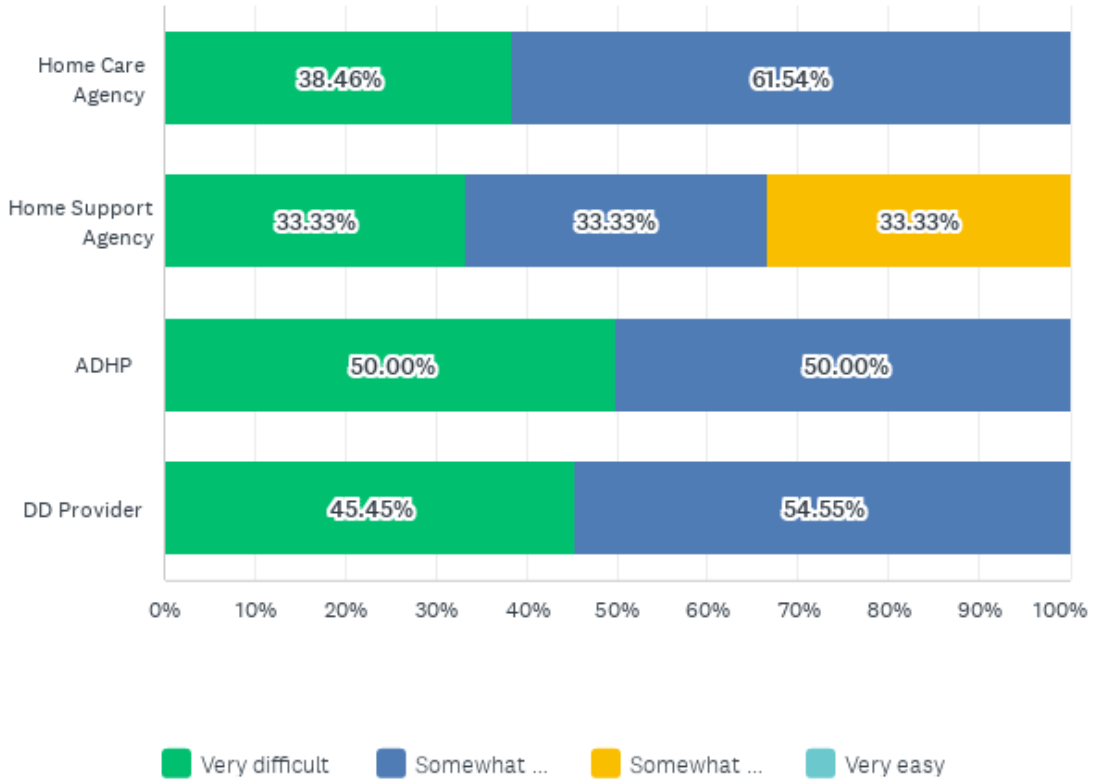
- **We struggle to admit patients because of shortages of caregivers.**
- Staff keep coming and leaving for IT and other jobs
- We have difficulty recruiting new HHAs. **There are not enough HHAs in DC to be recruited**. We struggle much in finding care givers. This is the greatest concern the business has.
- **Difficult to recruit new home health aides and nurses**
- Staffing has been a challenge and pain point for the programs.
- **Finding DSPs has been extremely challenging one of the reasons being the hourly wage we offer of $15.50.** We are planning to increase it to $16/hr but with the reimbursement rate being the same.
- Still difficult to recruit DSP's as it has been over the last several years. Increasingly difficult to retain and attract RN/LPN nurses. Nurses are leaving for better pay, more time of, no on-call, less gov't oversight and much more. **We cannot retain or attract nurses at this to the field.**
- I have been with the company for 13 years**. I have never seen so many prolonged shortages, people regularly calling out, etc.**
- **Less applicants indicates less interest in the DSP position because the wages are close to minimum wage.**
- **We are not able to staff our beneficiaries approved services especially the weekends**. We have notified some beneficiaries to transfer their services to other providers because of staff shortages and other providers are not accepting these transfers.

Among those who responded that the workforce situation was the same or better, comments also showed that lack of workforce is an on-going challenge.

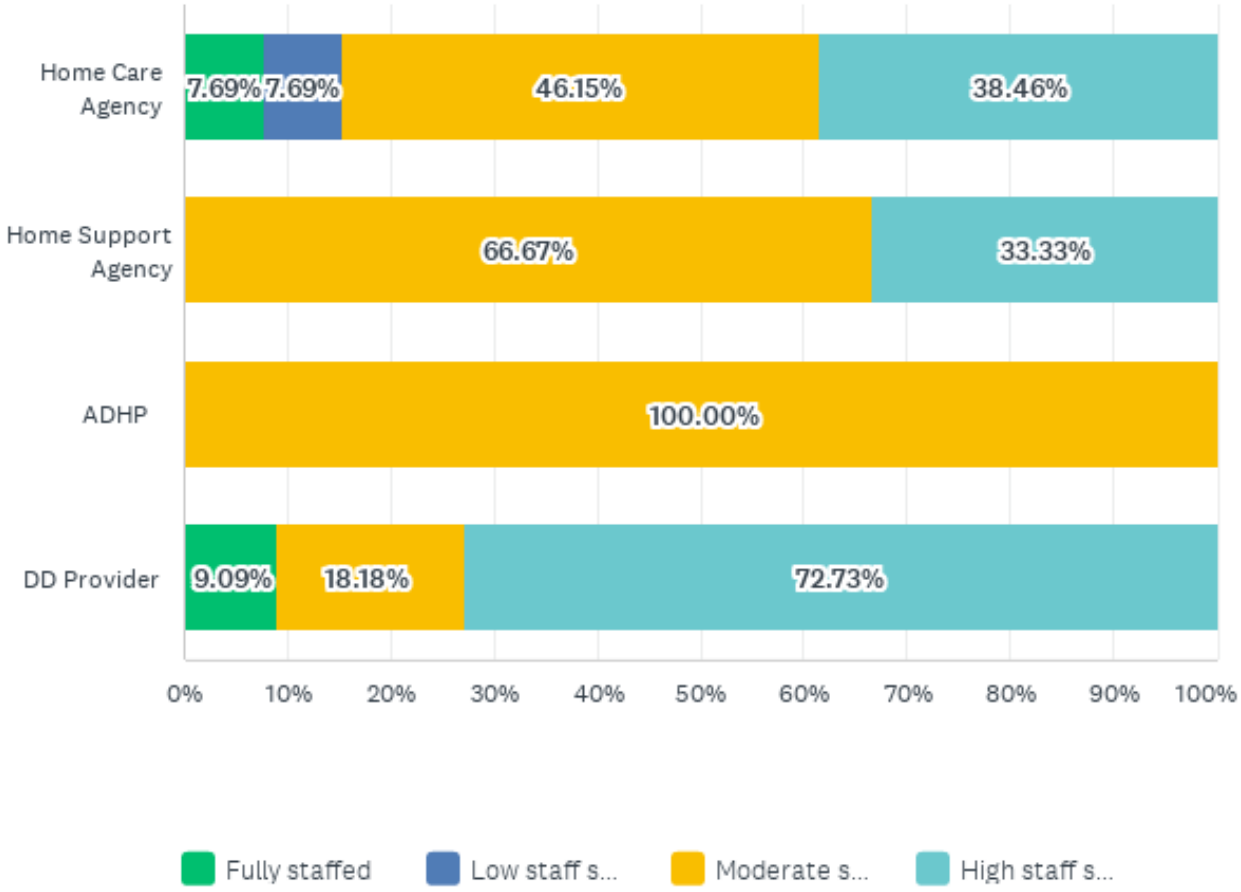
- Increase in in-person meetings, caregivers returning to work and more comfortable seeing clients, all fully vaccinated creates a more productive workforce.
- Although we have many new applicants, they are all requesting similar shifts and locations, and so **the difficulty remains staffing weekends, certain evening shifts and SE and SW.**
- **We raised our wages $7/hour since COVID began and proportionally raised our rates to clients. Our business has declined since January, which is likely because of the higher cost of care.**
- We are just beginning to see a slow trickle of walk-in applications. Since the initial shutdown in 2020. We have struggled to maintain adequate staff. **We have incurred a lot of overtime and are still in the midst of a staffing shortage.**
- It hasn't gotten worse, but it was already a very challenging situation in January 2022.
- Pre-pandemic, we would receive 100 applicants or more per job posting, now this averages about 20 to 40 per posting.

Q9 100% of Home Care Agencies, Adult Day Health Programs and DD Providers are experiencing difficulty recruiting staff. Half or more state that it is very difficult to recruit staff.

Q9 How would you rate your ability to recruit new staff?



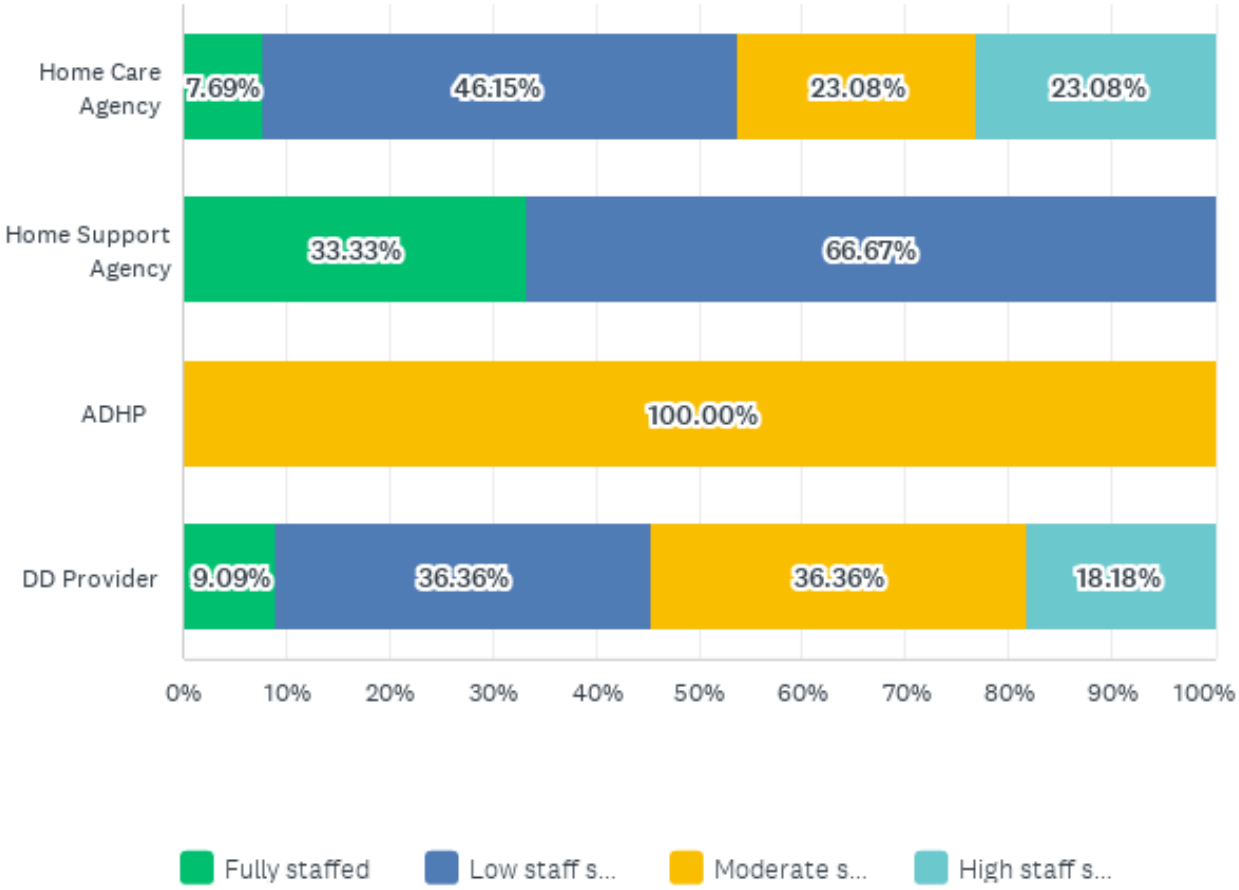
Q4 Only two providers reported having no direct care staff shortages. All others reported moderate to high shortages of direct care staff.



In comments, Respondents shared that lack of direct care staff is driving up use of overtime and affecting beneficiary/client access

- Approximately **40% of our shifts are staffed with overtime/extra shifts.**
- We ask our caregivers to overtime the open shifts because **there are no HHAs available.**
- Having difficulty backfilling staff callouts and providing weekend coverage.
- We are struggling with candidates accepting vacancies/shifts available.
- **We are unable to start new clients from our waiting list** except for high priority.
- **We currently have over 32 vacant shifts that are either being filled with agency staff or overtime.**
- We employ about 35 people in direct care, and **we have 12 vacancies.**
- Offering higher rates, bonuses, Ubers to caregivers to have them go to shifts and **40% of our current workforce is in overtime**.

Q5 Respondents also experience shortages of clinical staff (RNs, LPNs, supervisory staff), but shortages are less severe than direct care staff shortages.



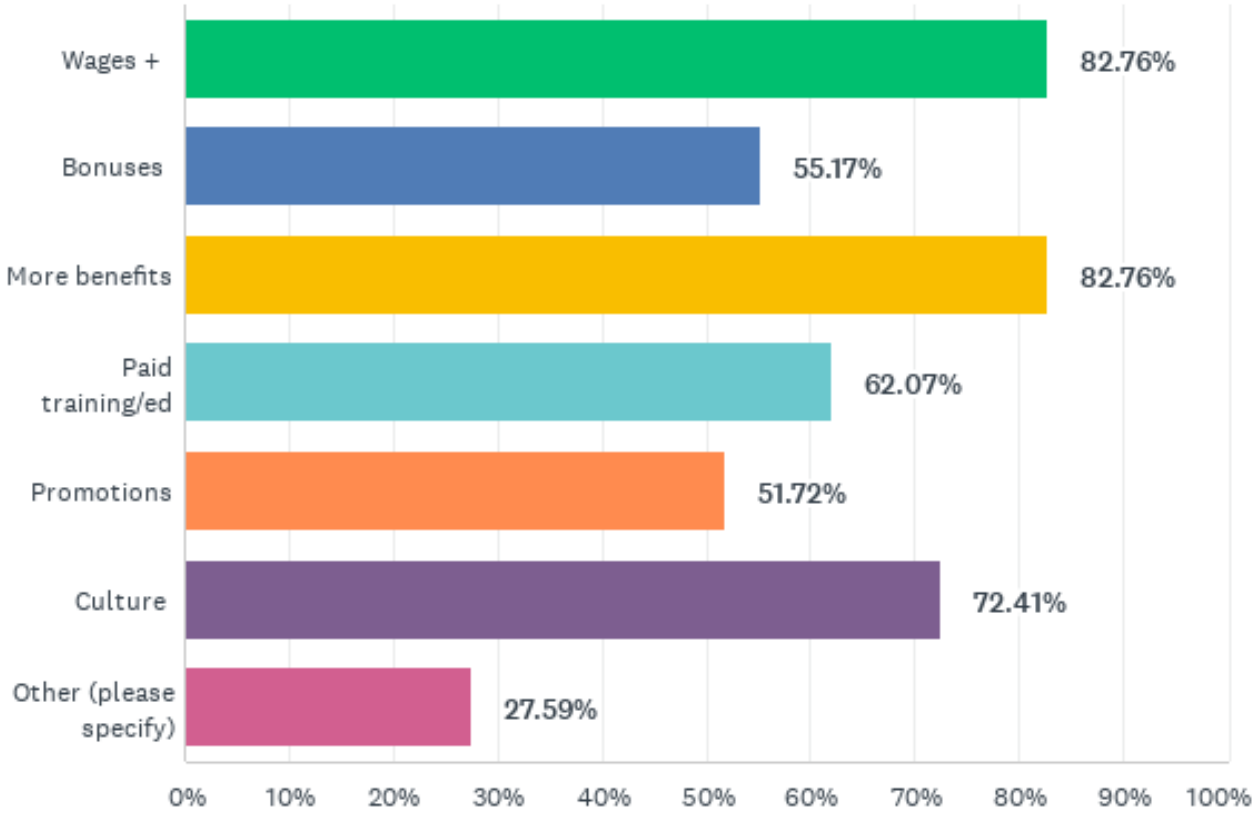
Respondents' comments reflect growing concern regarding the ability to recruit and retain clinical staff.

- **We are able to staff but the workloads are heavy**
- **The RN/LPNs are working contract jobs. They don't want to work in Home Care because of the compensation.**
- Our issue is with HHAs and not with RNs and LPNs
- We are currently fully staffed with 3 RNs but **we experienced 100% turnover among our RNs at the beginning of 2022.** It has also become more difficult to hire licensed social workers although we are currently fully staffed.
- Increasingly difficult to retain and attract RN/LPN nurses. **Nurses are leaving for better pay, more time off, no on-call, less gov't oversight and much more.** We cannot retain or attract nurses at this time to the field. Currently have high level of nursing shortages.
- **It has been difficult to recruit and retain RNs.** The majority of those we interview do not want to do home visits, do not want to get boosted and are burnt out.

Among Home Care Agencies, 93.3% are paying overtime and have limited admissions or started a wait list. Among DD providers, 100% are paying overtime and 55% have limited admissions or started a wait list.

Q8 What adjustments have you made in recent months due to staff shortages? (Check all that apply)

Q6 All respondents are implementing multiple strategies to recruit and retain workers.

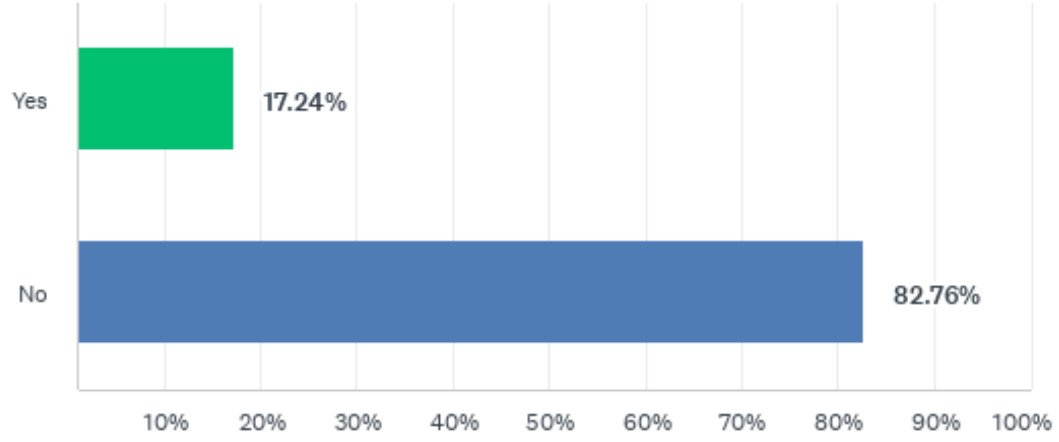


Among “other” strategies being used to recruit and retain staff, Respondents noted:

- Contracting with staffing agencies (2)
- Offering a weekend shift differential
- Offering employee referral bonuses (4)
- Giving more resources to Human Resources and Nursing to allow daily applications and interviews
- Providing more onboarding and increasing re-training
- Implementing a tiered wage increase based on tenure to increase wages for staff.
- Giving Ubers to HHAs.
- Recognizing staff on a monthly basis
- Giving hand-written cards and flowers to employees
- Paying for licensing endorsement and renewals

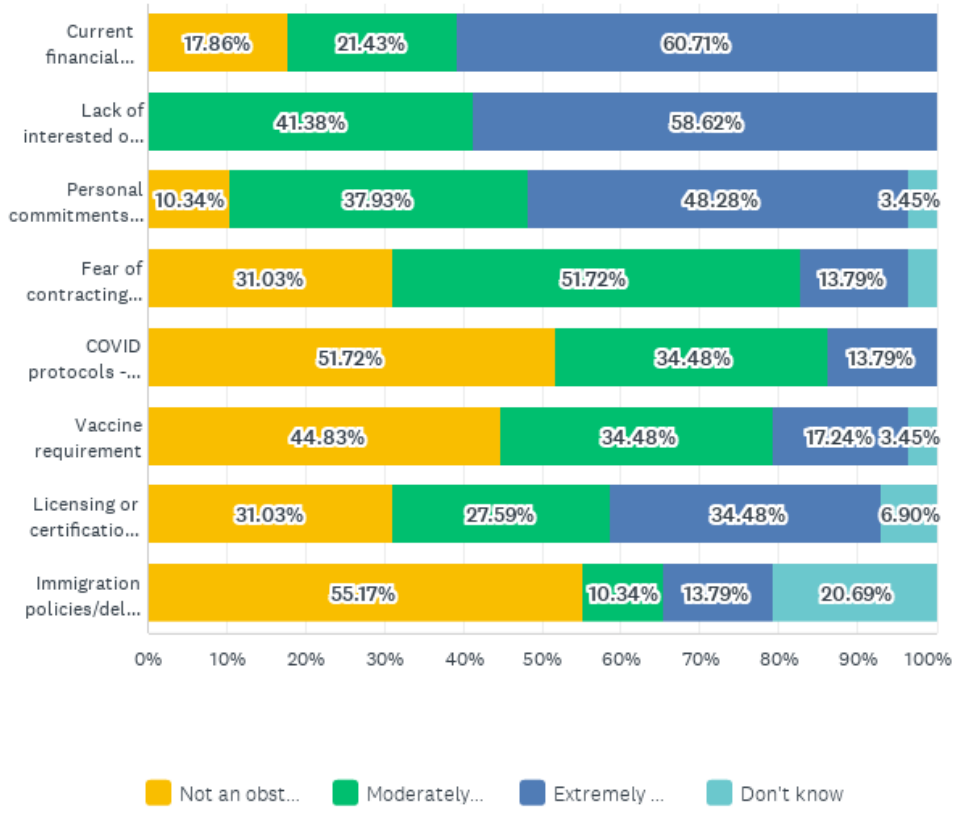
Although multiple strategies to improve workforce recruitment and retention have been employed, the vast majority of respondents state they have not been effective to reduce or eliminate workforce shortages.

Q7 Have the strategies that you implemented to try to recruit and retain staff effectively reduced or eliminated your workforce shortages?



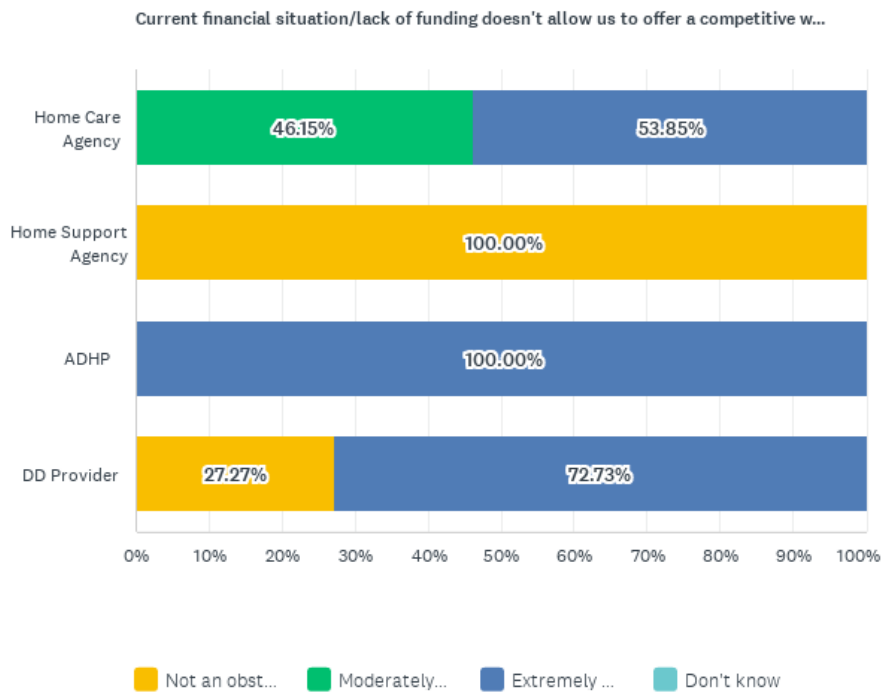
Respondents identified lack of funding for competitive wages and lack of people interested in the work as the biggest obstacles to staff recruitment and retention.

Q10 How big are each of these obstacles in recruiting and retaining staff?



Lack of funding to pay competitive wages is a major obstacle to recruiting and retaining staff for all but the Home Support Agencies which serve the private pay market and do not participate in Medicaid.

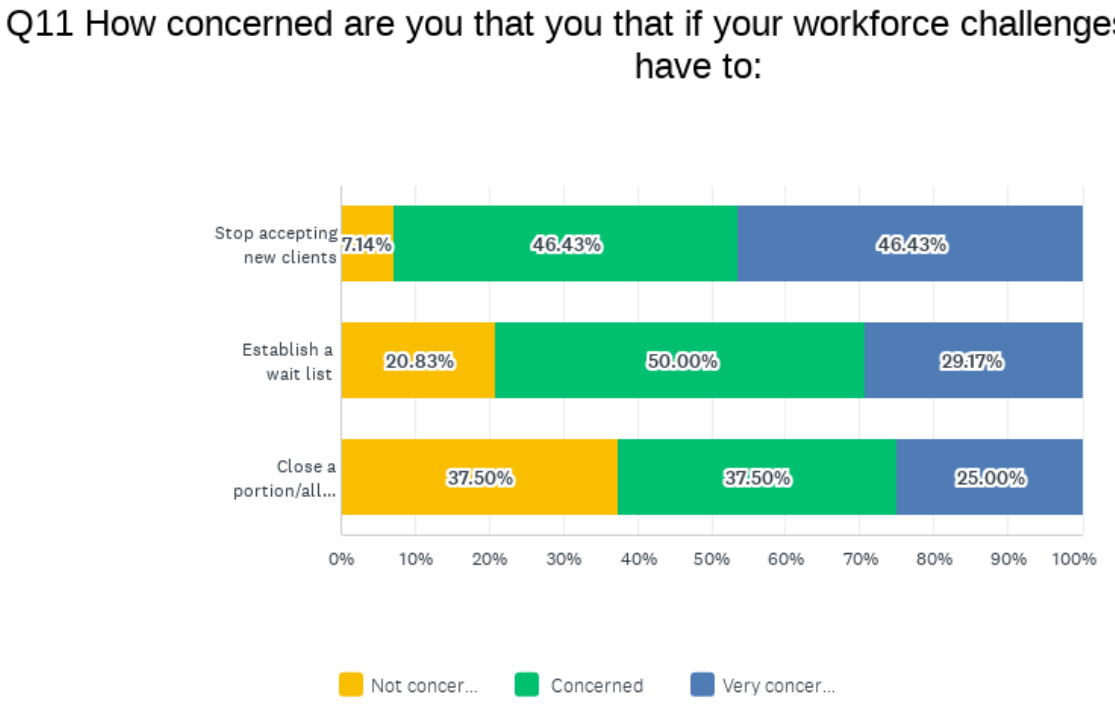
Q10 How big are each of these obstacles in recruiting and retaining staff?



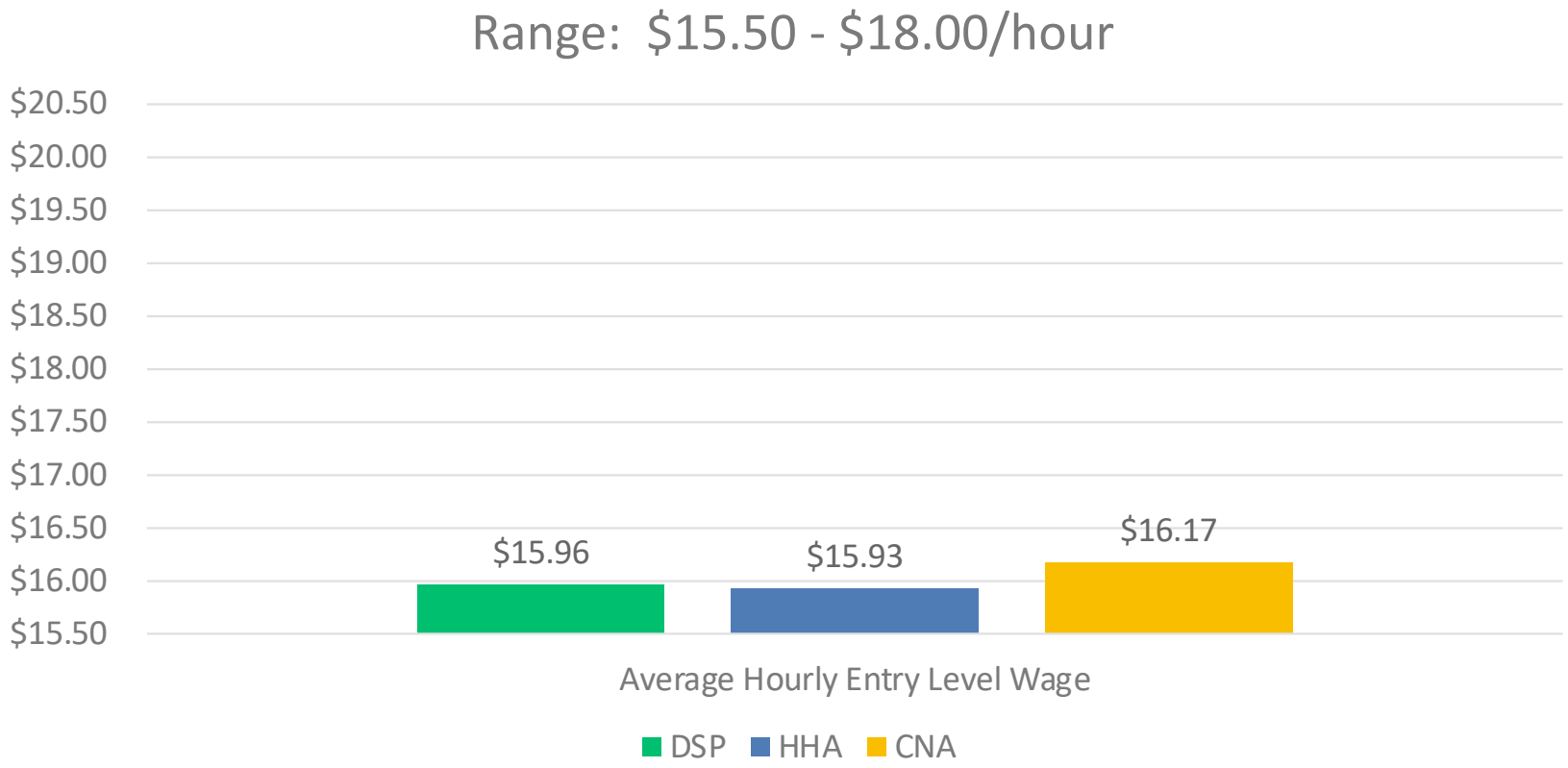
All respondents stated that the lack of interested and qualified candidates was either a moderately or extremely big obstacle to recruiting and retaining staff.

Q10. How big are each of these obstacles in recruiting and retaining staff?

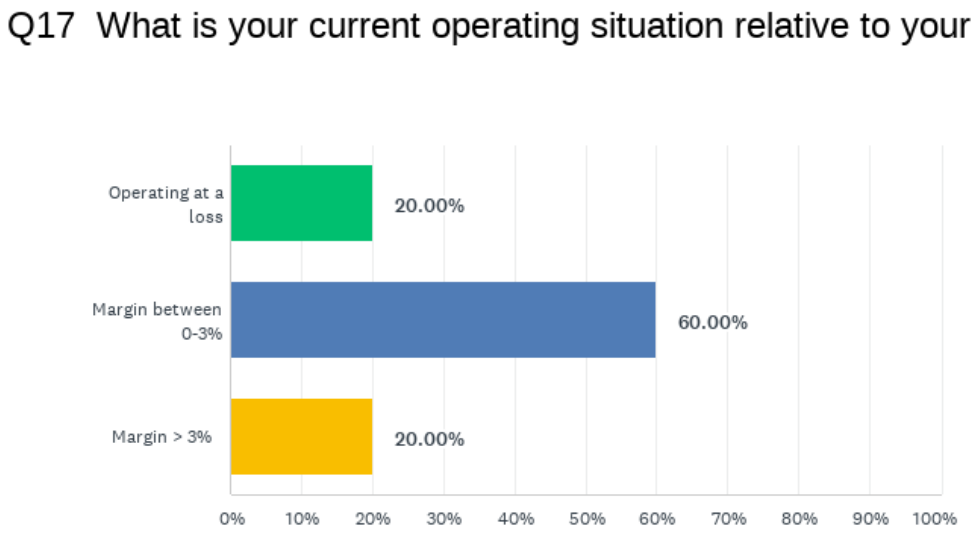
Over 90% of respondents are concerned that if workforce challenges persist, they will have to stop accepting new clients or establish a wait list.



Q.14. On average, entry level hourly wages for direct care workers remain close to DC's minimum wage which was $15.50/hour. As of July 1, 2022, the minimum wage and living wage increased to $16.10/hour.

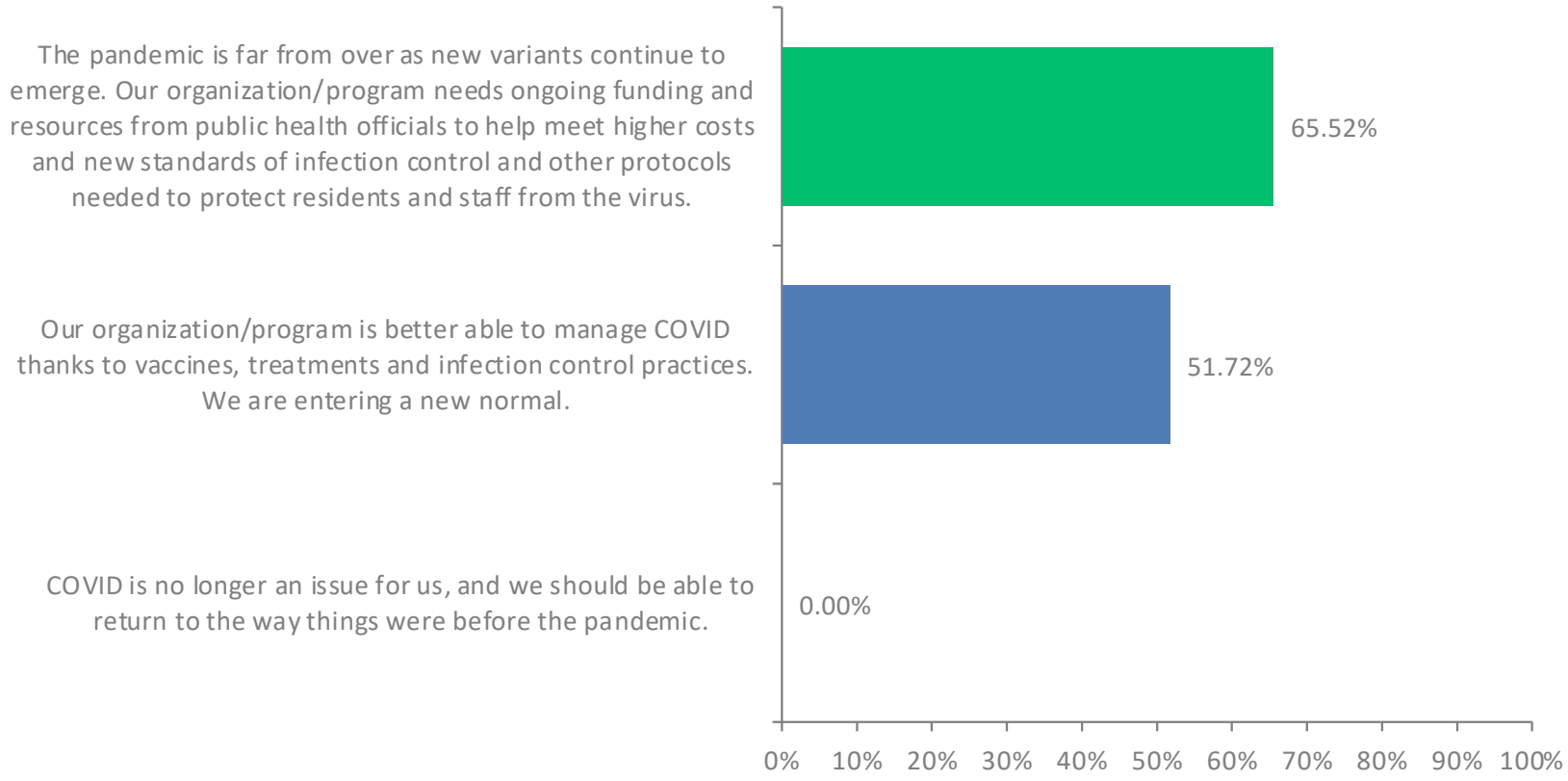


A small, but still significant percentage of providers are operating at a loss. The majority are operating within margins of 3% or less.

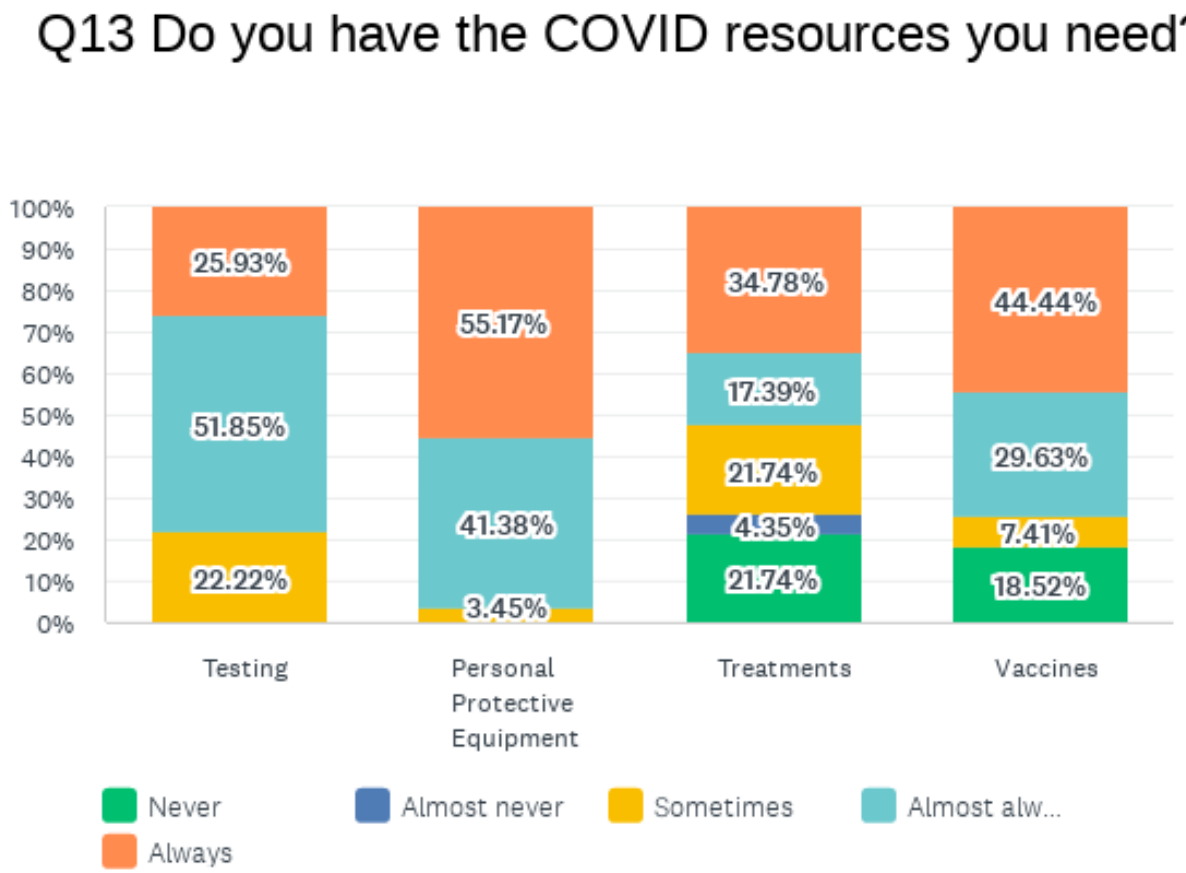


Providers are better able to manage COVID but the pandemic has created a new normal and increased provider costs.

Q12: Which best describes your opinion of the current state of the COVID-19 pandemic as it related to your organization/program?



Respondents report that they always or almost always have adequate PPE, testing and vaccines.



Respondent's offered additional comments and recommendations

- By law, **we can only hire HHAs. If we had the option to hire CNAs, we would be better able to fully staff our cases.**
- **In many states, they allow unlicensed direct care workers who have been trained for competency to provide ADLS in the home.** This would provide even greater flexibility to meet the needs of our clients.
- We need TMEs!!
- **There should be a wage increase consideration for the HHAs/PCAs**
- **It would be a great help if we are allowed to hire CNAs to fill positions we have available.** This will alleviate most of the problems we have.
- Caregivers earn an average of over $20 per hour because we allow them to work overtime, and the cost is not passed on to the client, and they earn more on weekends, holidays, daytime shifts, and other variables that increase the average pay. I also want to report our answer above regarding how difficult it is to find qualified HHAs in DC.

Additional comments and recommendations (cont,)

- **Doing business in DC is significantly harder and more costly than in other states.**
- **Increase provider reimbursement rates**
- **Increase aide training schools**
- **We are struggling to retain the nurses we have at their current salaries (based on reimbursement rates). We pay higher than we are reimbursed.**
- **Staff turn over, shortage of DSP applicants, inadequate wages, rising costs of operations (supported living transportation, staff mileage, and much more) are reasons why reimbursement rates need to be higher.**
- **Our hourly wage is $15.50 but we are paying $16.50 for critically ill beneficiaries and sometimes $17/hour for very difficult cases.**
- An RN should not be required to conduct the initial assessment or plan of care for the unskilled services provided by Home Support Agencies (HSAs).

Questions?

Would you like to learn more about the work of the DC Coalition for Long Term Care's Subcommittee on Workforce Development?

Contact information:
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Service Provider Types and Workforce Position Descriptions

Adult Day Health Programs (ADHPs) – Offer a range of services to older adults designed to support community living. The services are provided in a "center" and include non-residential medical supports including nursing services, individual and group therapeutic activities, personal care aide services, medication administration, meals, snacks and nutritional support, art and music therapies, socialization and transportation to off-site services. ADHPs are not licensed by DC Health. Adult Day Health Programs that meet Medicaid program standards are eligible to enroll in Medicaid and receive Medicaid reimbursement for services. Other sources of revenue for ADHPs may include private pay and/or grant funding. In ADHPs, personal care aide services are provided by Certified Nursing Assistants (CNAs).

Assisted Living Residences (ALRs)– Are licensed by DC Health under standards found at DC Code § 44-101.01 et seq and regulations at 22-B DCMR Chapter 101. ALRS provide residential services, 24-hour supervision and oversight, meals and snacks, some assistance with ADLS and IADLS, laundry, housekeeping, assistance with accessing appropriate health and social services and coordination of transportation. ALRs that meet Medicaid standards can also receive Medicaid reimbursement for services. In DC, there are ALRs that serve only Medicaid beneficiaries and ALRs that only serve the private pay market. In ALRS, personal care aide services are provided by Certified Nursing Assistants (CNAs).

Certified Nursing Aide/Assistants (CNAs) – Are certified by DC Health under regulations at 17 DCMR Chapter 96. A CNA must be at least 18 years old and either complete 125 hours of training and pass an approved certification exam or be eligible for certification by endorsement. CNAs can assist with ADLS and IADLS and perform some basic nursing tasks such as measuring and recording vital signs, height and weight and observing and reporting on pain, and recognizing abnormal signs and symptoms of common diseases. DC CNAs cannot work in a home environment unless they have completed a 32-hour bridge course and pass a written exam.

Direct Support Professionals (DSPS) – Are individuals who work directly with individuals who have developmental or intellectual disabilities. DSPs must complete competency-based training that is provided by their employer based upon standards established by the Department on Disability Services.

DD Providers – Provide an array of services and supports to individuals with developmental or intellectual disabilities. Each provider must meet certification standards established by the Department on Disability Services. DD Providers employ and train Direct Support Professional (DSPs) to meet the needs of the individuals they serve. Medicaid is the largest source of revenue for DD providers.

Home Care Agencies (HCAs) – Are licensed by DC Health under regulations at 22 DCMR Chapter 39. A licensed Home Care Agency is authorized to provide skilled care including skilled nursing, physical therapy, occupational therapy, speech language pathology, intravenous therapy, and medical social services. Home Care Agencies can also provide Home health aide or personal care aide services. Home Care Agencies can qualify for Medicare and Medicaid reimbursement . Home Care agencies also serve private pay clients. The DC Department of Aging and Community Living also contracts with one DC Home Care Agency to provide services to individuals who are not eligible for Medicaid and cannot afford to pay privately.

Home Health Aides (HHAs) – Are certified by DC Health under regulations at 17 DCMR Chapter 93. A Home Health Aide must be at least 18 years old and either be licensed as a registered nurse or practical nurse, complete 125 hours of training and pass an approved certification exam or be eligible for certification by endorsement. An HHA can assist with ADLS and IADLS, change simple dressing, assist with routine care of prosthetic and orthotic devices, empty and change colostomy bags, care for a stoma, clean around a g-tube site, administer oxygen therapy and an enema, and assist with activities that are directly supportive of skilled therapy services.

Home Support Agencies (HSAs)– Are licensed by DC Health under regulations at 29 DCMR Chapter 99. A licensed Home Support Agency is authorized to provide personal care services only. Personal care services must be provided by qualified home health aides under the supervision of a registered nurse, with on site supervision at least once every ninety (90) days. DC Medicaid does not pay for personal care services provided by Home Support Agencies. Home Support Agencies serve the private pay market.

Personal Care Aides (PCAs) - In DC, personal care aides must complete the same training and take the same certification exam as a Home Health Aide. A Medicaid provider of personal care aide services must be fully licensed as a Home Care Agency and personal care aides are subject to the same supervisory requirements as Home Health Aides.

THE COALITION ON LONG TERM CARE - Policy Implications

According to the DC Workforce Innovation and Opportunity Act (WIOA) Unified State Plan PY 2020-2023. Health Sector Partnership's Annual Health Care Occupations Report, 2021, many thousands of CNAs and HHAs will be needed in the next five years. Recent data from the Workforce Investment Council (WIC) confirms these findings. According to the WIC, **CNAs and HHAs will experience the highest projected job growth, with average annual openings of over 3,000 jobs every year for at least the next seven (7) years.**[1] The Home Health Aide occupation has the largest projected growth rate (53%) of any occupation among all job sectors, due to the aging baby boomer cohort and growing population of elderly persons in need of care.

Yet, our survey shows that **we are not even close meeting the current demand for Direct Care Workers.** Providers are already unable to serve seniors in need due to the inability to recruit and retain sufficient qualified staff.

While clearly there are other shortages within the health care workforce, **direct care staff represent the largest number of high demand, high growth entry level positions in the health sector.** These direct care workers serve as the backbone of our health system. Without these direct care workers, higher level staff such as RNs can not do their jobs. Without the services that direct care workers provide, seniors and people with disabilities cannot get the care they need, which eventual will lead to increased hospital admissions and more barriers to safe discharge, creating additional stress on hospitals and hospital ERs,

1 https://dcworks.dc.gov/sites/default/files/dc/sites/dcworks/publication/attachments/District_of_Columbia_WIOA%20State%20Plan%20Final%202-28-2022.pdf

What do these findings mean for policy makers?

Immediate and focused action is needed to address the direct care worker staffing crisis!

DC Health should:

- Use its emergency authority to allow DC CNAs to work in home care settings
- Extend the waiver allowing Maryland and Virginia CNAs to work DC in both facility-based and Home Care settings. .
- Eliminate separate bridge training which is costly, time consuming and unnecessary.
- Eliminate the clean hands requirement for HHA and CNA licensure.
- Provide certification exams in languages other than English or allow candidates with Limited English Proficiency (LEP) to take them orally.
- Offer the exam in paper format for individuals who lack computer skills.
- Eliminate or waive tuition and exam fees for CNA and HHA applicants who accept employment in DC.
- Immediately activate a process to enable Certified Medication Aides (MA-Cs) from other States to obtain DC certification by endorsement (which is allowable under current rules).
- Expand apprenticeship opportunities by allow DC employers to substitute on-the-job training for more hours of required classroom instruction.
- Simplify the process for direct care workers to obtain parking passes or waive parking ticket fees incurred when an HHA is working in a client's home.
- Eliminate separate training tracks for HHAs and CNAs; create a unified competency-based curriculum.

While the DC Council's legislation, the Direct Support Professional Payment Rate Amendment Act of 2022, will eventually increase the average pay scale of Medicaid funded direct care workers to 117.6% of the living wage in FY 25, we must do more now to begin to address the serious supply deficit.

DHCF should:

- Use a portion of the $88 million in HCBS ARPA funding to increase provider payment rates now to allow providers to raise wages to a minimum of 120% of the living wage effective immediately. ‘
- Speed up the distribution of the $30 million in HCBS ARPA funding that was designated for bonus payments to help providers recruit and retain staff. DHCF needs to give providers maximum flexibility (as other States have done) to use this money to raise hourly wages or provide other benefits.
- Factor transportation, training costs and apprentice wages into provider payment rates.
- Ensure that provider payment rates allow for progressive wage scales to recognize experience and advanced training (i.e. Certified Medication Aides).
- Continue pandemic level provider payment rates and reimbursement for overtime to ensure that providers are able to meet on-going, higher costs.

OTHER ACTIONS:

- Raise the Living Wage for DC Direct Care Workers to at least $22/hour and ensure that wages are inflated annual and are reflected in provider reimbursement rates.
- Amend the Health Occupations and Regulatory Act to lower the minimum age for HHAs, CNAS and DSP from 18 to 17.
- Limit criminal background check exclusions.
- Support recruitment and training of older workers.
- Provide workforce housing, childcare credits or other benefits to direct care staff.
- Significantly increase capacity of training academies to train direct care staff.
- Support programs like the Geriatric Career Builders that offer mentorship and opportunities for career advancement.
- Provide full funding to DC Health's licensing Boards so they are not dependent on licensure and certification fees.
- Mandate participation in interstate compacts and agreements that would allow out-of-District licensed and credentialed health professionals and aides to work in DC without additional process.