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

Prepared by Claudia Schlosberg
Chair, Direct Care Worker Coalition
DC Coalition on Long Term Care
January 2024

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 providers who serve individuals with developmental and intellectual disabilities 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.

Background continued

In January 2023, the Coalition and its partners, DC Health Care Association, the DC Coalition of Disability Service Providers, LeadingAge DC and SEIU Local 1199, revised its 2022 survey to include all LTC providers and added questions to get feedback on recent Department of Health Care Finance (DHCF) initiatives.

Although DHCF spent millions in ARPA funds on retrospective bonus payments for direct care workers, the January 2023 Survey revealed that, as anticipated, payments had little impact on increasing recruitment and retention. Providers continued to face unprecedented staffing shortages due to the inability to pay competitive wages. The shortage of qualified workers was driving up costs, particularly for overtime and reducing access to care.

Recent reports from AARP[1] and PHI[2] confirm that wages for DC direct care workers are not competitive with comparable jobs in the DC labor market. When compared with other states, DC has the highest wage gap in the country, with direct care workers earning $5.03 less per hour than their counterparts in other sectors.

[1]"How States Are Expanding Home Care," AARP Bulletin, December 2023, Vol 54, No. 10, accessed on 1/31/24 at: https://states.aarp.org/ltss-in-the-mid-atlantic

[2] PHI. "Direct Care Workforce State index." Last modified 1/10/2023. https://www.phinational.org/state-index-tool/

Long-term Care Workforce Survey – January 2024

In November of 2023, the DC Coalition on Long Term Care, in collaboration with the DC Health Care Association (DCHCA), LeadingAge DC, the DC Home Health Association (DCHHA), the DC Coalition of Disability Service Providers, the Maryland National Capital Homecare Association (MNCHA), 1199SEIU Maryland/DC, Capitol Hill Village and DC Appleseed, updated the 2023 survey, again adding some some questions to better understand the impact of recent DHCF policy changes and initiatives.

Our latest survey was sent to facility-based and home and community-based service providers. Responses were collected from 37 respondents representing 47 different providers from December 5, 2023, to January 18, 2024.

The 2024 survey responses continue to document a deepening crisis, fueled by high turnover rates and a severe shortage of new workers. Compared to 2023, more providers reported moderate to high levels of staffing shortages leaving more seniors and people with disabilities without needed care.

Long-term Care Workforce Survey – January 2024

Although DHCF increased reimbursement to some providers to raise the average wage to 110% of the Living Wage effective CY 2023, DHCF also stopped paying enhanced reimbursement rates that helped providers pay for overtime and agency staffing during the Public Health Emergency (PHE). For skilled nursing facilities, the Medicaid enhanced rate ended on July 11, 2023. For home care providers, Medicaid Reimbursement for overtime and staffing agency costs ended on November 11, 2023.

Throughout the PHE and post-PHE period, the ability to offer overtime to workers was a key strategy home health providers used to meet client needs. Overtime pay also boosted the wages of workers and helped prevent some workers from leaving for higher paying jobs. Comments from respondents indicate the loss of overtime was having a significant impact on staffing levels.

Survey respondents confirm that key drivers of the workforce crisis are the inability to pay competitive wages and a lack of qualified candidates.

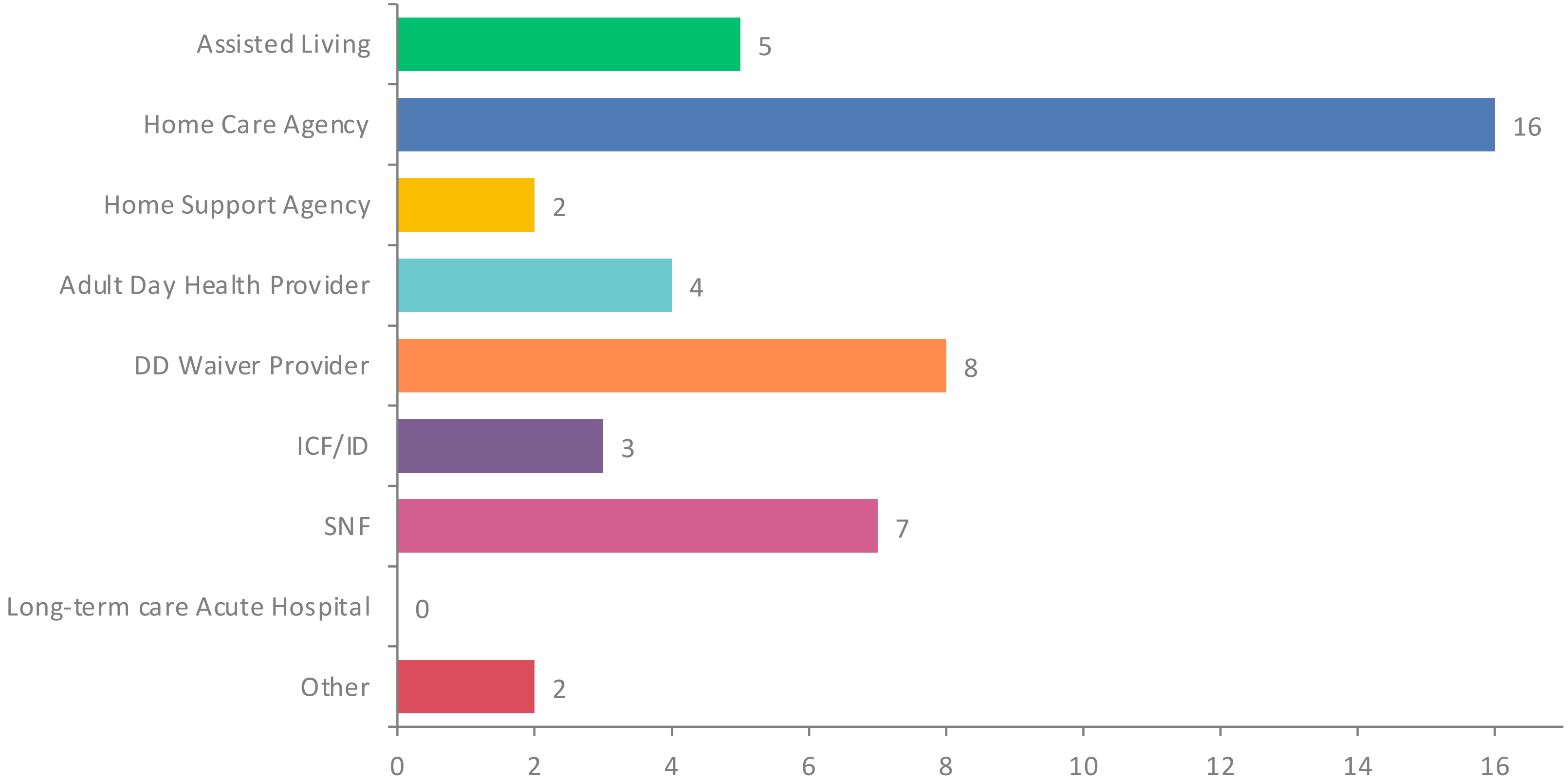
DC Board of Nursing data affirms DC lost 4,489 direct care workers following the last certification renewal cycle, which ended on October 30, 2023. This represents approximately 30% of the entire direct care workforce.

From February 2022, DC lost nearly 50% of all Trained Medication Employees (TMEs) and 24% of all Home Health Aides

Number of Certifications issued by the BON					
License Type	**2/2/22**	**8/30/23**	**1/3/24**	**# Change from 2023**	**% Change from 2023**
Certified Nurse Assistant	No data available	5,102	2,756	-2346	-46%
Home Health Aide	8,821	8,390	6,683	-1707	-20%
Trained Medication Employee	2,051	1,476	1,040	-436	-30%
		14,968	10,479	-4489	-30%

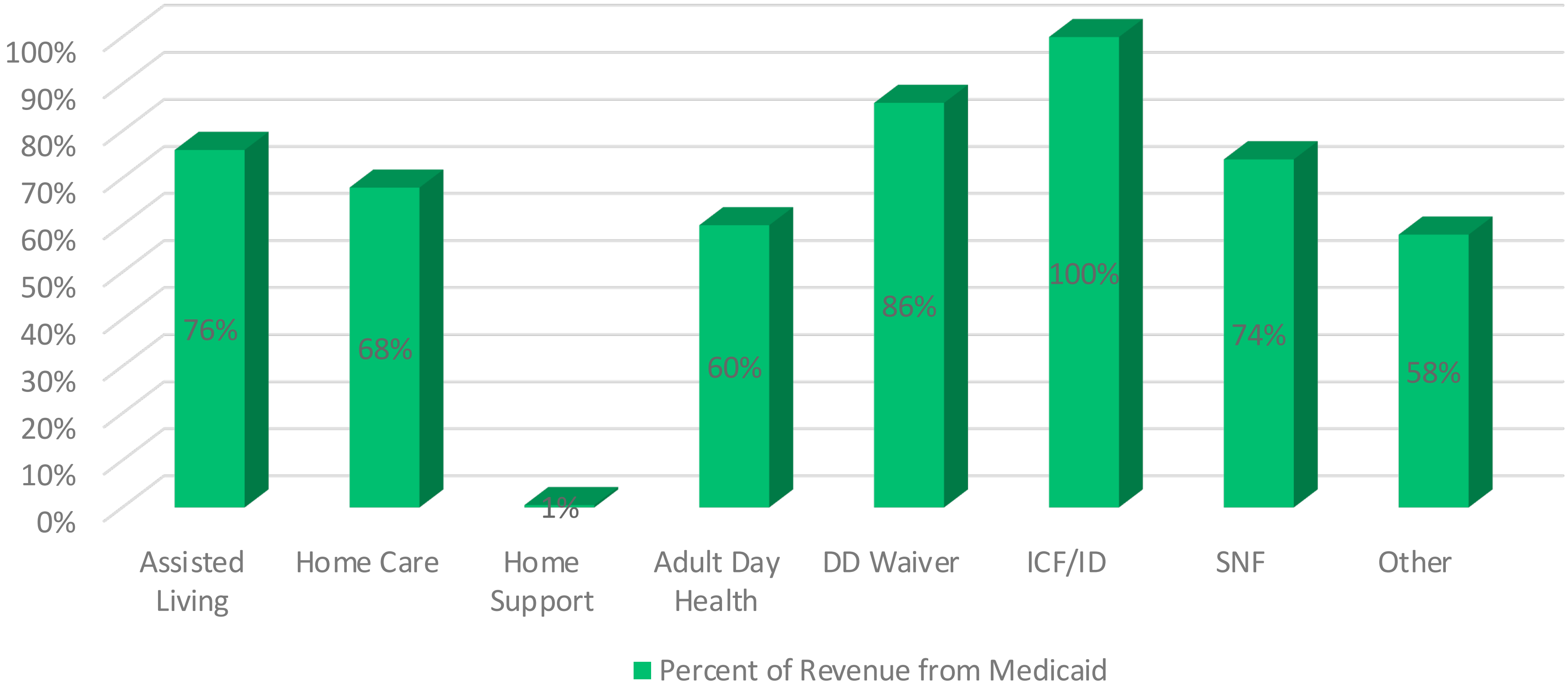
Results from the DC Coalition on Long Term Care's January 2024 Workforce Survey

Thirty-seven respondents representing 47 providers serving DC residents across the long-term care spectrum completed the survey.



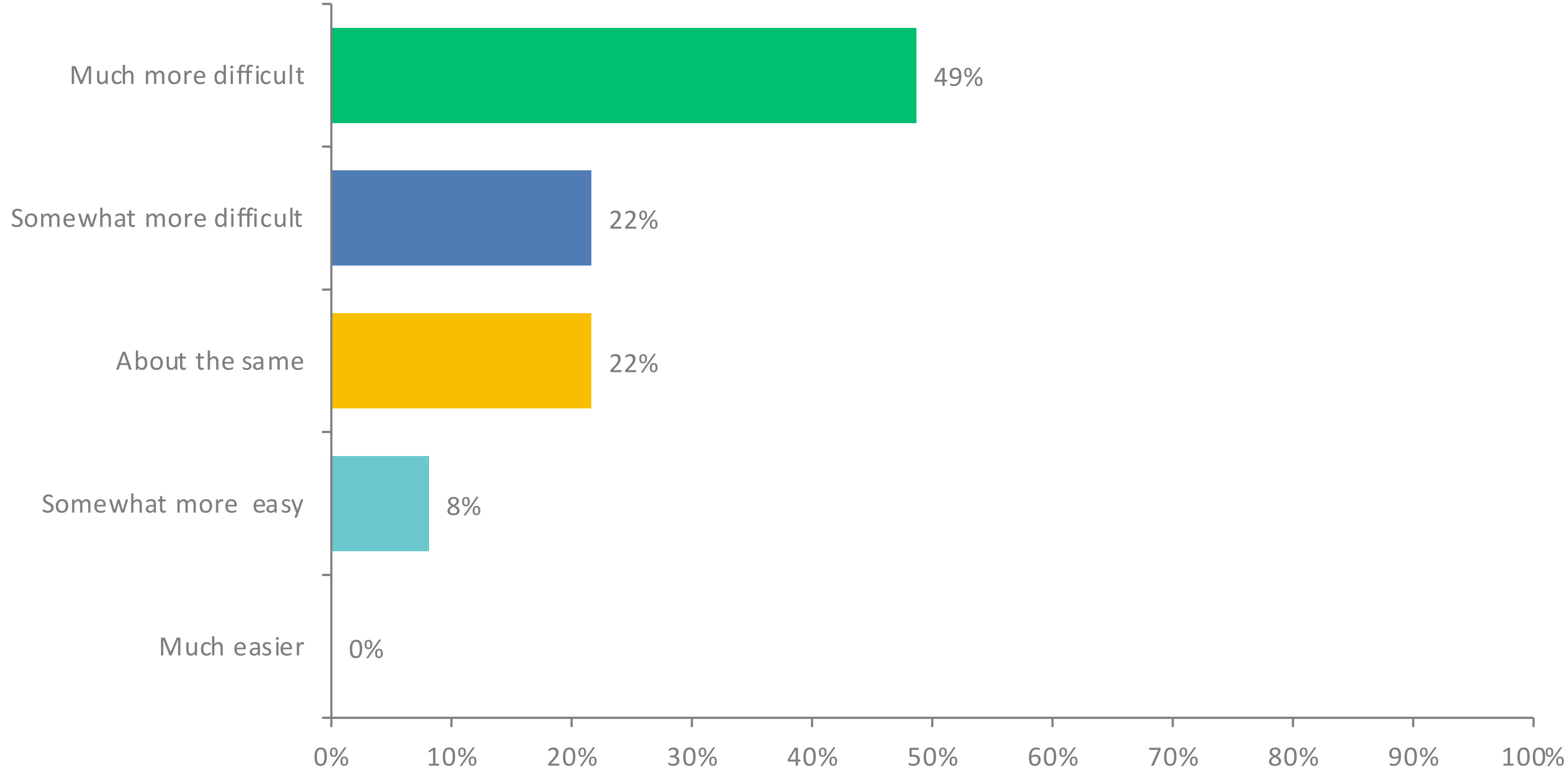
Other: A PACE provider and an Assisted Living w/ a Memory Care Unit

Across provider types, Medicaid accounts for 69% of revenue. On average, Medicaid is the largest payor for 7 of 8 provider types.



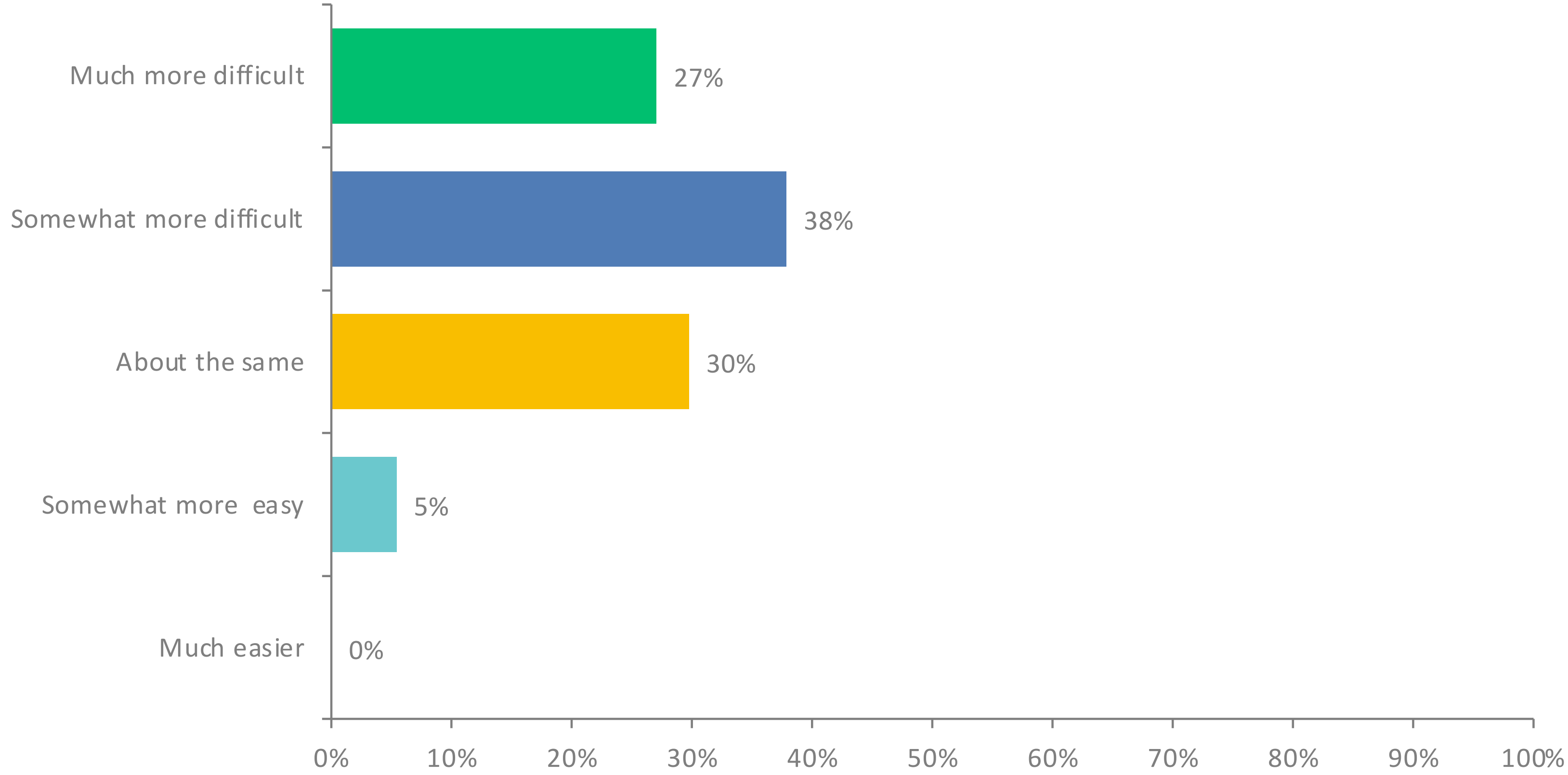
Today, 71% of providers report their ability to recruit new direct care staff is more difficult or much more difficult compared to one year ago. Twenty-two percent reported no improvement.

Q. How would you rate your ability to recruit new direct care staff today compared to one year ago?



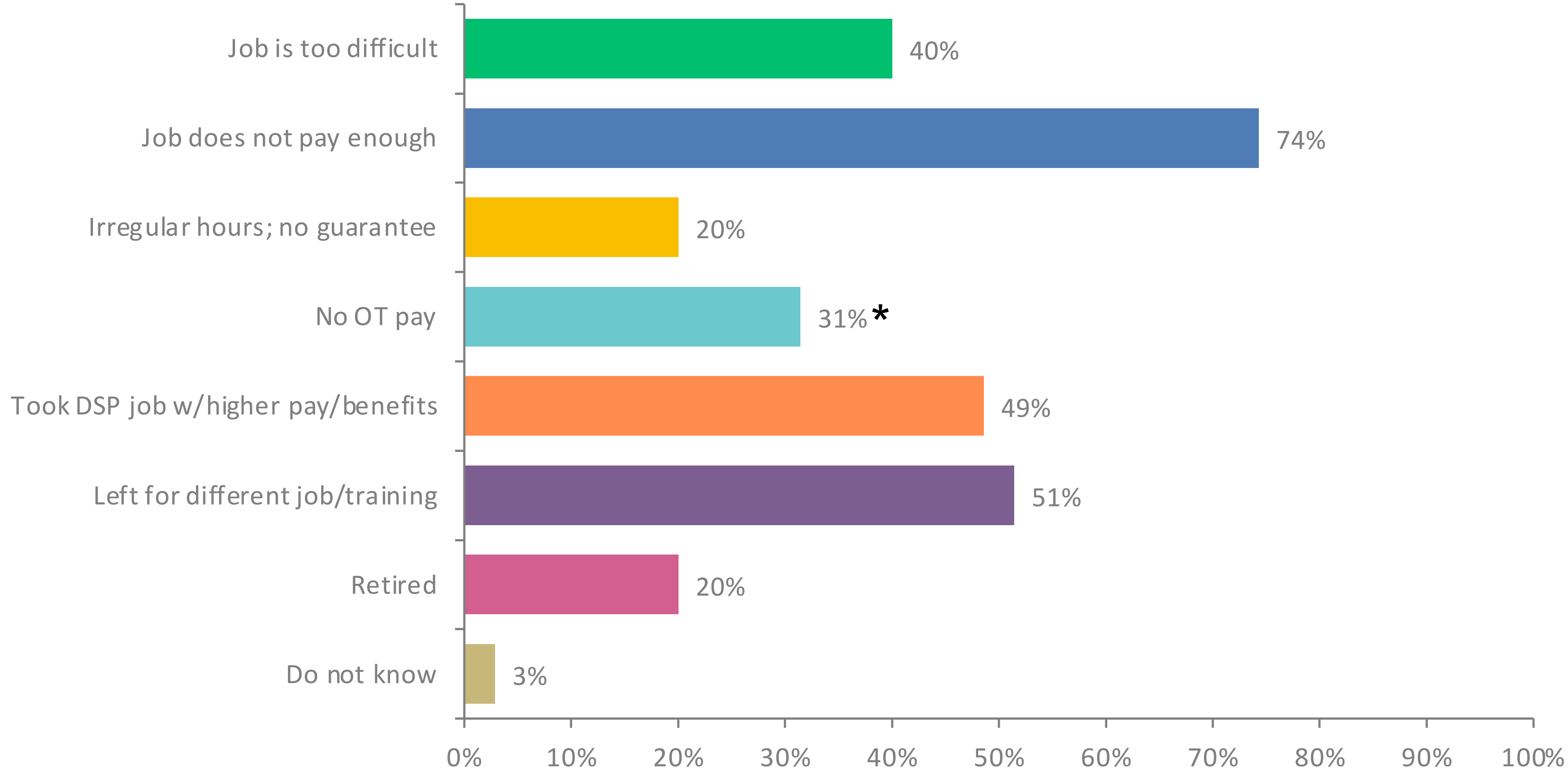
Today, 65% of providers report their ability to retain new direct care staff is more difficult or much more difficult than one year ago. Thirty percent reported no improvement.

Q. How would you rate your ability to retain new direct care staff today compared to one year ago?



Direct care workers are leaving for higher paying, easier jobs.

Q. What are the reasons direct care staff are leaving their positions? Check all that apply.

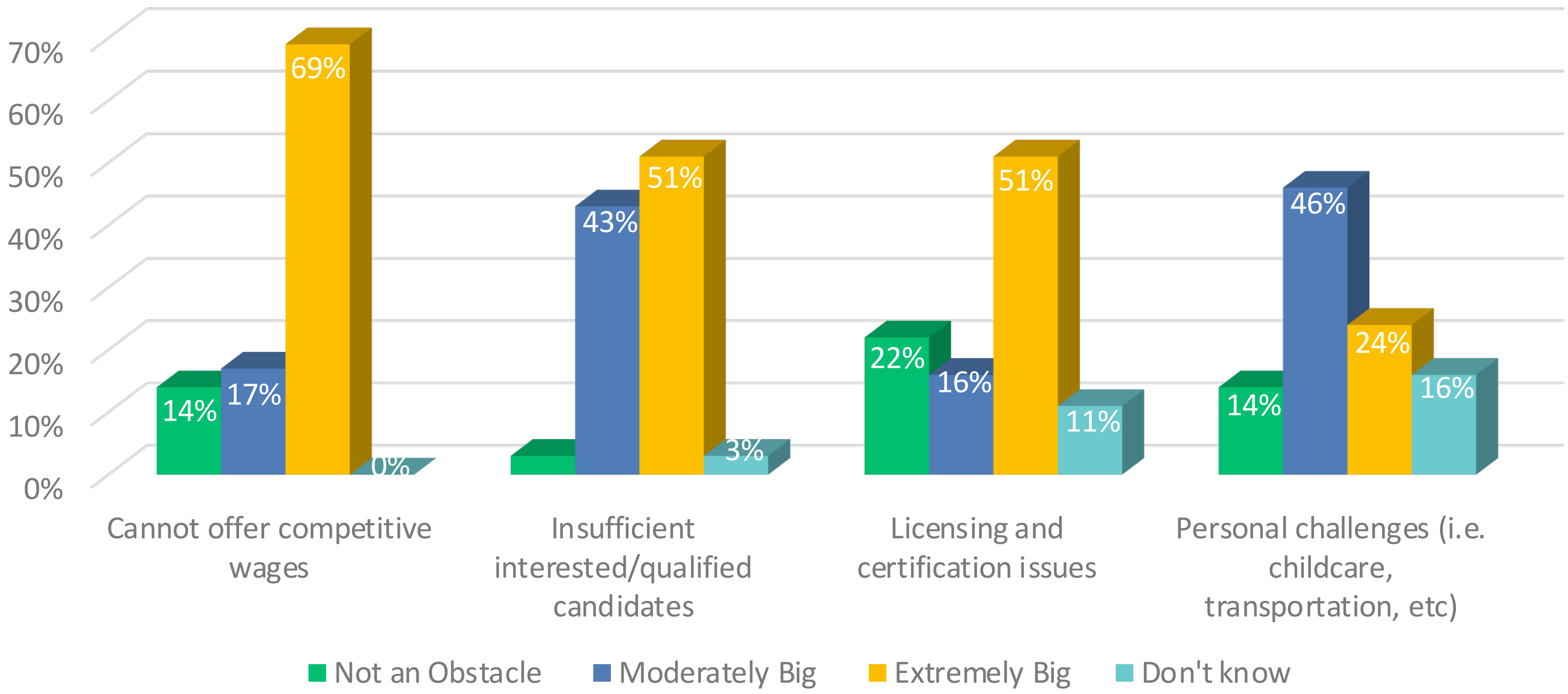


*Loss of overtime was a greater concern for home care providers. Sixty-nine percent (69%) said direct Care staff were leaving their position due to the loss of overtime pay.

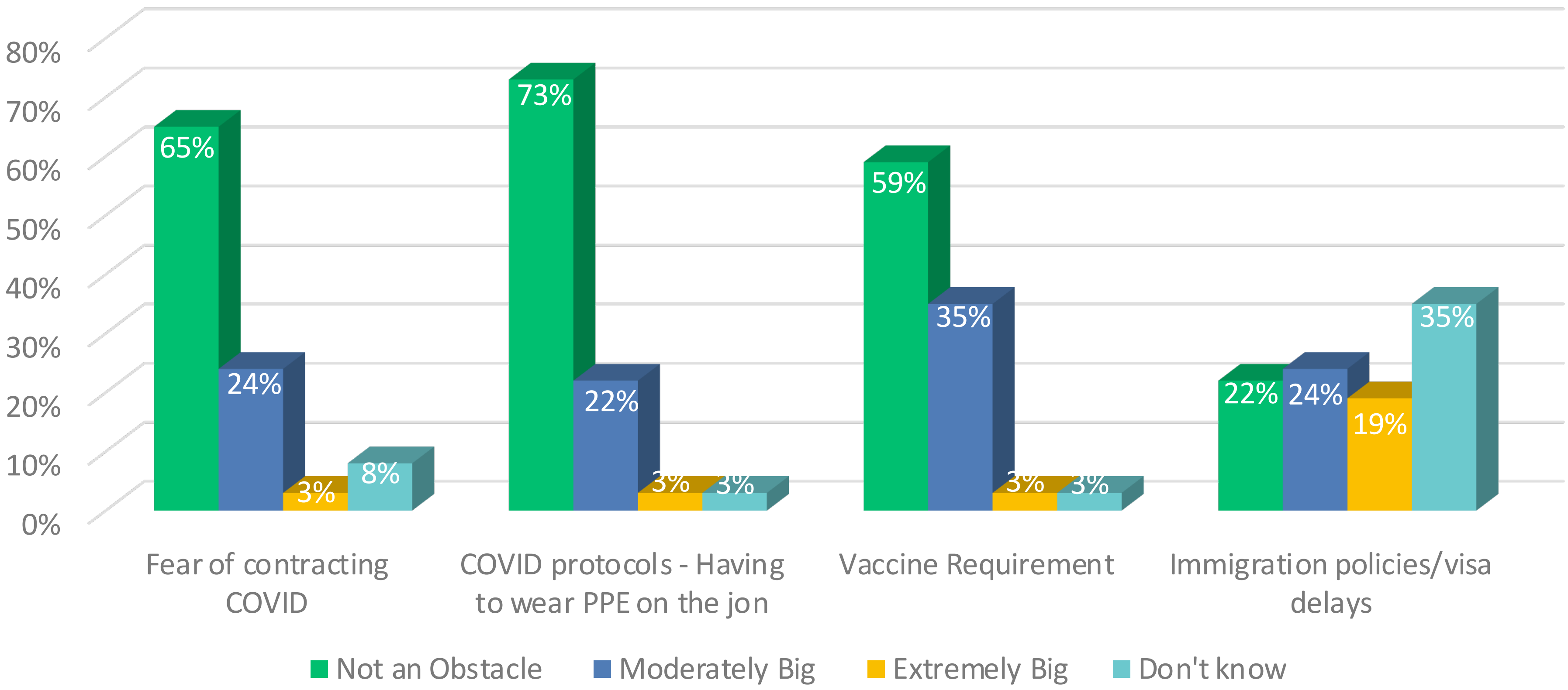
In comments, respondents shared that it is difficult to find workers to hire and when they do hire new workers, they do not stay on the job long.

- “We found there is not a large pool of qualified direct care workers because they have left the workforce and have not returned.”
- “It is much more difficult especially with the rising minimum wage. DC workers are opting for easier jobs that do not have the demands of taking care of people.”
- “We have serious competition from IT etc., -- jobs that pay more.”
- “If we are able to hire, they do not stay very long.”
- “Most of new hires leave within the first three months.”
- “New recruits are not staying for more than a few days as they shop around for the best incentives.”
- “The aides are working at multiple agencies and do not have a lot of availability. Many have taken jobs in other industries.”
- “Despite the incentives we offer, they seek higher wages which we cannot support.”
- “Newly hired aides leave their jobs at a greater rate than aides who have been with the company a year or more.”

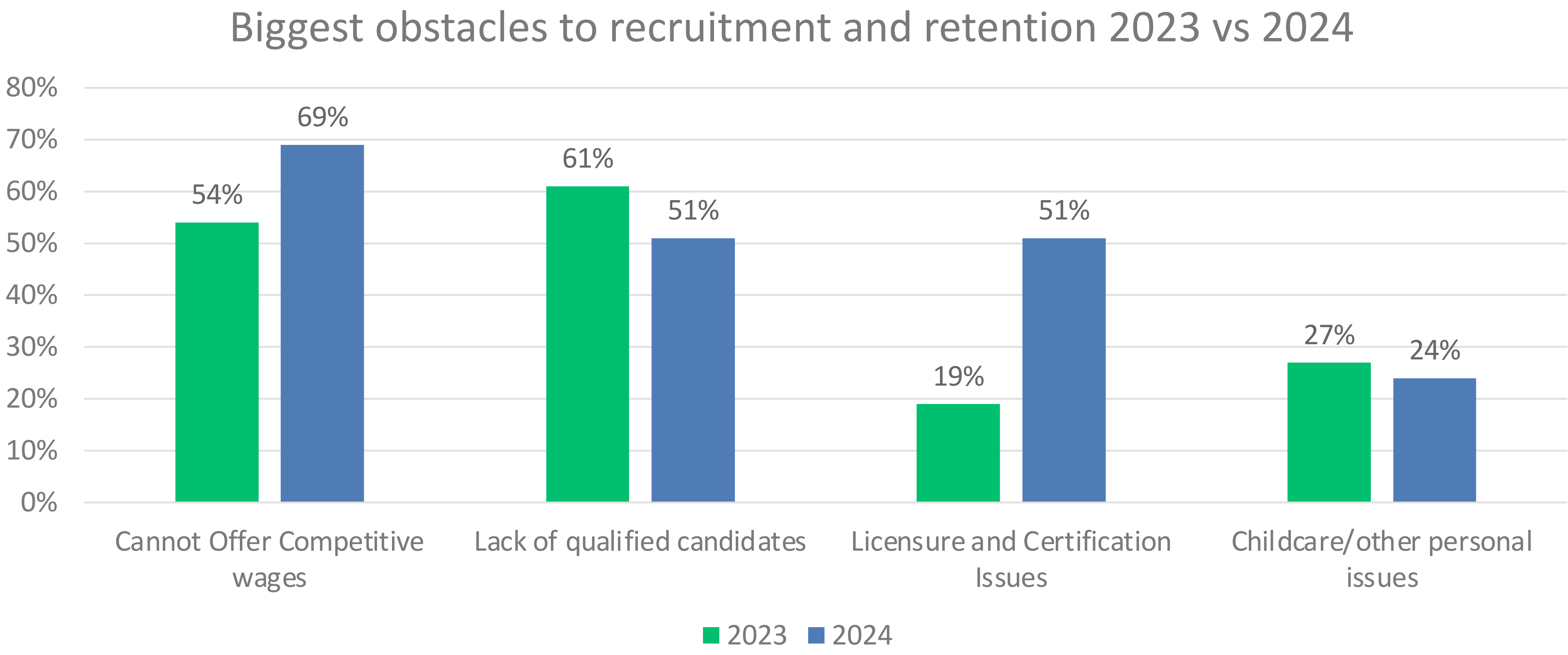
The three biggest barriers to recruitment and retention are wages, lack of qualified/interested candidates and licensure and certification issues. Lack of childcare, transportation are moderately impactful.



Concerns related to COVID and the vaccine mandate for health workers have subsided but have not been eliminated. Immigration issues also are of concern to about a quarter of providers.



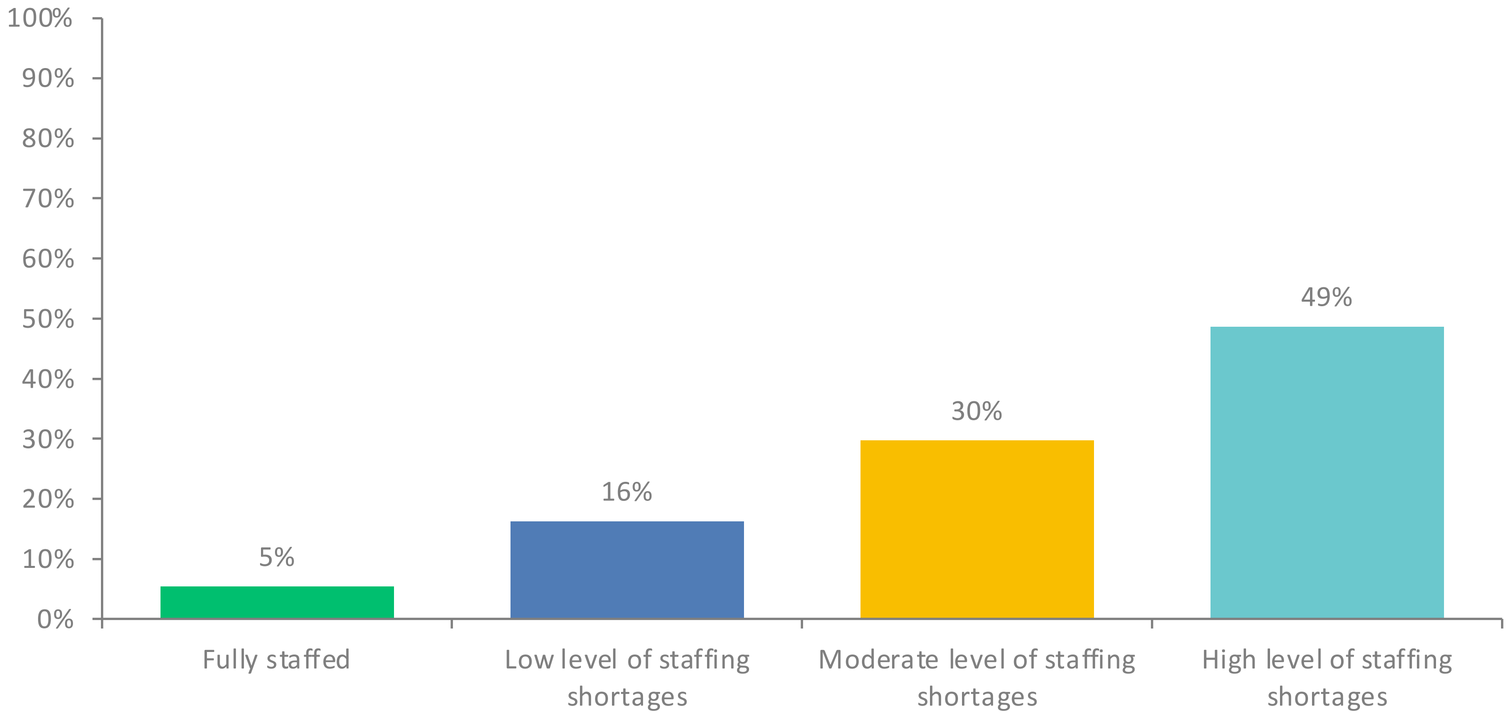
For two years, providers have identified the inability to pay competitive wages and the lack of qualified candidates as the biggest obstacles to recruitment and retention. However, this year, concerns regarding licensure and certification increased significantly.



While pay and lack of qualified candidates are major obstacles, providers' comments identified other concerns:

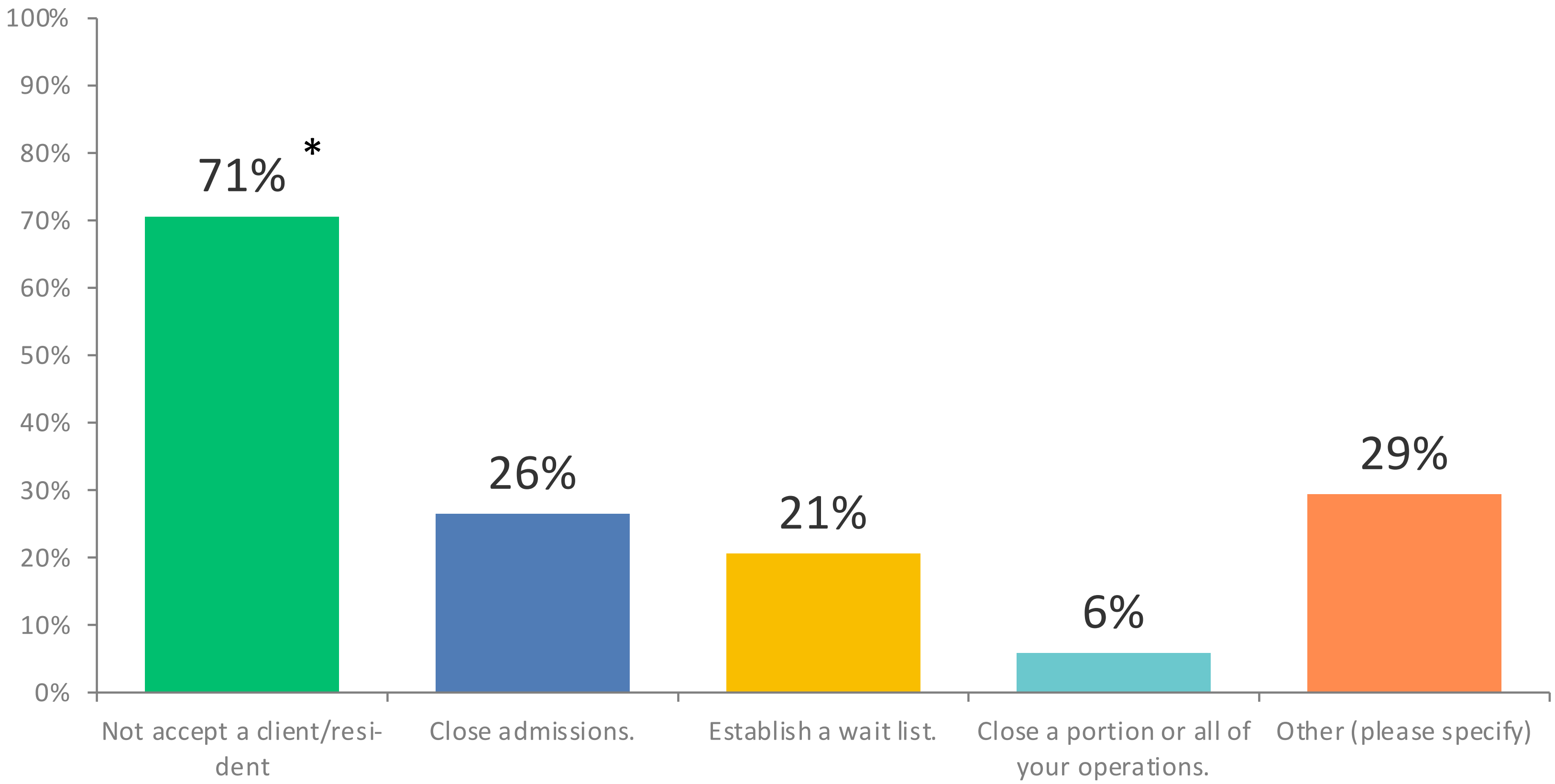
- "Licensing/certification delays are HUGE!"
- "Parking is very difficult. Clinicians do not like spending time searching for parking or having to parks long distances from the worksite."
- "Challenges include the license renewal process and the costs of training and licensure."
- "Location is a challenge . . . Crime/drug activity."
- "New recruits are unwilling to work in homes in areas that they consider unsafe."
- "People want higher wages to work with clients with behavioral challenges."

Only two respondents out of 37 report being fully staffed. Seventy-nine percent of respondents reported moderate to high levels of staffing shortages. The percentage of respondents reporting high levels of staffing shortages has increased by 10% since January 2023.



Note: A "staffing shortage" is defined 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."

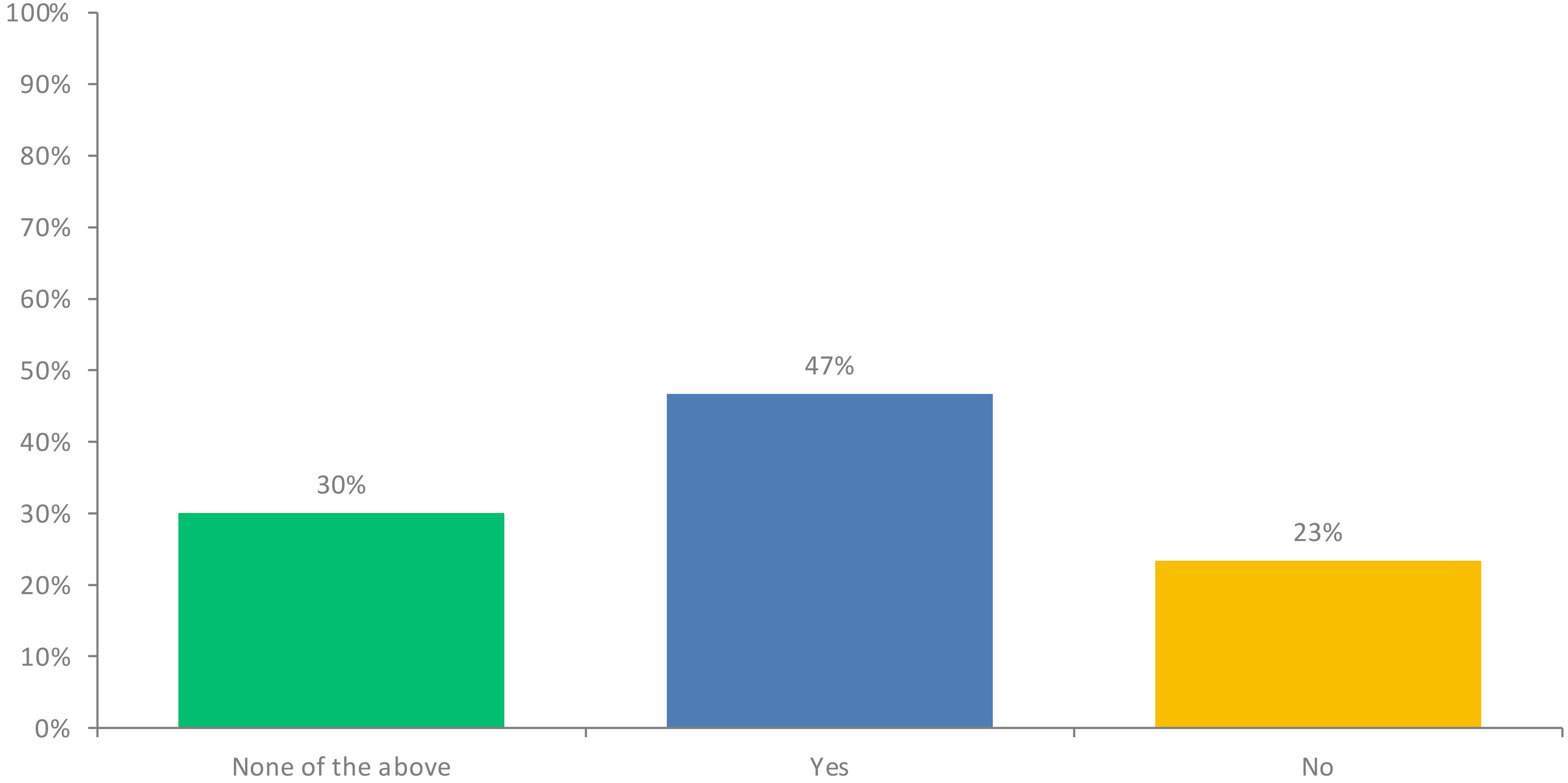
In the six months preceding the survey, 71% of all providers (*88% of home care providers) indicated they had to refuse admission of a client/resident due to lack of staff; while 26% had to close admissions.



Staff shortages have resulted in increased use of OT and decreased access to care.

- One provider reported that it achieved full staffing only within the past two weeks and only after 3-5 months of searching and interviewing candidates. ”Our experience has been that candidates will find higher paying opportunities as they are interviewing for positions.”
- “Our vacancy rate is over 30% and OT is running at an all-time high though COVID payment rates have dropped off. We will have to resort to cutting programs soon.”
- ”We pay over $60k biweekly in overtime to cover vacant positions/shifts.”
- We incurred 107 hours of overtime for a two-week period to provide residential care for 6 people.
- “I have not been able to hire RNs and I am also having difficulties hiring qualified aides.”
- ”Due to the shortage of workers, the minimum shift has been 8 hours. This significantly adds to the cost of care for DC seniors who are paying with their own funds. Some are unable to get the care they need. (In Maryland, the minimum shift is 4 hours).”
- “Many evening and night shifts are not able to be staffed.”
- “Without overtime, it has been difficult. We were already short of staff.”
- “Due to call-outs and there is no staff replacement, the client is pushed to the next day.”
- “We work with family members when we are unable to provide all authorized hours of care due to staffing issues.”

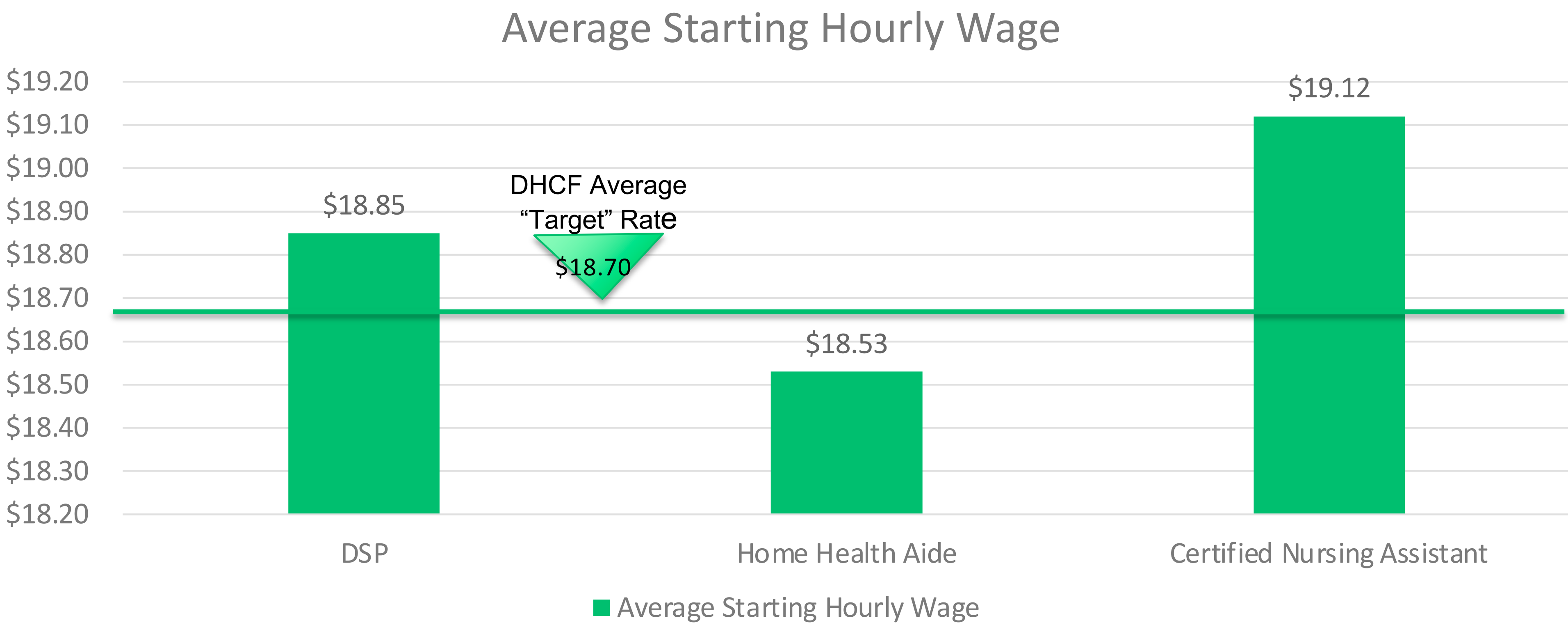
In 2023, DHCF gave certain HCBS providers a supplemental payment to be used to increase the average wage of direct care workers to 110% of the living wage or $18.70/hour. The effectiveness of the DHCF's Supplemental Payments was mixed. Of the 21 HCBS respondents who received supplemental payments of ARPA funds, 47% said the funding helped to recruit and retain staff; while 23% said the funding did not help.



Providers’ comments suggest that the ARPA funding improved morale of current staff. With respect to recruitment, the experience was mixed.

- “Somewhat. However, receipt of the funds retroactively caused considerable financial strain .”
- “This only made current staff happier, and probably kept many in employment. However, this did not bring any incentives for new home health aides to enter the home care field.”
- “It did not change recruitment or retention because the pool of available aides is low and the competition for the available aides is very high.”
- “It allowed us to compete more with other companies (particularly fast food companies) but not recruit highly skilled direct care staff.”
- “The DSP's felt happy and appreciated to make more money so they could attempt to live a better life.”

In 2023, respondents reported that *starting* wages for new direct care workers, on average, were above the living wage of $17.00/hour for all provider types and above DHCF's "average" wage for DSPs and CNAs.



In 2023, DHCF expected HCBS providers to maintain an *average* wage of $18.70 using ARPA funded supplemental payments. The target "average" rate has increased to $20.05 effective January 1, 2024. In contrast, the LTC Coalition has called for a minimum wage of 120% of the Living Wage (or, $20.46 in 2024). Using DHCF's formula, the target range would need to increase to $27.66/hour.

Loss of PHE Enhanced Rates

In our January 2023 survey, 87% of respondents reported reliance on overtime and agency staffing to meet staffing needs.

While DHCF provided supplemental payments to a subset of providers, it also rolled back enhanced provider reimbursement rates that were in effect since the beginning of the Public Health Emergency in March 2020.

In July 2023, DHCF stopped paying Skilled Nursing Facilities (SNFs) an enhanced payment rate of 20%.

In November 2023, DHCF stopped reimbursing Home Care Agencies (HCA) for overtime and staffing agency costs.

Though early, respondents (particularly home care agencies) report that these rate reductions already are impacting their ability to recruit and retain staff and care for residents.

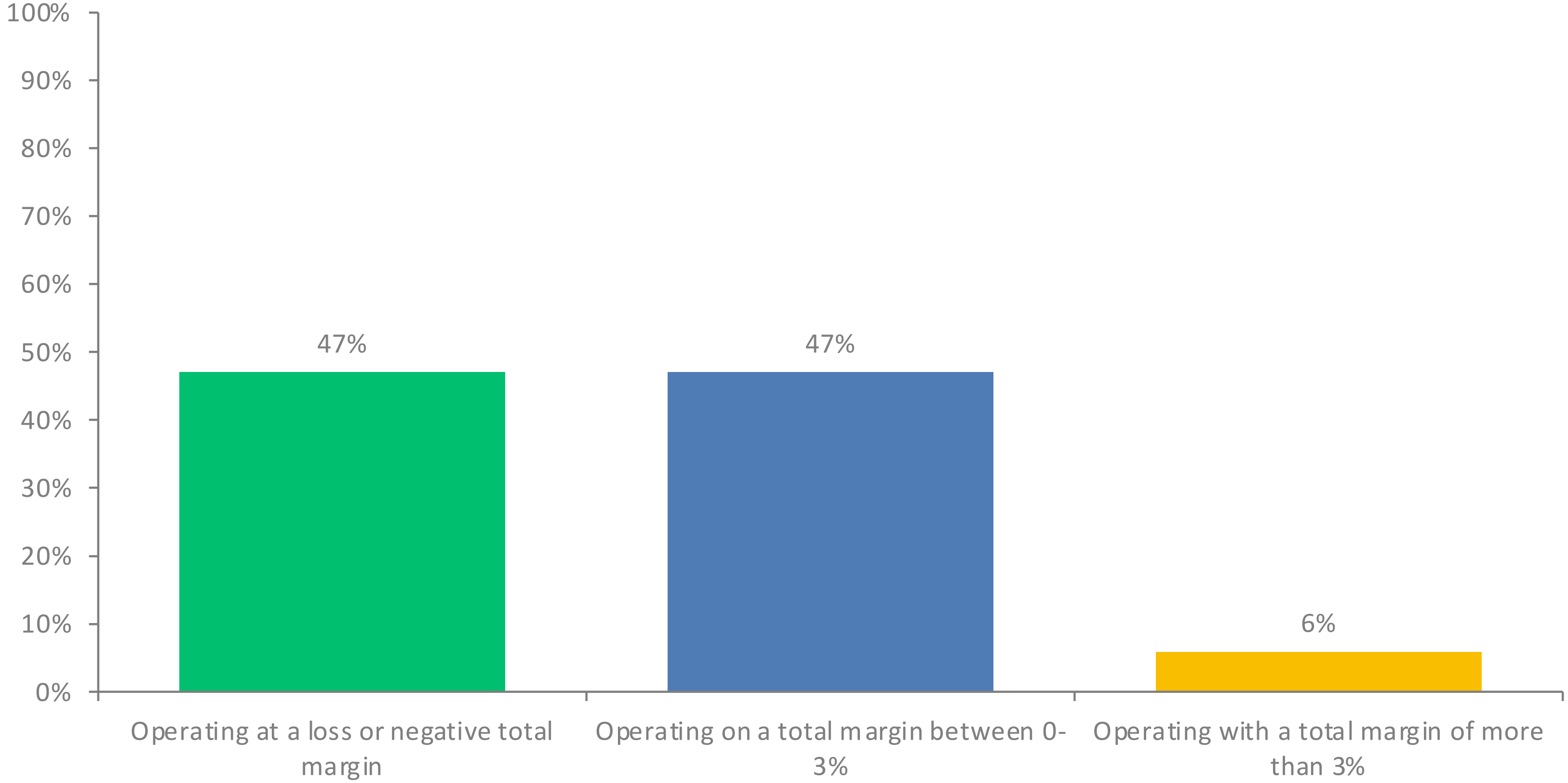
Providers were asked: “What impact has PHE rate reductions had on your ability to recruit and retain sufficient staff to meet the needs of residents.”

Response by provider type	Home Care Agency	Skilled Nursing Facility
	Strongly Agree/Agree	
It significantly impacted our ability to recruit and retain staff.	53%	43%
It significantly impacted our ability to provide care to our clients.	53%	29%
It is extremely difficult to serve clients who need > 40 hrs/week of care.	58%	NA*
We are unable to provide all the care that our clients need.	65%	NA*
We had to reduce our census.	NA*	7%
We had to close admissions.	NA*	7%

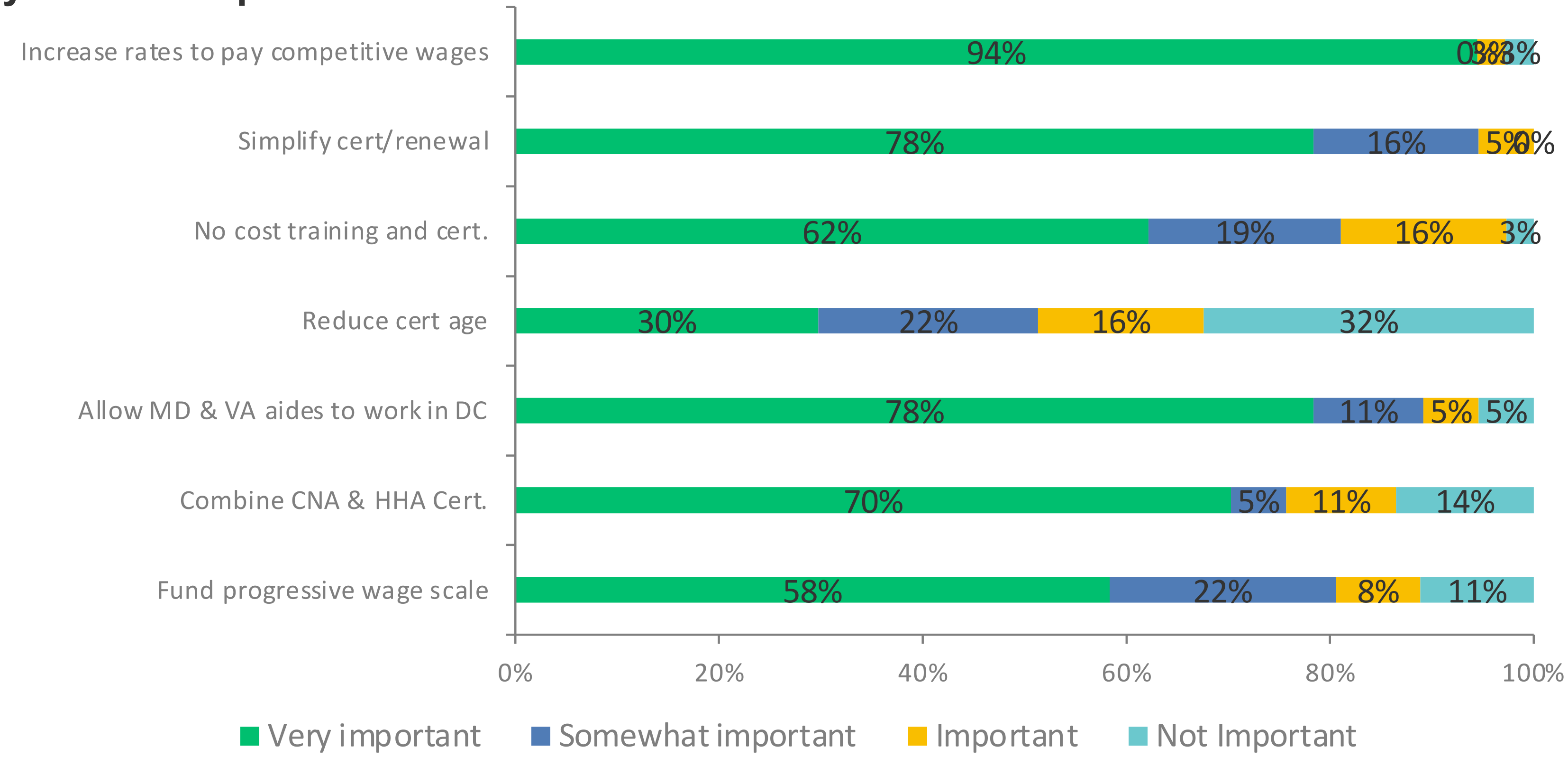
*NA – Question was not asked of this provider type

The majority of providers are operating at a loss or with a very small margin.

Q. What is your current operating situation relative to your budget?



Respondents were asked to rate potential solutions. Increasing provider payment rates to allow providers to pay competitive wages was ranked first by 94% or respondents. Simplifying certification and renewal and allowing Maryland and Virginia aides to work in DC were ranked second by 78% of respondents while combining the HHA and CNA certification was ranked third by 70% of respondents.



Respondents offered additional comments on solutions.

- Providers would welcome sources of reimbursements that would fund pay raises for direct care workers. The elimination of separate certifications for HHA and CNAs would increase the availability of direct care workers in LTC. Licensed nurses are trained in specific areas once on-boarded at a job. The direct care workers can be treated the same.

- The easy, obvious and appropriate solution to getting more care for seniors in the District, both Medicaid and otherwise would be to allow direct care workers in Maryland and Virginia to work in the District. The training programs and certifications for aides in Maryland and Virginia are excellent programs (as good or better than what we have in the District). We would be allowing highly trained individuals to help our seniors in a time of need. Most DC HHA's working for us live outside the District anyway. We should also allow CNA's and HHA's to work in both homes and facilities. These designations are virtually interchangeable and it would allow organizations servicing seniors to be much more nimble in getting help to the vulnerable population we serve.

- Any one of the above would be significant help. Wage rate is most important; allowing MD and VA direct care workers would be substantial help and easy fix.

-Increase reimbursement so that the agencies can offer better benefits to the aides similar to those offered by other businesses, for example, vacation, life insurance, and possibly pension.

Key Take Aways and Discussion

- Since the pandemic, the direct care workforce crisis has continued to deepen. Today, providers face unprecedented shortages. Despite millions spent on bonuses and a limited wage increase for some workers, direct care workers continue to leave these jobs for higher paying, less stressful and less complex jobs in other sectors.
- Providers cite the inability to pay competitive wages as the primary driver of the workforce shortage. AARP recently affirmed that DC ranked last in the nation on wage competitiveness for direct care workers, noting a $5.00 an hour gap between the wages of direct care workers and workers in other comparable jobs.
- Certification and renewal issues are increasingly viewed as contributing to the crisis.
- Without sufficient workers, seniors and people with disabilities are going without needed care.

Solutions

-We must attract more people to do the important work of caregiving.

- We must improve the quality of these jobs by raising wage rates, improving benefits and reducing regulatory barriers.

- The DC Council has introduced the Direct Care Worker Amendment Act of 2023. This legislation includes many important reforms including establishing a minimum wage of 120% of the District's living wage.

- We must also ensure a progressive wage scale that recognizes experienced and advanced training.

- These reforms likely will take time -- -- time that we no longer have.

 - To address the immediate shortage of workers, DC must act now to reinstate PHE-related waivers that allowed nurses and aides from Maryland and Virginia to work in DC without additional endorsement and allow DC CNAs to work in home care settings.

Despite comparable educational requirements and duties, DC childcare workers make over 30% more (+$7.47/hour) than care aides who work with the elderly/people with disabilities.

	Child Care Worker/No CDA	Child Care Worker with CDA	Home Health Aide Cert. Nursing Asst. TME
Minimum Wage/Hourly	$21.08	$24.52	$17.05
Annual Minimum Wage (2080 hrs)	$43,865.00	$51,006.00	$35,464.00*

*Notably, unlike childcare workers, most care aides do not have guaranteed full time hours per week.

For more information:

https://youtu.be/HRqNo8WHoA0?si=KZs862GRNgFoU5Hg&t=1