

**ADDRESSING THE WORKFORCE CRISIS IN LONG TERM CARE
APPROACHES FOR STATE POLICY MAKERS**

BACKGROUND

The long-term care (LTC) profession (assisted living communities (AL), skilled nursing facilities (SNF) and ID/DD centers) is facing an unprecedented workforce crisis. Nursing homes and residential-care facilities employed three million people in July, down 380,000 workers from February 2020, according to the Bureau of Labor Statistics. Industry employment has fallen every month except one since the World Health Organization declared COVID-19 a global pandemic in March 2020. By contrast, job losses in the leisure and hospitality industry, another hard-hit sector, began reversing in May last year, and the industry has recovered almost 80% of the jobs that were lost in the first months of the pandemic.

As the Delta variant continues to surge and puts strain on our healthcare system, this workforce crisis only becomes more challenging.

State governments and policy makers have an important role to play in developing approaches to improve the workforce situation in long-term care and other healthcare settings. This handout has been developed for state affiliates or other provider members who have an opportunity to work with their state governments on workforce solutions.

States should be pursuing strategies that will have immediate, medium- and long-term impacts on the staffing crisis. The existing staffing crisis will not abate anytime soon. It's vital that while working on fast solutions to get people in the building, longer-term strategies to increase the availability of the workforce into the future are also underway. Most of these strategies can apply to LTC facilities broadly, but the strategies specific to SNF's are denoted below. The workforce considered should also extend beyond licensed positions (RN, LPN, CNA) and explore staffing roles that may not require a professional degree or certification.

This list is compiled from existing actions taken by members, state, as well as new approaches to be considered. For additional information, please contact us at covid19@ahca.org.

IMMEDIATE APPROACHES TO ADDRESS THE STAFFING CRISIS

ACTIONS STATE AND LOCAL OFFICIALS CAN TAKE:

- Make a **local or national call for help** from
 - Health professionals AND non-health professionals to work in LTC
 - If licensed elsewhere; provide temporary license to work in the state
 - This requires funds to support
 - Marketing the call for help
 - Establishing a process to connect LTC with potential candidates:
 - Partner with Advancing States to use their [Connect to Care Jobs](#) site. This has been implemented in number of states successfully.
- Prioritize **background checks** for new staff hires (either hires by state or by a provider):
 - Scheduling dedicated slots for SNF and other LTC workers to be fingerprinted
 - Cover or waive the cost of fingerprints and background checks
 - Waive background checks for sharing of licensed staff from other health care settings, such as partnerships with hospitals or clinics
- Make a **call to other states through the emergency medical assistant compact (EMAC)** for
 - [Medical Reserve Corps](#)
 - [Commissioned Corps](#) of the US Public Health Service
- Dedicate **funds to pay for staffing**
 - Hire staff through a temporary staffing agency ([Oregon](#) and other states have done this)
 - There are hundreds of staffing agencies across the country
 - *Note that a potential unintended consequence is to have the staffing agency hiring away from LTC providers*
 - Provide payments to LTC providers to:
 - temporarily increase wages
 - cover sign on bonuses
 - cover travel and relocation costs for new hires
 - agency use costs
 - create universal care program (see below)
- Recognize the **[Temporary Nurse Aid \(TNA\)](#) and [Temporary Feeding Assistant \(TFA\)](#) programs** for LTC providers, if the state has not done so already
- Mobilize the **national guard to provide support staff** to LTC facilities
 - Dietary, food delivery, housekeeping, activities, maintenance, reception, record keeping (see universal worker below)
 - They can also go through [TNA](#) and [TFA](#) training
 - The national guard will likely not be able to provide health care professionals, or if they do, they are actively working in other areas
- Provide **funds to SNF's to create universal care program** that utilizes family members, high school or college students, retired elderly or other individuals in the community

- This requires funds to support the onboarding and wages for them to provide non-nursing care (e.g., universal worker):
 - Answer call lights
 - Deliver meals
 - Help with data tracking and documentation
 - Provide help to nurses, housekeeping and others
 - Assist with activities
 - Work in dietary services
 - Use other skills they have such as maintenance
- Train them with the:
 - [Temporary Nurse Aid](#) (8- or 16- hour online program - needs state to approve if not done so already)
 - [Temporary Feeding Assistant](#) (1- hour online program - need state to approve if not done so already)
- Temporarily **Consolidate SNF's**
 - Move residents and staff from two closely located SNF into one facility
 - Need state and CMS permission to not “close” the empty facility for the duration of the crisis
 - Need state to allow staff to move without new background checks
 - Need state strike force team to help with transportation and consolidation
- Make a push for administration of **Monoclonal antibody treatments in SNF's**
 - This will help prevent at-risk individuals from getting sick and ending up in the hospital and needing more intensive care
 - These treatments tend to be staff intensive
 - See the suggestion below to use [strike force teams](#) to administer
- Develop “[strike force teams](#)” to help SNF's with acute issues
 - High intensity treatments such as Monoclonal antibody trainings
 - Disease outbreaks among residents or among staff causing short term shortages
 - Vaccine clinics (first time or booster shots)
 - Acute staff shortage on COVID-19 positive units
 - Move residents to create COVID-19 positive units when an outbreak occurs
 - Transporting residents to and from hospital for intensive treatments (e.g., chemo, radiation, etc.)
- Have the state **temporarily waive any reporting requirements** that aren't vital to care to reduce burden on staff or align with mandated national federal reporting by CMS or CDC

ACTIONS THAT LTC PROVIDERS CAN TAKE:

- Contact **families** and see if they want to work in the facility
 - Hire them and pay them to provide non-nursing care (e.g universal worker)
 - Answer call lights
 - Deliver meals
 - Help with data tracking and documentation
 - Provide help to nurses, housekeeping and others
 - Assist with activities

- Work in dietary services
 - Use other skills they have such as maintenance
- Train them with the
 - [Temporary Nurse Aid](#) (8- or 16- hour online program - needs state to approve is not done so already)
 - [Temporary Feeding Assistant](#) (1- hour online program - need state to approve if not done so already)
- Put out call for anyone in the community, such as **high school or college students, retired elderly or other individuals**, to work as a “universal worker” as outlined above
- Contact other health settings in the proximity (e.g. dental offices, physician offices, clinics, surgical centers) about clinical and non-clinical staff helping in facility
 - See section above on asking officials to waive background checks

MEDIUM TERM APPROACHES TO IMPROVE WORKFORCE AVAILABILITY

ACTIONS STATE AND LOCAL OFFICIALS CAN TAKE:

- Provide dedicated and paid **childcare** slots for LTC staff (not just healthcare workers but housekeeping, dietary, activities, etc.)
- **Provide loan forgiveness** to any health professionals (e.g., nurses, administrators, pharmacy, social work, therapy) who work in LTC facilities for set period of time
- Cover **transportation costs** on public transportation for health care workers or any staff working in LTC setting
- Cover **costs for CNA training** and certificate exams
- Reopen **testing sites** for CNAs
- Expedite any health care professional **license application** from individuals relocating
 - **Issue temporary license** if licensed in another state then process license for permanent license
- **Partner with Advancing States [Connect to Care Jobs](#)**
- Enlist the state **Refugee program** to determine if any refugee candidates are available to work in LTC both for health professional and non-health professional positions
 - All states have a refugee coordinator and program that help with refugee resettlement, including finding employment
 - Many states are currently getting an influx of refugees from Afghanistan
 - Once they learn English if don't know already and other skills, there are many non-health professional positions that they can fill in LTC

ACTIONS THAT LTC PROVIDERS CAN TAKE:

- **Participate in [Connect to Care Jobs](#) site**, if supported by state (see above)
- Develop a “universal worker” program and start to train those individuals to become CNAs

LONGER TERM APPROACHES FOR SUSTAINABILITY

ACTIONS STATE AND LOCAL OFFICIALS CAN TAKE:

- Provide financial support to **faculty at universities, community colleges and technical schools** to train individuals to work in LTC
 - Schools should be required to return dollars if graduates from added slots do not work in LTC for at least one year. Past training programs designed to increase workforce in LTC have resulted in graduates being hired by hospitals and other settings. Without some incentive for graduates to work in LTC, they may go elsewhere.
- Pay for **clinical training sites and faculty to work at training sites** but locate them in SNFs (traditionally located in hospitals but acuity and care needs in SNFs are appropriate training locations for nursing and other health professionals).
- Provide state **tax credits** to health professionals who work in long term care (can expand to other positions too)
- Develop longer term **loan forgiveness** program for health professionals to work in LTC
- Develop a **state educational grant program** available to any health professional training program in the country if the graduate then works in LTC for a specified period of time
- Have universities, community colleges provide **dedicated slots and admissions** to individuals working in LTC who are on a career ladder (e.g., universal worker to CNA, CNA to nurse, etc.)
- State can explore developing **support licensed positions** if they don't already allow
 - Med techs to work under nurses' supervision to distribute medications
 - Feeding assistants to help residents eat
 - Therapy aides to help with therapy, range of motion, transfers under supervision of physical or occupational therapist
- Work with SNFs to **set up CNA training programs** that are run by outside entity so if there are CMP that restrict the facility from running the program, they can continue with state approval that its being conducted by an outside entity.
 - This will require partnerships with colleges and community colleges and likely state grants (can use ARPA funds)
- Outreach to HRSA on workforce supply and demand research
- **Increase Medicaid rates to support higher wages and benefits** for staff working in long term care

NATIONAL STRATEGIES UNDERWAY

AHCA/NCAL WORKFORCE HILL EFFORTS:

- [AHCA's Care for Our Seniors Act](#)
- [Nursing Home Improvement and Accountability Act](#)
- [Elder Justice Act Reauthorization](#)
- [Nursing Home Workforce Support and Expansion Act](#)
- [Workforce for an Expanding Economy Act](#)
- [Ensuring Seniors' Access to Quality Care Act Reintroduction](#)
- [Provider Relief Fund](#)

AHCA/NCAL WORKFORCE AGENCY EFFORTS:

- CMS outreach on nurse aide training ban waivers
- AHCA/NCAL OSHA ETS Comments
- OSHA ETS Coalition Letter
- Continued outreach to OSHA to better understand LTC
- State Department Coalition Letter -- prioritize the entry of foreign-trained nurses and health care workers into the U.S.
- Nursing Home Strike Teams & CDC outreach
- VA outreach on Federal contracting policies
- [Provider Relief Fund](#)
- Outreach to HRSA on workforce supply and demand research