PHI QUALITY CARE THROUGH QUALITY JOBS

STATE POLICY STRATEGIES

FOR STRENGTHENING THE DIRECT CARE WORKFORCE

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About the Direct Care Workforce

More than 4.6 million direct care workers in the United States support older adults and people with disabilities with daily tasks and activities across care settings.[1] This workforce comprises three main occupational groups—personal care aides, home health aides, and nursing assistants—but workers are known by a variety of job titles in the field. Direct care workers who are employed directly by consumers, either through Medicaid programs or private-pay arrangements, are often called "independent providers." Those who support individuals with intellectual and developmental disabilities are known as "direct support professionals."

Our country is experiencing a direct care workforce crisis.

Nursing assistants, home health aides, and personal care aides provide essential support to millions of older adults and people with disabilities every day—in private homes, residential care settings, nursing homes, and other settings. Direct care workers already comprise the largest workforce in most states, and many more are needed to meet ever-growing demand for long-term services and supports (LTSS).

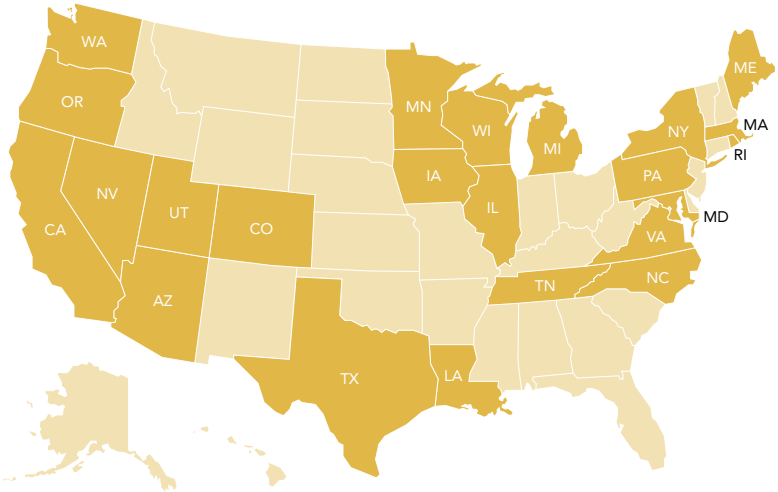
But persistently poor direct care job quality—including low wages, limited training and career advancement opportunities, inadequate support, and more—drives many workers out of the LTSS field, and discourages others from considering these jobs in the first place. As a result, employers are struggling to recruit and retain a sufficient workforce, consumers are unable to access the services they need, and family caregivers are left without support and respite.

This workforce crisis has deep roots and a long history. It has been produced and perpetuated by policies that devalue the labor of women, people of color, and immigrants—who comprise the majority of direct care workers—and that marginalize older adults and people with disabilities. It has been dramatically intensified by the COVID-19 pandemic, which has disproportionately and tragically impacted those who receive and provide LTSS.

Recognizing the urgency of this crisis, state leaders around the country are taking action—collaborating with diverse stakeholders to tackle entrenched workforce challenges in bold, innovative ways. Through their efforts, they are setting an example for other states to follow.

To leverage this historic moment, PHI has compiled 24 specific policy strategies—with concrete examples—for improving direct care job quality and stabilizing the workforce. The strategies are organized according to the eight comprehensive solutions outlined in PHI's signature report, *Caring for the Future: The Power and Potential of America's Direct Care Workforce*.[2] By implementing a tailored combination of these strategies, state leaders will make critical progress toward resolving the direct care workforce crisis in their own states—now and for the future.

State Policy Initiatives on the Direct Care Workforce Featured in this Guide



PHI's State-Based Advocacy Model

For three decades, PHI has been promoting job quality for direct care workers as the foundation of quality care for older adults and people with disabilities. At the state level, we collaborate with other advocates—including direct care workers, LTSS consumers and providers, grassroots organizations, and others—to identify and promote solutions to each state's unique needs and challenges. In 2020, we launched a multi-state initiative titled *Essential Jobs, Essential Care*™ in partnership with advocates in a diverse range of states, including Michigan, New Jersey, New Mexico, New York, and North Carolina. Through this initiative, we are helping to drive forward a unique policy agenda in each state that focuses on increasing compensation for direct care workers, boosting investment in recruitment and retention, and improving workforce data and research. This initiative has already generated measurable policy reforms in each state and cemented PHI's expertise in crafting state-based strategies and solutions for the direct care workforce.

"Finally, we're getting the attention that we have deserved for so many years… They're looking at us and seeing the important role that we perform."

ZULMA TORRES
Home Health Aide,
Brooklyn, NY

QUICK LINKS

SOLUTION 1

Reform Long-Term Care Financing

States' LTSS systems are under tremendous pressure. As demand for LTSS steadily rises,[3] the cost of these services exceeds most individuals' ability to pay.[4] As a result, Medicaid has become the primary funder of LTSS[5]—but Medicaid programs are often underfunded, which perpetuates poor job quality for direct care workers, contributes to workforce shortages, and leaves consumers at risk.

States can take steps to build long-term care financing programs to address the critical needs of LTSS consumers and the direct care workforce.

$11.4 Billion

Additional federal funds available for states' Medicaid HCBS programs through the American Rescue Plan Act[6]

STRATEGY 1

Protect and strengthen Medicaid

States can expand consumers' access to care and enhance direct care job quality through strategic investments in Medicaid and other public programs.

STATE EXAMPLE | North Carolina

Through the American Rescue Plan Act (which passed in 2021), all states are eligible for enhanced federal funding to invest in their Medicaid home and community-based services (HCBS) programs.[7] Like many other states, North Carolina will use these funds to add new waiver slots and reduce waitlists, but also to strengthen the workforce by increasing wages, establishing a Direct Care Jobs Innovation Fund to support recruitment and retention projects, and fielding a survey to assess workers' challenges and aspirations.[8]

STRATEGY 2

Increase reimbursement rates for LTSS

More specifically, states can enable LTSS providers to invest in quality direct care jobs by increasing reimbursement rates under Medicaid and other public payers.

STATE EXAMPLE | Wisconsin

Through its spending plan for the American Rescue Plan Act funding, Wisconsin will provide a 5 percent reimbursement rate increase to all HCBS providers to help offset their immediate financial and workforce challenges.[9] Complementing this across-the-board rate increase, Wisconsin has also established a Direct Care Workforce Funding Initiative that allocates funding to LTSS providers specifically for increasing wages and/or covering other compensation-related expenses.[10]

STRATEGY 3

Create a stronger LTSS financing approach

By creating universal social insurance programs, states can ensure equitable access to LTSS for all individuals, regardless of wealth—and establish job quality standards for all direct care workers.

STATE EXAMPLE | Washington

In 2019, Washington became the first state in the country to establish a universal LTSS social insurance program, the WA Cares Fund.[11] Starting in 2025, the fund will provide a daily benefit of $100 (up to a lifetime benefit of $36,500) to eligible beneficiaries. This type of social insurance program provides a guaranteed, sustainable source of financing for LTSS—as distinct from fluctuating Medicaid budgets—and can be designed to explicitly integrate direct care workforce provisions.[12]

SOLUTION 2

Increase Compensation for Direct Care Workers

Direct care workers make a median hourly wage of $13.56, and median annual earnings are only $20,200. As a result, 44 percent of this workforce live in or near poverty, 45 percent rely on public assistance to make ends meet—and many direct care workers leave the field in search of higher wages or better benefits in other industries.

By increasing compensation for direct care workers, states can improve workers' economic security, strengthen recruitment and retention, boost the economy, and help redress structural inequities.[13]

15

Number of states that implemented some type of hazard pay for direct care workers during the COVID-19 pandemic

STRATEGY 1

Implement wage reforms

States can commit to creating livable and competitive wages for direct care workers in specific LTSS programs or across the entire LTSS sector.

STATE EXAMPLE | Colorado

As of January 1, 2022, direct care workers in Colorado that support individuals receiving Medicaid-funded HCBS are entitled to a minimum wage of $15 per hour, which is nearly $2.50 more than the statewide minimum wage.[14] American Rescue Plan Act funds will initially be used to finance this wage increase; the General Assembly will then be responsible for making the raise permanent.

STRATEGY 2

Offer supplemental or hazard pay

In exceptional circumstances, states can allocate funding to hazard pay, bonuses, or other temporary wage enhancements for direct care workers (and other essential workers).

STATE EXAMPLE | Michigan

Early in the COVID-19 pandemic, Michigan implemented an hourly wage increase of $2 per hour for direct care workers providing home-based services and supports.[15] Over the next year, the wage increase was renewed several times, expanded to cover skilled nursing homes, and increased to $2.25 per hour—before being made permanent as a $2.35 per hour increase in the 2022 state budget.

STRATEGY 3

Improve employment benefits

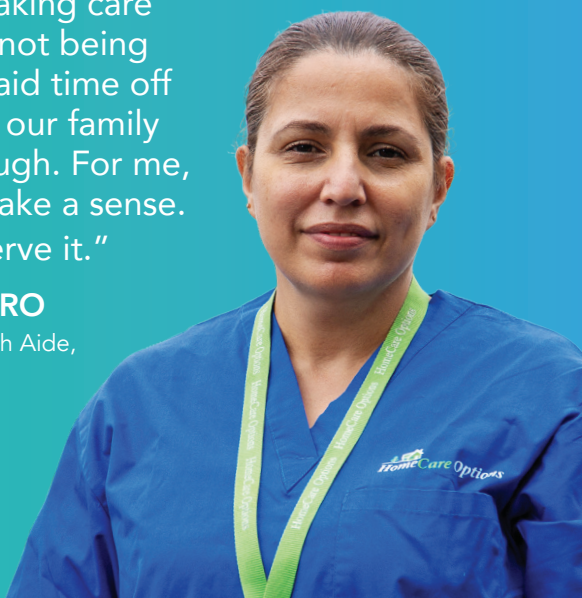
States can incentivize or mandate the provision of critical employment benefits for direct care workers, such as affordable health insurance or paid leave.

STATE EXAMPLE | Virginia

In 2021, Virginia enacted Paid Sick Leave for Home Health Workers, which provides up to 40 hours of paid sick leave per year for direct care workers who provide personal care, respite, or companion services to self-directing consumers under Virginia's Medicaid state plan.[16] Workers may use sick leave to obtain preventative care or to seek a diagnosis or treatment for their own or a family member's mental or physical illness, injury, or health condition.

"We are there taking care of others, and not being able to have paid time off to take care of our family members is tough. For me, that doesn't make a sense. I think we deserve it."

MARIA MARRERO
Certified Home Health Aide,
Totowa, NJ



SOLUTION 3

Strengthen Training Standards and Delivery Systems for Direct Care Workers

The training landscape for direct care workers is characterized by inconsistent and insufficient requirements, fragmented delivery systems, and a lack of portability across settings, roles, and regions.[17] Federal regulations stipulate that nursing assistants and home health aides must complete just 75 hours of entry-level training (although many states require more), while there are no federal training standards for personal care aides. What's more, direct care training programs do not tend to use adult-centered training methods nor cover the full range of competencies required for these roles.

States can modernize their training standards and systems to better prepare workers with the knowledge and skills required to meet the needs of today's LTSS consumers.

38

The number of states that included funds for workforce training and certification in their American Rescue Plan Act HCBS spending plans[18]

STRATEGY 1

Ensure sufficient funding for training

States can explore ways to fund entry-level and ongoing training opportunities for direct care workers through health-related, workforce development, and economic development funding streams.

STATE EXAMPLE | New York

In 2017, New York established the Medicaid Managed Long Term Care Workforce Investment Program to enhance LTSS training.[19] Through the program, qualified training entities known as Workforce Investment Organizations contracted with Medicaid Managed Long Term Care Plans to offer a range of training programs for direct care workers (and other LTSS workers). Although funding for the Workforce Investment Program expired in 2021,[20] it will likely be reinstated through the state's Section 1115 waiver renewal process.

STRATEGY 2

Establish portable, stackable credentials

States can update their direct care training standards and systems to ensure that workers are adequately prepared for their roles and to facilitate career mobility and workforce flexibility.

STATE EXAMPLE | Tennessee

Workforce development is central to Tennessee's Quality Improvement in Long-Term Services and Supports (QuILTSS) value-based payment program for Medicaid-funded LTSS.[21] Following the program's education and career pathway, direct care workers can earn a series of competency-based "micro-credential badges" beyond the requisite entry-level training.[22] For each set of four badges earned, direct care workers achieve a higher occupational designation (from "direct service worker" through "community support specialist level III").

STRATEGY 3

Promote model training curricula

To improve the quality of direct care training programs, states can promote curricula that incorporate adult learner-centered teaching methods and competency-based content.

STATE EXAMPLE | Maine

In Maine, all "personal support service workers" (i.e., personal care aides) are required to complete the state's *Introduction to Health Care and Human Services* training curriculum within six months of starting employment.[23] This curriculum covers 10 of the 12 competency areas from the Direct Service Workforce Core Competencies set developed by the Centers for Medicare & Medicaid Services (CMS),[24] and incorporates suggestions for training methods and competency evaluation.

SOLUTION 4

Fund, Implement, and Evaluate Direct Care Workforce Interventions

The COVID-19 pandemic has intensified the workforce crisis in LTSS—driving many direct care workers out of their jobs and causing a widespread labor shortage that makes it harder than ever to fill vacant direct care positions.[25] Because few individual LTSS providers have the resources to adequately address their recruitment and retention challenges, state leadership and sector-wide solutions are needed.

States can support the development, testing, dissemination, and replication of successful direct care workforce interventions.

7.4 Million

The number of direct care vacancies projected for 2019 to 2029 across the U.S., including new jobs and openings that arise when current workers leave their occupations or exit the labor force[26]

STRATEGY 1

Build the workforce pipeline into direct care

States can build pipelines into direct care jobs in partnership with workforce development experts, training providers and educational institutions, community-based organizations, and others.

STATE EXAMPLE | Massachusetts

In the early weeks of the COVID-19 pandemic, Massachusetts partnered with Northeastern University to create an employment website that connects nursing homes with potential job candidates.[27] With funding from the Centene Corporation, ADvancing States (a national organization that supports state LTSS systems) then developed a similar website for replication across the country. The website, ConnectToCareJobs.com, now operates in seven states.

STRATEGY 2

Create a matching service registry

To enable self-directing consumers to find direct care workers—and to support stable, sufficient schedules for those workers—states can sponsor online matching service registries.

STATE EXAMPLE | Minnesota

Matching service registries are online platforms that enable self-directing consumers and direct care workers to find each other based on needs, preferences, and availability.[28] Minnesota's exemplary matching service registry is accessible by both Medicaid-funded consumers and those who pay for services out-of-pocket, and it automatically incorporates proof of workers' background checks, credentials, and continuing education credits into their profiles.[29]

STRATEGY 3

Establish a direct care workforce innovation fund

States can allocate funding through competitive grants to a range of entities—including LTSS providers, workforce development organizations, and others—to design and test workforce interventions.

STATE EXAMPLE | Maryland

In May 2021, Maryland enacted Senate Bill 307, which establishes a Direct Care Workforce Innovation Program within the Division of Workforce Development and Adult Learning in the Department of Labor.[30] This program will provide matching grants to eligible entities to create and expand successful recruitment and retention strategies. Similar initiatives have also been proposed in New York and North Carolina.[31]

"If I could change anything about the field, I would get more caregivers hired, especially good quality caregivers. But that's not easy. There's too much work to get done and not enough people doing the work."

CAMRAN HAYES
Home Care Specialist and Personal Care Worker, Madison, WI

SOLUTION 5

Improve Direct Care Workforce Data Collection and Monitoring

The paucity of reliable data on the direct care workforce stymies efforts to quantify workforce concerns, identify priorities, implement solutions, and evaluate outcomes. At a minimum, state leaders need data on workforce *volume* (i.e., the number of direct care workers by setting, job title, and full- or part-time status); *stability* (including time-to-hire, turnover, and job vacancy rates); and *compensation* (including median wages, health insurance coverage rates, and paid leave access).[32] Data on training and credentials across settings and job titles would also be helpful.

States can improve direct care workforce data collection in order to make data-driven decisions about workforce policies and practices.

2004 and 2007

The most recent nationally representative surveys of nursing assistants and home health aides, respectively[33]

STRATEGY 1

Create or enhance workforce data collection systems

States can add new workforce data points to existing reporting mechanisms for publicly funded and/or state-licensed LTSS providers, or establish new data collection mechanisms.

STATE EXAMPLE | Texas

Since 2018, Texas has required LTSS providers to submit data on the size, stability, and compensation of the direct care workforce through mandatory cost reports.[34] These data provide valuable information about workforce variations across LTSS programs, job titles, and regions of the state, as well as help illuminate trends over time, such as the relationship between changing wage levels and turnover rates.

STRATEGY 2

Fund new research on the direct care workforce

States can also invest in new research studies to better understand particular direct care workforce challenges and inform solutions.

STATE EXAMPLE | Utah

Utah's spending plan for the American Rescue Plan Act enhanced HCBS funding includes $500,000 for a study to "evaluate and recommend ways to address [the] direct services workforce crisis/shortage" and to support one-time projects based on the recommendations resulting from the study.[35] Michigan and Arizona have also recently commissioned and completed statewide direct care workforce research studies.[36]

STRATEGY 3

Analyze, report, and utilize workforce data

States can aggregate, analyze, and publish direct care workforce data to facilitate evidence-informed policymaking and practice.

STATE EXAMPLE | Louisiana

Because there is no occupational code for direct support professionals, it is impossible to distinguish them from other direct care workers in public data and understand their unique realities. To bridge this serious knowledge gap, Louisiana collects data on direct support professionals through voluntary participation in the National Core Indicators® (NCI®) Staff Stability Survey.[37] Twenty-five other states and DC also participated in the most recent NCI Staff Stability Survey in 2019.

SOLUTION 6

Center Direct Care Workers in Leadership Roles and Public Policy

As the paid frontline of LTSS, direct care workers can offer valuable insights on individuals' care and on improving direct care jobs and the delivery of care overall. However, direct care workers often report feeling overlooked or unrecognized by other members of the interdisciplinary care team, and they are entirely excluded from most policy discussions.

States can help ensure that direct care workers' voices are heard and that their concerns are directly addressed in policy and practice.

16

Number of direct care workforce workgroups that have been convened at the state level in the last two decades, according to a recent PHI review[38]

STRATEGY 1

Establish a statewide direct care taskforce

States can convene diverse stakeholders—including direct care workers themselves—to identify workforce priorities, recommend strategies, and monitor implementation and outcomes.

STATE EXAMPLE | Pennsylvania

Established in 2015, Pennsylvania's Long Term Care Council—which comprises elected officials, agency leaders, and a cross-section of other stakeholders, including caregivers and consumers—is charged with making recommendations about the state's LTSS system.[39] In recent years, the Council has focused entirely on the workforce, releasing a *Blueprint for Strengthening Pennsylvania's Direct Care Workforce* in 2019.[40] The Blueprint includes recommendations across seven areas, such as "livable wages," "care team integration," and "technology utilization."

STRATEGY 2

Create a paid care advocate

A paid care advocate can help direct care workers and their employers navigate complex labor laws, among other services and supports.

STATE EXAMPLE | New York

Although this example comes from a city government division, it could be scaled up to the state level. Through Local Law 978 of 2016, New York City created the Paid Care Division, which is tasked with supporting home care workers and other domestic workers. Responsibilities of the Paid Care Division include conducting research on the challenges facing paid care workers; directly assisting workers, such as by mediating wage disputes, connecting workers to public benefits, and more; and enforcing relevant laws through investigations and corrective actions.

STRATEGY 3

Integrate direct care workers into the care team

States can explore collaborative ways to implement, evaluate, and scale-up care team integration initiatives, with attention to different LTSS settings and direct care occupations.

STATE EXAMPLE | California

In collaboration with the Department of Health and Human Services, managed care plans, and SEIU Local 2015, the Center for Caregiver Advancement in California (previously the California Long-Term Care Education Center) offers training programs for direct care workers. With a sizable grant from CMS, the Center tested a care team integration training program for home care workers and consumers in the state's In-Home Supportive Services (IHSS) consumer-direction program.[41] The pilot project was associated with better care, better health, lower costs, and improved workforce outcomes.

"When an aide reports something, it should be listened to and not disregarded because of her title. We know that we are not a doctor or a nurse, but the home care role can be just as important in supporting the client and their health."

MARISOL RIVERA
Care Coordinator, Bronx, NY

SOLUTION 7

Rectify Structural Gender, Racial, and Other Inequities for Direct Care Workers

Direct care workers are predominantly women (87 percent), people of color (61 percent), and immigrants (27 percent). For generations, gendered assumptions about caregiving and racist policy decisions have devalued direct care jobs and weakened protections for this workforce. Restrictive immigration policies have also had a disproportionately negative impact on workers in low-wage sectors like LTSS.

States can proactively address the structural inequities that harm the lives and employment experiences of direct care workers and other state residents.

47%

Proportion of women of color in direct care who live in or near poverty, compared to 39 percent of their white male counterparts[42]

STRATEGY 1

Develop equity-focused direct care workforce initiatives

States can establish direct care workforce policies and programs that explicitly focus on diversity, equity, and inclusion.

STATE EXAMPLE | Rhode Island

Rhode Island's American Rescue Plan Act HCBS spending plan allocates $6.1 million to developing the direct care workforce.[43] Among other activities, the state will create a Health Professional Equity Initiative to expand career pathways opportunities for direct care workers. The spending plan makes it clear that "marketing and outreach for this initiative will focus on marginalized communities and communities of color with the specific goal of increasing diversity in the direct care workforce."

STRATEGY 2

Protect and support immigrants

While immigration policy is primarily set at the federal level, states can also establish rights and protections for immigrants.

STATE EXAMPLE | Illinois

As one example, Illinois (among nine other states and DC) allows undocumented immigrants to obtain a driver's license using a foreign passport or birth certificate or evidence of current residency in the state.[44] Being able to drive legally is a critical safeguard for immigrants employed in private-pay arrangements through the unregulated "gray market."[45] Further, the Illinois Human Rights Act extends to all individuals in the state, whether or not they are lawfully able to work.[46]

STRATEGY 3

Establish and strengthen protections for LGBTQ+ people

State measures to prevent discrimination based on sexual orientation will positively impact direct care workers who identify as LGBTQ+.

STATE EXAMPLE | Nevada

Since 1999, Nevada law has protected LGBTQ+ people in the state from discrimination in housing, employment, and public accommodations on the basis of sexual orientation.[47] In 2011, the law was expanded to include gender identity and expression, and in 2017, sexual orientation and gender identity were added to all Nevada statutes, alongside other protected classes such as age and race. Twenty-one other states and DC also have full LGBTQ+ non-discrimination protections in place.[48]

SOLUTION 8

Shift the Public Narrative on Direct Care Workers

The COVID-19 pandemic has brought into stark relief the essential contribution of direct care workers and helped fuel a national conversation about the importance of the care economy and its workforce. There is much more work to be done, however, to challenge inaccurate assumptions about direct care work, to improve public understanding and recognition of this workforce, and to bring workers' own voices into the conversation.

States can use strategic communications to build greater support for direct care workers and encourage more job seekers to enter the field.

9,010

Number of students who originally registered for the WisCaregiver Careers Program[49]

STRATEGY 1

Fund a public education campaign

States can fund public education and marketing campaigns to improve understanding of the direct care workforce, recruit more workers, and catalyze policy and practice reforms.

STATE EXAMPLE | Wisconsin

In 2018 to 2019, the Wisconsin Department of Health Services implemented WisCaregiver Careers, a nursing assistant recruitment program that involved free training, job placement, and a retention bonus.[50] The program was promoted through a robust marketing campaign that featured videos of nursing assistants describing the value and rewards of their jobs. Following Wisconsin's example, at least three other states—Idaho, New Hampshire, and North Carolina—have launched similar programs.

STRATEGY 2

Elevate workers' own voices and stories

States can support storytelling projects that empower direct care workers to tell their stories in their own words.

STATE EXAMPLE | Arizona

In Arizona, managed long-term care plans are required to coordinate with LTSS providers in their networks to identify and address workforce challenges.[51] To meet these requirements, the state's four plans have created a Workforce Development Alliance. As one of its initiatives, the Alliance has launched a statewide Caregiver Campaign designed to lift up the "commitment, compassion, competency, and dedication" of this workforce. Direct care workers are invited to submit recorded testimonials for the campaign.[52]

STRATEGY 3

Publicly recognize direct care workers

Complementing the National Career Nursing Assistants' Day, states can establish annual direct care worker appreciation days (or weeks).

STATE EXAMPLE | Oregon

In September 2021, Oregon joined 15 other states in recognizing Direct Support Professional Recognition Week, an annual event promoted by ANCOR (the American Network of Community Options and Resources, which is a national advocacy organization for direct support professionals).[53] Oregon's proclamation is unique in explicitly committing to "improve wages, benefits, and opportunities for advancement" for these workers, rather than just symbolically honoring their contribution.

"We're the most hands-on with clients and spend more time with them than anyone else. Some days I completely forget to even take a break because the work is constant, and I want to make sure residents get enough time engaging with me. Sometimes, I go home and my body is still in pain. But I do it over and over again because I really do care."

MICHELLE GODWIN
Certified Nursing Assistant,
Tallahassee, FL

Looking for More Ideas? PHI Can Help.

PHI has an experienced team of researchers, policy analysts, and workforce development experts who work together to inform direct care workforce policy and practice nationwide. We draw our expertise from our cutting-edge research and analysis, on-the-ground advocacy initiatives at the state and federal levels, and a wide range of tested workforce innovations in long-term care settings across America. We also work closely with leaders throughout the aging, disability, and workforce development fields—and directly with workers—to ensure that our strategies reflect the many important perspectives in long-term care.

If you need support with developing a state-level direct care workforce plan or intervention, we can partner with you to:

Survey the direct care workforce to understand their needs, experiences, aspirations, and various factors related to their jobs

Produce rigorous fact sheets, research briefs, and landscape studies that describe the direct care workforce and the challenges they're experiencing

Make a powerful, data-driven business case for the importance of investing public and private dollars in this essential, rapidly growing workforce

Develop a recruitment and retention strategy to inform how states support employers to meet growing demand

Inform the design of direct care workforce policy interventions, including compensation strategies and much more

Diagnose direct care training infrastructure needs, accounting for all legal requirements and the best training methods

Advise the creation of a data collection infrastructure that can produce the best insights on direct care workers in all parts of the state

Launch a social media public education campaign to raise awareness about this workforce and improve recruitment

Bring expertise to convening a statewide direct care worker task force that can create short- and long-term strategies

Notes

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PHI is a national organization committed to strengthening the direct care workforce by producing robust research and analysis, leading federal and state advocacy initiatives, and designing groundbreaking workforce interventions and models. For 30 years, we have brought a 360-degree perspective on the long-term care sector to our evidence-informed strategies. As the nation's leading authority on the direct care workforce, PHI promotes quality direct care jobs as the foundation for quality care.

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