



# A Blueprint for Strengthening **PENNSYLVANIA'S DIRECT CARE WORKFORCE**

April 18, 2019

Dear Governor Wolf and Members of the Pennsylvania General Assembly:

The following blueprint is the culmination of more than a year and a half of work by Pennsylvania's Long-Term Care Council and its committees to examine and propose recommendations addressing the commonwealth's escalating direct care workforce crisis. As a result of high turnover and a shortage of workers, this crisis threatens access to and the quality of long-term services and supports (LTSS).

In many ways, the contents of this blueprint are not new. It was built on the litany of reports and studies that have been compiled over nearly two decades. Despite previous efforts, little has been done to address this crisis in a comprehensive manner, which is why the council is urging prompt and bold action be taken now. These actions are critical to ensuring more individuals enter and remain in the direct care workforce so that the LTSS-needs of our citizens can be met both now and in the future.

The council recognizes that these recommendations cannot be accomplished without the appropriate funding. However, it also recognizes the shared interest we have in achieving the needed reform, as most of us will require some type of LTSS as we age. In addition, continued inaction will only further exacerbate the worsening crisis given Pennsylvania's changing demographics and the increasing complexity of those needing service and supports due to living with a multitude of chronic conditions, dementia, and other health-related challenges and disabilities.

It is the hope of the council that this blueprint and the corresponding recommendations will guide us in strengthening Pennsylvania's direct care workforce. The council and I stand ready to serve as resources in this endeavor.

Sincerely,

A handwritten signature in black ink, appearing to read "Charles W. Quinnan". The signature is fluid and cursive, with a long horizontal stroke at the end.

Charles W. Quinnan  
Executive Director  
Pennsylvania Long-Term Care Council

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# THE WORSENING CRISIS



I BECAME A HOME CARE WORKER OUT OF A DEEP DESIRE TO HELP OTHERS. THE CONNECTION I WAS ABLE TO FORM WITH CLIENTS AND HELPING THEM PREVENT LARGER PROBLEMS BY REPORTING CHANGES WERE SOME OF THE MOST REWARDING ASPECTS OF MY JOB. HOWEVER, LIKE SO MANY OTHER DIRECT CARE WORKERS, I FOUND IT CHALLENGING TO PROVIDE FOR MYSELF AND MY FAMILY IN THIS JOB. BETTER PAY, BENEFITS, AND TRAINING, INCLUDING OPPORTUNITIES FOR CAREER ADVANCEMENT, ARE NEEDED TO ADDRESS BARRIERS FOR RECRUITMENT AND RETENTION, AS WELL AS ENHANCING THE RESPECT OF THIS PROFESSION BOTH IN SOCIETY AND AMONG HEALTH CARE PROFESSIONALS.

## ANN PANNONE

2017 PA DIRECT CARE WORKER OF THE YEAR  
2017 BAYADA NATIONAL HOME HEALTH AIDE  
PHILADELPHIA, PA



Direct care workers are the keystone of Pennsylvania's long-term services and supports (LTSS) system, helping older adults and people with disabilities remain connected to their communities and live as fully and independently as possible with the safety, dignity, and respect they deserve. However, given the challenges of this profession – emotionally and physically demanding duties coupled with low wages, minimum training, lack of advancement opportunities and respect, etc. – and the state's rapidly aging population, Pennsylvania continues to face a growing paid caregiving crisis due to a shortage of direct care workers and high turnover. This volatility impacts consumers access to and the quality of LTSS.

These workforce challenges jeopardize the wellbeing of consumers as they must deal with a revolving door of workers to get acclimated to and understand their needs and

preferences, a situation not made any easier by the fact that consumers depend on direct care workers for some of their most intimate care needs. This lack of continuity also leads to avoidable hospitalizations, emergency room visits, and more restrictive placements for consumers as the same worker(s) is not around to notice and report subtle changes in their condition, behavior, or routine.



I CAN'T OVERSTATE HOW IMPORTANT MY CAREGIVER IS TO MY LIFE. SHE DOESN'T JUST TAKE CARE OF MY PHYSICAL NEEDS – SHE HELPS GIVE ME DIGNITY, SELF-RESPECT AND INDEPENDENCE. I'VE HAD OTHER ATTENDANTS, BUT PHYLLIS AND I SHARE SO MUCH – SHE RELATES TO MY LIFE, WE SHARE A FAITH. I DON'T FEEL EMBARRASSED WHEN SHE'S HELPING DRESS OR BATHE ME BECAUSE SHE IS SOMEONE I KNOW AND TRUST.

ANGELA JOHNSON  
HOME CARE CONSUMER  
ERIE, PA



The direct care workforce crisis also places more strain on families as some are forced to choose between their careers and staying at home to care for a loved one due to a lack of available workers, impacting both their personal financial security and the state's economy.

Providers throughout the continuum of care find themselves constrained by low Medicaid reimbursement rates and other state-supported payments for LTSS amid rising business costs, which inhibits their ability to pay living wages to direct care workers and provide other benefits. This situation is compounded by the fact that LTSS providers must compete with employers in other industries who can offer workers comparative or higher wages for more



**TOO OFTEN, WE LOSE GOOD PEOPLE TO FACILITIES DOWN THE STREET FOR 50 CENTS OR \$1 MORE AN HOUR. NURSE AIDES GO TO WALMART OR BURGER KING FOR BETTER HOURS AND LESS HEADACHES. OUR BUILDINGS, WHICH ARE VERY REPRESENTATIVE OF THE INDUSTRY, ARE STRUGGLING MIGHTILY WITH TURNOVER. THE COMMON THREAD AMONG THESE ISSUES IS MEDICAID FUNDING. WHEN THE MAJORITY OF NURSING FACILITY RESIDENTS IN PENNSYLVANIA ARE ON MEDICAID, AND NURSING FACILITIES ARE NOT ADEQUATELY REIMBURSED BY THE STATE, IT'S ALMOST IMPOSSIBLE TO PAY HIGHER WAGES, INCREASE BENEFITS OR HIRE NEW STAFF.**

**CHRISTINA MINTER**  
STAFF DEVELOPMENT DIRECTOR  
NUGENT GROUP'S CONTINUING CARE  
RETIREMENT COMMUNITIES  
BEAVER, BUTLER & MERCER  
COUNTIES



**BLS [BUREAU OF LABOR STATISTICS] PROJECTIONS CONFIRM THAT WE NEED A LARGE-SCALE INVESTMENT TO RECRUIT NEW WORKERS AND REDUCE TURNOVER WITHIN THIS WORKFORCE TO ENSURE THAT OLDER ADULTS AND PEOPLE WITH DISABILITIES CAN ACCESS PROPER SUPPORTS IN THE COMING YEARS.**

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consistent hours and less demanding duties.

The struggles of direct care workers and the challenges faced by consumers and providers is not a new problem. A litany of reports, studies, and recommendations on Pennsylvania's direct care workforce line the shelves of Pennsylvania state government, dating back almost two decades. While some small steps have been taken during this time, these actions have not encompassed the broad systemic reform that is needed to best position the commonwealth to address this crisis and ensure a stable and robust workforce is in place to meet the LTSS needs of its citizens, both now and in the future.

While there are other issues that need to be addressed, such as paid time off, other benefits, supervisory training, etc., the recommendations in this blueprint represent the initial steps that the Pennsylvania Long-Term Care Council believes must be pursued in short order to bring about the comprehensive reform that is needed.

# PENNSYLVANIA'S DIRECT CARE WORKERS

## JOB TITLES

While the U.S. Department of Labor's Bureau of Labor Statistics defines three standard occupational classifications (SOC) of direct care workers – personal care aides, home health aides, and nursing assistants – a variety of names and titles are used to refer to these workers, including, but not limited to, attendants, assisted living aides, home health and home care aides (workers), nurse aides, certified nurse aides, nursing assistants, personal care aides, and program assistants. These workers are often collectively referred to as direct care workers and will be throughout this blueprint. Direct care workers also include those employed under the participant-directed model.

Home health aides provide in-home services and supports, while personal care aides work in the consumer's home as well as other community-based settings/living arrangements such as adult daily living centers, personal care homes, assisted living residences, etc. Nursing assistants are typically employed in nursing homes in the LTSS system.

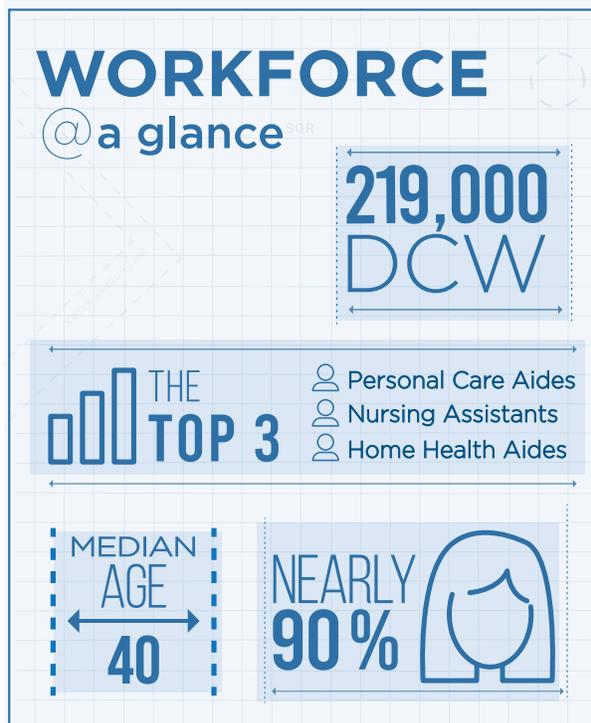
## ROLES & RESPONSIBILITIES

Direct care workers provide the vast majority of paid hands-on care, services, and supports to consumers across the LTSS continuum. They assist consumers with a variety of activities of daily living such as

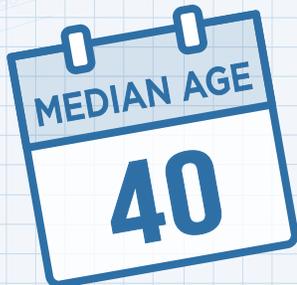
bathing, dressing, toileting, eating, and other daily living supports, as well as other tasks (e.g., medication administration, blood pressure readings, etc.) depending on the setting.

## COMPOSITION

There are over 219,000 DCWs in Pennsylvania across all industries, with most workers employed in the LTSS industry<sup>1</sup>. Personal care aides make up the largest segment of these workers, followed by nursing assistants and home health aides. The vast majority (nearly 9 in 10) of DCWs providing LTSS in Pennsylvania are women with a median age of 40.<sup>2</sup> The following page contains complete demographic information.

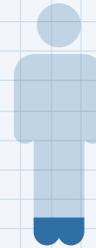


# DIRECT CARE WORKFORCE DEMOGRAPHICS<sup>2</sup>



## GENDER

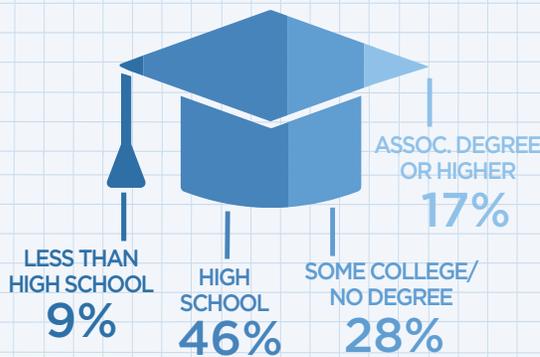
**MALE**  
**14%**



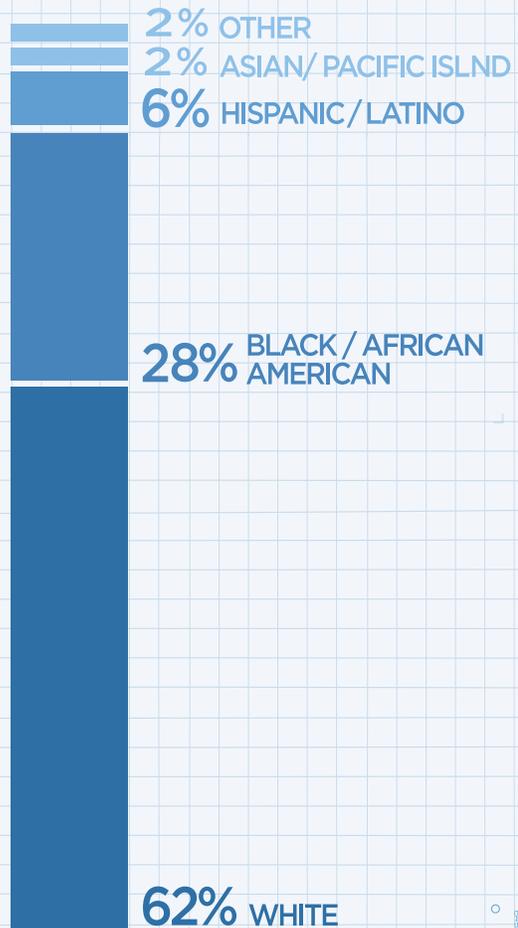
**FEMALE**  
**86%**



## EDUCATION



## RACE



## CITIZENSHIP



# THE WORKFORCE SHORTAGE

Pennsylvania's changing demographics, coupled with the need for more direct care workers and the high turnover associated with this profession, pose significant challenges for the commonwealth as approximately 70% of people turning 65 on average will need some type of LTSS during their lives.<sup>4</sup>

## **BY 2026, THE COMMONWEALTH WILL NEED OVER 37,000 MORE DIRECT CARE WORKERS.** <sup>3</sup>

This does not account for the vacancies LTSS providers struggle to fill due to the high turnover of this workforce, both when workers leave the profession entirely or go to work for another provider who can pay a little more.

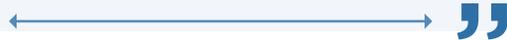
With the fifth oldest population in the nation, nearly a quarter of Pennsylvania's 12.8 million residents are age 60 and older. By 2030, when the baby boomers will all have reached age 65, the population of older adults is expected to increase by 26%, compared to a 1.5% growth rate for those 0-59 years, with residents 85 and older increasing by over 80,000 individuals. By 2040, the population of Pennsylvanians aged 85 and older is projected to increase by 82%.<sup>5</sup>

This continued growth of our aging population, coupled with a decline and slower growth among younger residents, will result in an increased age dependency ratio for Pennsylvania (the ratio of working age citizens to those whom are dependent and not in the labor force). For example, the commonwealth's age dependency ratio will increase from approximately 30 dependent older adults for every working age person in 2017 to 38 older adult



**THE GROWING DEMAND FOR DCWS AND THE TURNOVER RATES OF 44-65% EACH YEAR, CREATES SIGNIFICANT BARRIERS TO CARE, SERVICES, AND SUPPORTS.**

PA HEALTH & WELLNESS  
PRESENTATION TO LONG-TERM  
CARE COUNCIL



dependent persons for every working age person by 2030.<sup>5</sup>

Pennsylvania also has a sizable population of residents with disabilities. Approximately 1 in 7 Pennsylvanians (14% of the population, which is the fifth largest in the nation) have at least one disability, while approximately 46% of individuals age 18 to 64 and 53% of those age 65 and older have two or more disabilities.<sup>5</sup>

Many Pennsylvanians in need of LTSS also have complex medical conditions, with the typical consumer receiving Medicaid home and community-based services (HCBS) and nursing facility (nursing home) care having over five and seven chronic conditions (e.g., high blood pressure, arthritis, heart disease, depression, diabetes, etc.), respectively.<sup>6</sup>

“

UNFORTUNATELY, WE HAVE TO TURN AWAY APPROXIMATELY 1 IN 4 CONSUMERS. THERE ARE SEVERAL CONTRIBUTING FACTORS, BUT THE SHORTAGE OF DIRECT CARE WORKERS IS REAL AND WE ARE FACING A MAJOR CRISIS. THE RISING COST OF HIRING, PLUS THE TIME IT TAKES TO DO SO IN PENNSYLVANIA, IS A CHALLENGE. AND THERE ARE SO MANY OTHER INDUSTRIES THAT OFFER WAGES ABOVE WHAT WE CAN PAY DCWS WITH A LOT LESS RESPONSIBILITY. MORE PROGRAMS NEED TO START AS EARLY AS HIGH SCHOOL TO PROVIDE EDUCATION AND OPPORTUNITIES TO BECOME CAREGIVERS. HOWEVER, THE MAJOR PIECE OF THE PROBLEM IS INADEQUATE MEDICAID REIMBURSEMENT FOR HOMECARE. IF WE DON'T HAVE THE ABILITY TO OFFER MORE, TOO MANY INDIVIDUALS WILL HAVE TO STEER AWAY FROM BECOMING A DCW AS A VIABLE CAREER PATH.

**SCOTT SEMMEL**

DIRECTOR - PAYER RELATIONS, AVEANNA HEALTHCARE  
CHAIR - PUBLIC POLICY COMMITTEE, PENNSYLVANIA HOMECARE ASSN.

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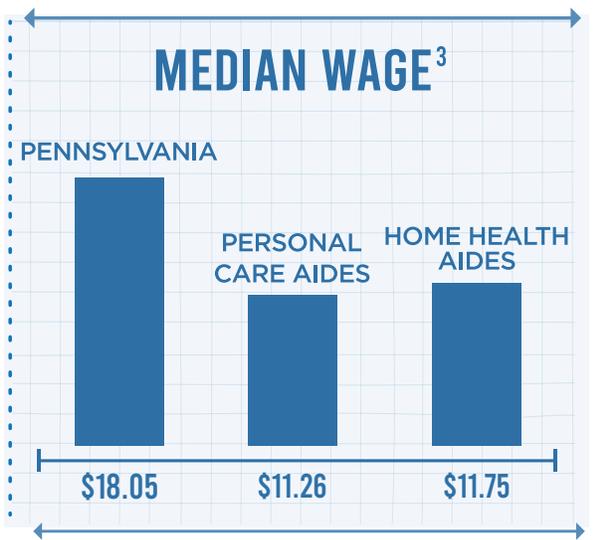
# WAGES

Direct care workers support and care for some of our most vulnerable citizens, yet they often lack the pay needed to provide for their own most basic needs and that of their families. The wages these workers typically receive do not align with the physical and emotional demands of this work or the importance of these positions in delivering quality services and supports to consumers.

well below the state median wage for all occupations.

The largest segment of Pennsylvania's direct care workforce is employed in home care, which is the lowest paying LTSS industry, with personal care aides (also referred to as home care aides and attendants) receiving a median hourly wage of \$11.17.<sup>2</sup> As the commonwealth strives to serve more people in home and community-based settings, the need for additional workers will only increase.

Direct care worker recruitment and turnover also remain critical challenges across other LTSS settings as these providers, like home care, are forced to compete with employers in other industries where workers can earn comparative salaries for more consistent hours and less demanding duties. This struggle for workers is expected to intensify as more and more companies such as Amazon, Costco, and Target have raised, or are taking steps to raise, the starting wage for entry level workers to \$15 an hour. Other employers, such as Sheetz convenience stores, have raised their starting pay multiple times in the last few years.



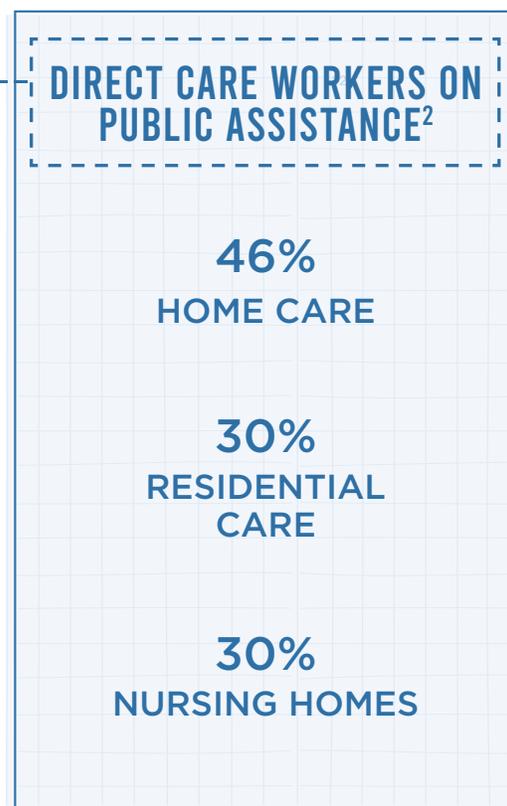
Pennsylvania's median wage for all occupations is \$18.05, far above the median wages for personal care and home health aides, which are between 150 percent (\$9.01) and 200 percent (\$12.01) of the federal poverty level for a single individual.<sup>3</sup> While nurse aides have a higher median wage, it is still

	Entry Level	Median	Annual Avg.
Personal Care Aides	\$9.73	\$11.26	\$11.51
Home Health Aides	\$9.79	\$11.75	\$12.10
Nurse Aides	\$11.69	\$14.13	\$14.43
All DCWs	\$10.41	\$12.38	\$12.68

# ECONOMIC INSECURITY

Over half of direct care workers employed in home care, 40% employed in nursing homes, and 36% employed in residential care homes reside in households earning below 200 percent of the federal poverty line.<sup>2</sup>

Low wages also mean that a significant portion of these workers and their families rely on public assistance, such as food stamps, cash assistance, and Medicaid. Almost half of direct care workers in home care and 30% in nursing homes and residential care homes receive some form of public assistance. This does not include other types of assistance that these workers and their families may receive for housing, child care, energy needs, etc.



*Public assistance includes Medicaid, food and nutrition assistance, and cash assistance.*

	< 100%	< 138%	< 200%
Home Care	20%	31%	51%
Residential Care	11%	20%	36%
Nursing Homes	11%	20%	40%

DATA VIA SOURCE P8FC3E454

SQR

*Statistics indicating Residential Care homes include personal care homes, assisted living residences, and other residential care settings.*

## THE APPROACH

The Long-Term Care Council took a multi-prong approach in examining the issues surrounding recruitment and retention of direct care workers, aiming to explore all angles and perspectives. Below are some of the approaches utilized by the council:

- Review of previous reports and studies on Pennsylvania's direct care workforce and proposed recommendations dating back to 2001
- Discussions with direct care workers and providers from across the LTSS continuum, including consumer input
- Presentations by the Community HealthChoices Managed Care Organizations on their efforts to address workforce challenges
- Overview of the state and local workforce development system and the current challenges to elevating the direct care worker profession
- Presentation by the Paraprofessional Healthcare Institute (PHI)\* on Pennsylvania's direct care workforce demographics and strategies to improve recruitment and retention

*\* PHI is the nation's leading authority on the direct care workforce and promotes quality direct care jobs as the foundation for quality care.*

The recommendations developed by the council and its four committees – Access, Outreach, Quality, and Workforce – are the result of dialogue

with direct care workers, consumers, providers, managed care health plans, and workforce experts and are reflected to a large extent in previous Pennsylvania-based reports. For example, one of the reports that the council kept coming back to during its discussions was the 2007 report *Addressing Pennsylvania's Direct Care Workforce Capacity: Primary Recommendations for Quality Jobs and Quality Care*. This report called for a minimum starting wage of \$12 an hour for all direct care workers by 2010, as well as a statewide training and credentialing system, career pathways, workforce data collection, and a public education campaign. In addition, the *Pennsylvania Long-Term Care Commission 2014* report recommended a certification program for direct care workers in all LTSS settings as well as exploring other ways to address the DCW shortage through the use of technology and shared living arrangements.

While most of the recommendations in previous reports have not been acted upon, the information gathered by the council over the past year and a half shows the gravity of the direct care worker shortage and turnover in Pennsylvania is serious and growing. All Pennsylvanians will be impacted by this crisis, either now or in the future, and everyone has a vested interest in seeing that the following recommendations are implemented if we are to build a stable and robust workforce to meet the needs of our citizens.

# RECOMMENDATIONS

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3M

12x

A113



# AWARENESS & OUTREACH



## GOAL

Raise awareness of the important role of direct care workers in serving older adults and individuals with disabilities and the link between a strong workforce and access to and quality of long-term services and supports (LTSS)



## RECOMMENDATION

Create a statewide public awareness campaign and targeted events to both emphasize the need to recruit and retain more workers and the value of these professionals



## BARRIERS

- Lack of public awareness regarding the roles of direct care workers and confusion about the various titles used to describe them
- Cultural and language differences amongst the public and potential workers
- Cost of outreach efforts



## BENEFITS

- Reaching new populations of potential workers who might not have considered direct care work as a career path, including young adults, and diverse populations (e.g., immigrants) who can serve consumers with cultural and language barriers, as well as those looking for a second career or part-time work, such as retirees and individuals interested in reentering the workforce
- A better understanding amongst the public of the correlation between a strong direct care workforce and access to and quality of LTSS, as many Pennsylvanians will require services and supports at some point in their lives



## STRATEGIES

- By December 1, 2019, convene a consortium of LTSS industry, advocacy, and stakeholder leaders to facilitate the creation of a public awareness campaign

*Actionee(s): The governor or his designee*

- Consideration should be given to identifying a public champion, such as a sports figure or a celebrity, who can share a personal story about the care they or a family member received by a direct care worker(s)

*Actionee(s): The LTSS consortium, which shall include the governor or his designee, LTSS trade associations, advocacy groups, worker organizations, and the Community HealthChoices Managed Care Organizations*

- Secure needed funding through agreements with consortium members' organizations, other trade associations, providers, worker organizations, advocacy groups, etc., and state government

*Actionee(s): The LTSS consortium, the Governor and the General Assembly*

- At a minimum, public awareness efforts must:
  - Reflect the diversity of languages and cultures (including the LGBTQ community) and consider physical and developmental disabilities in order to remove the barriers to engagement, both for recruiting potential workers and establishing relationships in diverse communities to articulate the importance of getting more people engaged in this field
  - Include a diverse array of delivery methods including, but not limited to, social media, videos, public service announcements, etc.

*Actionee(s): The LTSS consortium*

- Organize the following events to inform public officials of the critical and timely nature of the issues confronting the direct care workforce:
  - A statewide direct care worker day that would include not only events at the capitol in Harrisburg but also locally/regionally
  - A "Take an Elected Official to Work Day" to provide policymakers at the state and local level a firsthand opportunity to witness the services and supports provided by direct care workers and to gain a better understanding of the challenges confronting this workforce

*Actionee(s): Trade associations, providers, direct care workers, worker organizations, and advocacy groups*

# STANDARDIZED TRAINING & CAREER PATHWAYS



## GOAL

Better equip direct care workers to meet the challenges of the profession, while providing opportunities for career development and advanced roles



## RECOMMENDATION

Establish a standardized core training and credentialing system for direct care workers, which provides career pathways throughout the continuum of long-term services and supports (LTSS)



## BARRIERS

- The current system is fragmented as training and competency requirements for direct care workers fall under the purview of multiple state agencies, including the Departments of Aging, Education, Health, and Human Services
- While nursing assistants (also called nurse aides), who are typically employed by skilled nursing facilities (nursing homes), must take a defined training program based on a standardized model curriculum, pass an exam, and be placed on the nurse aide registry, the training received by direct care workers in other occupation types and settings, such as personal care aides in home care, varies by provider
- Training costs for providers and/or job applicants/employees



## BENEFITS

- Equip workers with the skills needed to be successful and deliver high-quality care and services to consumers
- Provide clear career pathways and portable credentials for those who wish to go on to provide care and services in other parts of the LTSS continuum or provide specialty services within their current occupation through advanced roles
- Enhance the educational opportunities provided at career and technical schools, community colleges, etc., as well as efforts through the state and local workforce development system for addressing direct care workforce challenges
- Reduce the need for providers to retrain workers (and incur training costs) who received the standardized training and credential as a result of previous employment



- Provide employers confidence in knowing that the training a worker receives meets the core functions of the job
- Help consumers understand the training and credential behind the title of a direct care worker and add substance to the title by creating “title pride” for workers (see first sub-bullet under strategies)



## STRATEGIES

- By December 1, 2019, establish a training advisory workgroup comprised of relevant state agency staff, providers, legislators, stakeholders, including direct care workers, and the Community HealthChoices Managed Care Organizations (CHC-MCOs) to develop a model training curriculum for personal care aides/attendants and career pathways (tiered stackable credentials via bridge curriculums) for direct care workers who wish to become a home health or nurse aide

Actionee(s): *The governor or his designee*

- This effort should include a plan for consolidating the various titles of direct care workers to align with the occupation types (e.g., personal care aides, home health aides, and nursing assistants), settings (e.g., home care, adult daily living centers, home health, personal care homes, assisting living residences, skilled nursing facilities), and the corresponding training and credential
- At a minimum, the workgroup should review current direct care worker training and competency requirements, as well as past efforts to create uniform standards including the Universal Core Curriculum developed as part of the statewide Better Jobs Better Care initiative and the model personal care attendant curriculum and career pathways developed through the Department of Labor and Industry as part of the recommendation from the December 7, 2007, report: *Addressing Pennsylvania’s Direct Care Workforce Capacity: Primary Recommendations for Quality Jobs and Quality Care*
- The training should be reflective of the adult-centered learning approach and incorporate a range of both “hands-on” and “soft skills” to help workers develop positive relationships with consumers and provide care and services in a manner that is respectful to their individual needs and preferences, including, among other things, modules on:
  - o Assisting with activities of daily living (e.g., bathing, dressing, grooming, toileting, transferring in or out of a bed or a chair, mentation supervision, etc.) and instrumental activities of daily

- living (e.g., meal preparation, laundry, transportation, shopping, etc.)
- o Person-centeredness
- o Cultural competency and diversity (e.g., LGBTQ, age, race, ethnicity, gender, etc.)
- o Assessments, support plans, and person-centered planning teams
- o Cognitive (e.g., Alzheimer’s disease and related dementias), mental, and behavioral impairments
- Training should also include peer mentoring and shadowing experiences.

*Actionee(s): Training advisory workgroup*

- Partner with the CHC-MCOs and LTSS providers to pilot-test the model training curriculum and career pathways and collect data to measure workforce quality of care indicators (see data collection recommendation), including, but not limited to, turnover, hospitalizations, emergency room visits, consumer and worker satisfaction, etc.

*Actionee(s): Department of Human Services and other relevant state agencies, CHC-MCOs, and LTSS providers*

- Once data and outcomes are collected, the advisory workgroup should make any necessary adjustments to the model training curriculum and career pathways and the commonwealth should work to establish a uniform statewide training and credentialing system

*Actionee(s): Training advisory workgroup, the governor, and the General Assembly*

- Explore potential funding sources, including financial assistance through the state and local workforce development system, and ascertain the fiscal cost to provide financial assistance to providers and workers for the training

*Actionee(s): Training advisory workgroup*

- At a minimum, the following actions should be taken to assist with the cost of the training both within and outside of the Medicaid program:
  - Request that the Centers for Medicare and Medicaid Services allow training to be a billable service under Medicaid for home and community-based service providers

Actionee(s): *Department of Human Services*

- Establish a loan and/or grant program under the Pennsylvania Higher Education Assistance Agency (PHEAA), with specified work requirements for the grant program, including maintaining employment as a direct care worker for a certain length of time

Actionee(s): *The governor and the General Assembly*

- Upon the establishment of a standardized core training and credentialing system, all applicable websites should be modified to inform consumers of the training/credential to help them make informed decisions in selecting a worker

## ADDITIONAL COMMENTS

The training advisory workgroup should also review the commonwealth's Medication Administration Training Program to ensure that it meets the needs of direct care workers serving older adults and to identify and address any programmatic barriers.

# LIVABLE WAGES



## GOAL

Provide direct care workers a living wage to help meet their basic needs, thus enabling more individuals to enter and remain in the profession



## RECOMMENDATION

Establish a minimum starting wage of \$15 an hour for direct care workers by 2025, with annual increases thereafter indexed to inflation



## BARRIERS

- Medicaid reimbursement rates and other state-supported payments for long-term services and supports (LTSS) have not kept pace with the costs of doing business (e.g., wage pressures, new program requirements, compliance mandates, etc.)
- Lack of awareness regarding the critical role of direct care workers in providing LTSS to older adults and individuals with disabilities and the correlation between having a stable workforce and access to and quality of services and supports



## BENEFITS

- Makes direct care work more economically sustainable by enhancing the quality of life for workers and their families
- Redistributes tax dollars as higher wages reduce direct care workers' need for public assistance benefits to support themselves and their families
- Reduces the economic equation in attracting and retaining workers
- Recognizes the value and contribution of these workers in helping Pennsylvanians in need of LTSS live with the independence and dignity that they deserve



## STRATEGIES

- Establish a \$12 an hour minimum starting wage for all direct care workers beginning with the Fiscal Year 2019-2020 state budget, increasing by 50 cents each year until reaching \$15 an hour in 2025 and adjusted for inflation annually thereafter. Raise Medicaid reimbursement rates and

other state-supported payments for providers across the LTSS continuum in parallel with the minimum wage increases via “wage pass-throughs”

*Actionee(s): The governor and General Assembly*

- Develop and implement Community HealthChoices Managed Care Organization (CHC-MCO) rate design and value-based purchasing options that are focused on direct care worker retention, which include opportunities to increase direct care worker wages

*Actionee(s): Department of Human Services and CHC-MCOs*

- Hold legislative hearings to educate lawmakers and the public on the importance of raising direct care workers’ wages by appropriating additional funding in the state budget

*Actionee(s): Key House and Senate standing committees, trade associations, providers, worker organizations, and advocacy groups*

# DATA COLLECTION



## GOAL

Quantify the impact of direct care worker shortages/turnover and strategies to strengthen the workforce and improve consumer outcomes



## RECOMMENDATION

Implement standardized data tracking, reporting, and training of direct care workforce quality indicators across long-term services and supports (LTSS) settings



## BARRIERS

- Lack of an existing system to collect comprehensive statewide data
- Implementation costs
- Inconsistent data due to low participation rates in employee exit surveys, etc.



## BENEFITS

- Provide baseline data for addressing workforce quality issues
- Track and monitor the impact of initiatives to improve workforce recruitment and retention and consumer outcomes based on baseline data
- Identify emerging issues and trends



## STRATEGIES

- Establish a uniform reporting system to collect data on key direct care workforce quality indicators by initiating pilot projects with the Community HealthChoices Managed Care Organizations (CHC-MCOs). Both provider and consumer engagement should be part of this process, and discussions between the Department of Human Services, the CHC-MCOs, and the aforementioned stakeholders should begin no later than December 1, 2019. Data collection should include at a minimum the following information by occupation and provider type:
  - Workforce Volume (including number of full-time and part-time workers)
  - Workforce Stability (including turnover rate, vacancy rate, length of employment, injury rate, reason for leaving job)

- Worker Compensation (including average hourly wages, full- and part-time hours, annual income, health insurance, paid time off)
- Hours and type of training received
- Technology integration for workers (e.g., tablets/smartphones to report and manage changes in a participant's condition and other supports)
- Rate of workers participating in person-centered planning teams
- Consumer and employee satisfaction surveys
- Provider recruitment, pre-employment, and training costs

Actionee(s): *Department of Human Services and CHC-MCOs*

- Once the pilot projects conclude, make needed adjustments to the reporting system and require direct care workforce quality data collection as part of the commonwealth's contracts with the CHC-MCOs, as well as training for providers and staff.

Actionee(s): *Department of Human Services and CHC-MCOs*

- Lessons learned from the pilots should be used by the commonwealth to determine how best to collect direct care workforce quality data from entities providing LTSS through other state-funded or administered programs

Actionee(s): *Relevant state agencies*

# CARE TEAM INTEGRATION



## GOAL

Enhance workplace culture and consumer outcomes by fully utilizing the skills and knowledge of direct care workers



## RECOMMENDATION

Require integration of direct care workers into person-centered planning teams by long-term services and supports (LTSS) providers and health plans



## BARRIERS

- Current culture of only including management in care planning
- Scheduling issues due to time away from providing care
- Medicaid home care providers currently are unable to bill for direct care workers participation in care planning meetings



## BENEFITS

- Improved consumer outcomes and avoidance of costly adverse health events as direct care workers are the eyes and ears of consumers and notice subtle changes that can lead to hospitalizations, emergency room visits, and the need for a higher level of care and services
- Fosters a team environment
- Enhances the respect and value shown to workers



## STRATEGIES

- Require providers across the LTSS continuum to include direct care workers on person-centered planning teams
  - Include this as a requirement of the commonwealth's contracts with the Community HealthChoices Managed Care Organizations (CHC-MCOs) and allow Medicaid home care providers to bill for the time direct care workers spend in care planning meetings

*Actionee(s): Department of Human Services and CHC-MCOs*

- Require that all LTSS providers must include direct care workers on person-centered planning teams as a condition for licensure by incorporating specific protocols/best practices for providers to follow

*Actionee(s): State licensing agencies and potentially the General Assembly*

## ADDITIONAL COMMENTS

Over two years ago, the Wolf Administration clarified the types of non-skilled services and activities that direct care workers can perform in home and community-based services (HCBS) settings. This specialized care includes assistance with bowel and bladder routines, assistance with medication, ostomy care, clean intermittent catheterization, assistance with skin care, and wound care. Similar to the preceding recommendation, the commonwealth should ensure that HCBS providers have access to training on these additional tasks so that they can fully utilize the skills and knowledge of direct care workers to help consumers live independently.

# TECHNOLOGY UTILIZATION



## GOAL

Enhance the utilization of technology to assist direct care workers in providing quality services and supports and to help alleviate staffing demands by empowering participants with greater options for self-care in order to maximize their independence and safety



## RECOMMENDATION

Expand the availability and coverage of technology supports for both direct care workers (e.g., electronic devices/applications, work safety equipment, etc.) and long-term services and supports (LTSS) participants (e.g., assistive technology tools and devices, including safety and security devices/applications, devices/applications to reduce social isolation, seat lifts, etc.) by improving the dissemination of information on technology for direct care and providing greater investment in existing state-supported programs



## BARRIERS

- 35% reduction in state funding since 2008 for assistive technology assistance through TechOWL and the Pennsylvania Assistive Technology Foundation (PATF)<sup>7</sup>
- Lack of funding to prioritize access to new self-help technology to support people with disabilities for independent living and employment through the Department of Labor and Industry's Office of Vocational Rehabilitation (OVR)
- Cumbersome processes and inconsistent promotion of technology applications to the care environments
- Lack of awareness of available technology options, both among consumers and LTSS system professionals



## BENEFITS

- When appropriate and supported by the participant, technology has the potential to help alleviate formal staffing demands and the ability of participants to maintain and increase their independence, thereby avoiding/delaying the need for more intensive services and supports
- Improved workforce efficiency through enhanced coordination of care and communication



- Reduced stressors by providing real-time support for direct care workers employed in a home care setting
- Reduced work-related injuries and adverse events for consumers



## STRATEGIES

- Require the Community HealthChoices Managed Care Organizations (CHC-MCOs) to submit annual plans to the Department of Human Services on their efforts to:
  - Implement technology (including an evaluation process) to support direct care workers in the performance of their duties
  - Expand the availability and coverage of assistive technology to support LTSS participants
  - Collect data to measure the impact of technology on specific subgroup populations of workers and participants, environmental settings, disability types, and other factors that will increase the ability to identify appropriate applications of technology and improve outcomes
  - Identify emerging technologies through partnerships with universities, related state programs, and manufacturers and suppliers
  - Provide mandatory training on assistive technology options and supportive programs for key-decision-making personnel and professionals (e.g., assessors, service coordinators, etc.) who work with participants, direct care workers, and service planning teams
    - o Education efforts should include the development of a training curriculum

*Actionee(s): Department of Human Services and CHC-MCOs*

- Enhance the strength of current state assistive technology programs by:
  - Allocating an additional \$500,000 in state funding to TechOWL (formerly the Pennsylvania Initiative on Assistive Technology or PIAT) – through the Department of Labor and Industry’s Assistive Technology Demonstration and Training line item – to restore the ability of the program to serve its mission and support the in-home use of technology by participants through its Assistive Technology Lending Library
    - o This additional funding will help replenish the library’s inventory, which was reduced by 80% last year as items had become obsolete, and reduce participants’ wait for borrowing assistive technology, which currently can take up to a year<sup>8</sup>
    - o Program goals should target technology applications for enhanced

self-care, safety, security, and independence

- Allocating an additional \$500,000 in state funding to PATF – through the Department of Labor and Industry’s Assistive Technology Financing line item – to support the financing of technology for older adults and individuals with disabilities, including low-income Pennsylvanians
  - o The foundation leverages low interest or no interest loans and grants to help consumers access assistive technology in collaboration with industry and financial partners
  - o Increased funding will help the program educate and serve more individuals, thus providing more Pennsylvanians the opportunity to increase and prolong their independence
- Allocating an additional \$500,000 in state funding to OVR specifically earmarked for assistive technology for participants served by the Department of Human Services and/or the Department of Aging through LTSS programs

*Actionee(s): The governor and General Assembly*

- Invest in state broadband access to ensure that direct care workers and consumers throughout Pennsylvania can fully utilize available technology options

*Actionee(s): The governor and General Assembly*

# EXPAND LABOR POOL & INFORMAL/VOLUNTEER SUPPORTS



## GOAL

To expand the pool of potential workers, informal caregivers, and volunteers to assist those in need of services and supports with maintaining their independence



## RECOMMENDATION

Implement incentives to encourage college students to enter the direct care workforce and for students, volunteers, and others to provide supports and assistance to older adults and individuals with disabilities



## BARRIERS

- Funding for incentives
- Potentially limited reach



## BENEFITS

- Highlights a career path and/or service opportunity that people may not have considered
- Help alleviate formal staffing demands, enhance the quality of life for older adults and those with disabilities, and delay/avoid the need for more intensive services and supports



## STRATEGIES

- Provide loan forgiveness, tuition assistance, academic credit, or a combination thereof for college students who commit to work as a direct care worker for a certain length of time

*Actionee(s): Depends on the specific type of incentive but could include the governor and General Assembly, colleges, universities, higher education entities, and the Pennsylvania Higher Education Assistance Agency*

- Provide housing stipends to students who are vetted and reside with an older adult or person with a disability in exchange for helping with instrumental activities of daily living, such as shopping, cleaning, home maintenance, etc.
  - This can also be part of a multi-generational housing model utilizing Minka houses or existing housing infrastructure, where young and older

adults reside within the same community

Actionee(s): *Colleges, universities, higher education entities, and housing organizations*

- Provide tax credits or rebates for individuals who assist neighbors and others for no charge with services and supports to help them remain at home, including, but not limited to, lawn care, snow removal, home maintenance, and instrumental activities of daily living, as well as those who volunteer with programs that provide similar services and supports and companionship

Actionee(s): *The governor and General Assembly and/or local governments*

## ADDITIONAL COMMENTS

The above strategies can be implemented initially as pilot projects to measure effectiveness.



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**THE REALITY IS THAT BETTER TRAINING, BETTER COMPENSATION, AND AN EXPANDED ROLE WILL ADD UP TO BOTH BETTER CARE AND REDUCED COSTS.**

**PAUL OSTERMAN**

AUTHOR OF *WHO WILL CARE FOR US? LONG-TERM CARE AND THE LONG-TERM WORKFORCE*

PROFESSOR, MIT SLOAN SCHOOL OF MANAGEMENT

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## NOTES

This blueprint and the recommendations are representative only of the Long-Term Care Council and do not signify the support or the position of the council members' organizations.

Recipients or would-be recipients of long-term services and supports are referred to as both consumers and participants throughout this blueprint.

LTSS refers to long-term services and supports.

# STUDIES & SOURCES

## PREVIOUS REPORTS & STUDIES

- Pennsylvania Long-Term Care Commission Final Report  
(Dec. 2014)
- Report of the Advisory Committee on Long-Term Care Services and Supports for Older Pennsylvanians  
(Aug. 2014)
- Pennsylvania Senior Care and Services Study Commission  
(Nov. 2010)
- Addressing Pennsylvania's Direct Care Workforce Capacity: Primary Recommendations for Quality Jobs and Quality Care  
(Dec. 2007)
- Home and Community-Based Barriers Elimination Work Group Report  
(Revisited 2006)
- 2004 Pennsylvania Long-Term Care Workforce Surveys  
(May 2005)
- Pennsylvania's Care Gap: Finding Solutions to the Direct-Care Workforce  
(Jun. 2003)
- Home and Community-Based Barriers Elimination Work Group Report  
(Mar. 2002)
- In Their Own Words Part II: Pennsylvania's Frontline Workers in Long-Term Care (Oct. 2002)
- In Their Own Words: Pennsylvania's Frontline Workers in Long-Term Care  
(Feb. 2001)
- Pennsylvanians Frontline Workers in Long-Term Care: Provider Organization Perspective  
(Feb. 2001)

## DATA SOURCES

- <sup>1</sup> U.S Department of Labor, Bureau of Labor Statistics
- <sup>2</sup> The Paraprofessional Healthcare Institute
- <sup>3</sup> Pennsylvania Department of Labor and Industry
- <sup>4</sup> U.S. Department of Health and Human Services, Administration for Community Living
- <sup>5</sup> The Penn State Data Center
- <sup>6</sup> Pennsylvania Department of Human Services
- <sup>7</sup> Governor's Office of the Budget, Enacted Budget Line-Item Appropriations documents
- <sup>8</sup> TechOWL

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