

**To ensure the capacity of our healthcare system to provide cost effective services and supports for our elders and people with disabilities and to unlock the potential of the direct-care workforce as resources for health promotion and disease management, Congress should:**

- 1. Improve direct-care worker compensation through higher wages and access to affordable health coverage.**
- 2. Improve and increase training and education opportunities for direct-care workers.**
- 3. Include the direct-care workforce in new health management practices and models of care aimed at assisting people with chronic conditions and controlling health care costs.**

**1. Improve direct-care worker compensation through higher wages and access to affordable health coverage.**

- **Ensure access to affordable comprehensive coverage**, through public or private plans, by including services for chronic conditions and adequate subsidies for low-wage workers.
- **Encourage state Medicaid programs to increase pay and benefits for direct-care workers** through such measures as wage pass-throughs, setting wage floors, establishing minimum percentages of service rates for direct-care labor costs, and other means, such as enhancements or pass-throughs for the cost of private health insurance, as called for in the Institute of Medicine's 2008 report *Re-tooling for an Aging America: Building the Health Care Workforce*.
- **Encourage the Centers for Medicare and Medicaid Services to institute review processes and quality assurance systems that promote an adequate and stable direct care workforce.** Guidance to states should include methods for monitoring direct-care worker compensation, as well as effective rate-setting policies.
- **Encourage the Department of Labor to issue new regulations re-interpreting the companionship exemption to the Fair Labor Standards Act** in order to extend federal minimum wage and overtime protections to greater numbers of home care aides.
- **Support the development of national job quality/workforce indicators for direct-care occupations**—such as workforce size, stability, and compensation—for policymakers and industry leaders to use in creating incentives for adequate staffing, as well as better recruitment and retention. Encourage states to collect and report a minimum data set of these indicators.

## 2. Improve and increase training and education opportunities for direct-care workers.

- Enact “The Retooling the Health Care Workforce for an Aging America Act” which would establish a strong foundation for needed training and education reforms by: a) Developing, testing and evaluating **competency-based training** for all direct-care workers; and b) **Enhancing training for Certified Nursing Assistants and Home Health Aides** by supporting the development of essential training content beyond current requirements.
- **Promote a greater emphasis on communication and interpersonal problem-solving skills** in all direct-care training to strengthen caregiving relationships, ensure delivery of person-centered services, and coordinate with family caregivers.
- **Promote federal investment in the expansion and improvement of state infrastructure for training direct-care workers** by foster an array of training entities—community colleges, employer-based programs, employer consortia, and new regional private/public partnerships
- To expand the availability of quality home and community-based services, **align government payment policies for reimbursement of training costs** by establishing parity across different types of direct-care workers (only CNA training costs are eligible for repayment by the federal government).

## 3. Include the direct-care workforce in new health management practices and models of care aimed at assisting people with chronic conditions and controlling health care costs.

- Include the direct-care workforce – a critical piece of our nation’s health care workforce – in emerging efforts related to *chronic disease management, integrated models of care, and cost control*.
- Fund demonstration grants that pilot programs which train home care workers to serve as part of the medical team monitoring chronic health conditions and helping to ensure compliance with health and medication regimens.
- Study the comparative effectiveness of long-term services and supports provided by direct-care workers receiving competency-based training that prepares them to provide personal care, monitor chronic conditions, and promote health compared with services provided by workers trained under current standards.

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