PHI QUALITY CARE THROUGH QUALITY JOBS

PHI Response to Request for Information:
Federal Government Interventions to Ensure the Provision of Timely and Quality Home and Community-Based Services

PHI works to transform eldercare and disability services. We foster dignity, respect, and independence—for all who receive care and all who provide it. The nation's leading authority on the direct care workforce, PHI promotes quality direct care jobs as the foundation for quality care. PHI has helped organizations, advocates, and policymakers across the U.S. to improve the quality of home and community based services (HCBS) since 1991 through work such as workforce and curriculum development, coaching and consulting services, and policy and research efforts.

Direct care workers make up 27 percent of the total healthcare workforce[1] and have the greatest amount of interaction with HCBS enrollees on a daily basis. Therefore, they have the potential to make a profound impact on the quality of care and quality of life of enrollees. With 10,000 Baby Boomers turning 65 every day,[2] we will need 1.3 million new direct care workers by 2022.[3] Older adults in the community who have significant functional limitations are nearly five times as likely to enroll in Medicaid, and those living in facilities are even more likely.[4] Therefore, a significant portion of Baby Boomers will likely receive their long-term services and supports (LTSS) through Medicaid. This increase in demand is exacerbated by chronically high rates of turnover among direct care workers[5] and decreased labor participation among women ages 25 to 54 – the typical demographic of direct care workers.[6]

To meet that demand with a quality, stable direct care workforce, we must invest in direct care worker training, wages, and benefits. Research has shown that quality training for direct care workers decreases their intent to leave their jobs and increases care skills and quality.[7] Adequate

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[1] U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics (March 25, 2015).May 2014 National Employment and Wage Estimates United States. Retrieved from: http://www.bls.gov/oes/

[2] Cohn & Taylor (December 10, 2010), "Baby Boomers Approach 65 – Glumly." Accessed at: http://www.pewsocialtrends.org/2010/12/20/baby-boomers-approach-65-glumly/ on July 22, 2015.

[3] U.S. Department of Labor, Bureau of Labor Statistics, Employment Projections Program (December 19, 2013). "National Employment Matrix, 2012-2022". Accessed at: http://www.bls.gov/emp/ep_table_108.htm

[4] Congressional Budget Office (June 2013), "Rising Demand for Long-Term Services and Supports for Elderly People." Accessed at: http://www.cbo.gov/sites/default/files/44363-LTC.pdf on July 22, 2015.

[5] American Health Care Association (2014), "American Health Care Association 2012 Staffing Report." Accessed at: http://www.ahcancal.org/research_data/staffing/Documents/2012_Staffing_Report.pdf on July 22, 2015.

[6] U.S. Department of Labor, Bureau of Labor Statistics (December 2013), "Labor force projections to 2022: the labor force participation rate continues to fall." Accessed at: http://www.bls.gov/opub/mlr/2013/article/labor-force-projections-to-2022-the-labor-force-participation-rate-continues-to-fall.htm on July 22, 2015.

[7] Luz & Hanson (May 4, 2015). "Filling the Care Gap: Personal Home Care Worker Training Improves Job Skills, Status, and Satisfaction." *Home Health Care Management & Practice*.

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wages and benefits have also been shown to decrease turnover.[8,9] Combined, better training and adequate compensation will help attract and maintain a quality workforce, which will ensure that enrollees receive quality, person-centered care.

Below, we provide a response to a number of the questions put forth in the request for information, "Federal Government Interventions to Ensure the Provision of Timely and Quality Home and Community Based Services." These responses focus on methods to attract, maintain, and regulate a direct care workforce, which will enable client access to high-quality HCBS. PHI's comments include a starting point for addressing workforce needs, and are not meant to lay out a comprehensive plan.

Question A. ***What are the additional reforms that CMS can take to accelerate the progress of access to HCBS and achieve an appropriate balance of HCBS and institutional services in the Medicaid LTSS system to meet the needs and preferences of beneficiaries?***

See Question D for feedback on differences between rural and urban HCBS needs.

Question B. ***What actions can CMS take, independently, or in partnership with states and stakeholders, to ensure quality of HCBS and beneficiary health and safety?***

PHI strongly supports creating minimum standardized performance measures for HCBS, with the option for states to include additional measures. Importantly, the minimum performance measures should include workforce measures that are more substantive than a measure indicating whether the aide arrives on time or a measure assessing client satisfaction. We strongly recommend convening a group of stakeholders to determine minimum measures, as well as how they can be tracked. The National Quality Foundation (NQF) recently issued a report[10] that includes workforce measures among a range of other quality measures. This report is a perfect starting point for determining minimum standardized performance measures. Notably, this report also includes potential sources of data for its recommended measures. Other key program objectives, such as choice and self-direction, should also be considered when determining minimum performance measures (see Question C).

Question C. ***What program integrity safeguards should states have in place to ensure beneficiary safety and reduce fraud, waste, and abuse in HCBS?***

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[8] Morris (2009) Quits and Job Changes Among Home Care Workers in Maine. The Gerontologist, 49(5):635-50.

[9] Banijamali, Hagopian, & Jacoby (2012), "Why They Leave: Turnover Among Washington's Home Care Workers." Seattle, WA: SEIU Healthcare 775NW. Accessed at: http://seiu775.org/report-turnover-among-wa-home-care-workers/

[10] National Quality Forum (September 2016), "Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement." Accessed at: http://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living__Addressing_Gaps_in_Performance_Measurement.aspx

PHI supports CMS's effort to reduce fraud in the Medicaid program by setting more standards for personal care services (PCS). However, it should be noted that many of these issues also impact quality of care for enrollees.

Training:

PHI strongly recommends establishing federal requirements for competency and training standards for personal care workers. Training will enable personal care aides to provide higher quality care, and better prepare them to meet clients' needs. Further, training has been shown to increase job satisfaction and reduce intent to leave the job.[11] PHI recommends a *minimum* of 40 hours of training in order to be certified. However, in our experience, more training is often needed; PHI's curriculum accounts for 75 hours of training. A stakeholder group should be convened to determine the minimum standard. Arizona,[12] Washington,[13] and Iowa[14] are state-level examples of stakeholder processes that successfully developed PCA training standards.

It is also time to update home health aide minimum training requirements. 75 hours is insufficient in an environment where more is being asked of home health aides. The acuity of home care patients increasing, and the healthcare system's increased focus on reporting and measuring quality and cost requires more from home health aides than was expected in the past. PHI recommends an increase to a minimum of 120 hours, a number supported by a 2008 Institute of Medicine report.[15]

Training requirements for personal care workers and home health aides should include minimum core competencies. In addition to task-based competencies, such as how to best assist with ADLs, there should be competencies around communication, relationship building, and enhanced observation and recording. In our HCBS system, these skills are increasingly important and help to ensure quality care for clients, as well with the early identification of potential medical issues.

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[11] CFAR (2016), "What Makes a Home Health Worker Want to Leave a Job?" Accessed on January 4, 2017 at: http://www.leadingage.org/cfar/what-makes-home-health-worker-want-leave-job

[12] Citizens Workgroup on the Long-Term Care Workforce (April 2005), "Will Anyone Care? Leading the Paradigm Shift in Developing Arizona's Direct Care Workforce." Accessed at: https://des.az.gov/file/2324/download

[13] Trien Associates (2007), "Washington State Long-Term Care Workers Training Workgroup.' Accessed at: https://web.archive.org/web/20090507090118/http:/www.governor.wa.gov/ltctf/workgroup/2007report/LTCWkrTrng_FINALRPT_120607.pdf

[14] Iowa Department of Public Health, (March 2012), "Iowa Direct Care Worker Advisory Council Final Report." Accessed at: https://idph.iowa.gov/Portals/1/Files/DirectCare/DCW%20March%202012%20Report%202012%202%2028%20hng.pdf

[15] Institute of Medicine (April 2008), "Retooling for an Aging America: Building the Health Care Workforce." Accessed at: http://www.nationalacademies.org/hmd/Reports/2008/Retooling-for-an-Aging-America-Building-the-Health-Care-Workforce.aspx

It is also important to improve on-the-job supports to foster continued learning beyond initial training, including peer mentoring programs and enhanced in-service training. Ongoing training helps to ensure aides continue to increase their skills and enables them to provide better care.

Screening requirements:

Screening requirements are dependent upon training methods. For a training program that is textbook-based, a higher reading level is required. However, PHI has found that required experience levels (such as a high school diploma and an 8th Grade reading level) can be unnecessary barriers for qualified individuals to enter the field. People who do not meet these requirements can still be highly effective caregivers, as long as they are trained in a program that designs teaching materials that support these individuals. For example, PHI has found that teaching methods that are not heavily textbook-based and that provide contextual literacy support can help people with lower literacy levels become successful caregivers.

Support of key objectives, such as choice and self-direction:

The key objectives of choice and self-direction should be included in the minimum quality performance determination process (see Question B).

Worker registries:

See Question D for feedback on worker registries.

Question D. ***What specific steps could CMS take to strengthen the HCBS home care workforce?***

Access to quality services in urban and rural areas:

The workforce shortage in direct care workers is a huge barrier that many individuals in both rural and suburban areas – are facing when trying to access HCBS. Though the supply of direct care workers is likely stronger in urban areas, there is still an extremely high turnover rate among direct care workers, which negatively impacts care quality. PHI recommends that CMS take the following actions:

- Make matching funds available for states that would like to undertake a landscape study to determine the full extent of the workforce shortage they are facing, as well as efforts to create ongoing data systems on this important workforce to better identify current and future needs. A 2004 HHS report includes recommendations regarding data needs and creating systems to get reliable data on nursing aides, home health aides, and related health care occupations, such as factors that are important to include in a data system to determine current and future needs.[16]

[16] National Center for Health Workforce Analyses (February 2004), "Nursing Aides, Home Health Aides, and Related Health Care Occupations -- National and Local Workforce Shortages and Associated Data Needs." Accessed at: https://bhw.hrsa.gov/sites/default/files/bhw/RNandHomeAides.pdf

- Make matching funds available for pilot projects to address the workforce shortage, including efforts that do more than raise wages. While raising wages is an important way to attract and maintain a workforce, more is needed to ensure workers have quality jobs and can provide quality care.
- Make career advancement opportunities available for direct care workers. For example, New York recently created an advanced home health aide occupation that will meet the needs of clients while providing home health aides with a career ladder.[17] PHI has found that workers are more likely to enter and stay in the field if there is room for advancement; this is especially true for younger workers.
- Enhance training requirements so that HCBS workers are better prepared for their jobs (see Question C) and enhance job supports that enhance HCBS workers' ability to provide quality care, such as peer mentoring[18] and ongoing training opportunities.
- Create a federal home care aide advocate or ombudsman program to provide enhanced supports to home care aides. An advocate could help educate workers about their rights, connect them to training and advancement opportunities, and obtaining information about benefits for which they are eligible. New York City recently created the Division of Paid Care, which seeks to provide this level of support to home care and child care workers and could be used as a model for states and at the federal level.[19]

Determining whether increase results in better quality:

Low wages have long undermined HCBS quality care.[20] Research has shown that poor wages and benefits, few opportunities to advance careers, and lack of managerial support all contribute to increase worker turnover.[21] Although there have been fewer studies on HCBS, studies in nursing home staff turnover have shown that increased turnover is associated with poorer quality of care for clients.[22] Together, this research suggests that compensation and other supports reduce turnover, which can lead to an increase in quality of care. Since directly studying how increasing wages and other supports affects quality of care could be very expensive, research

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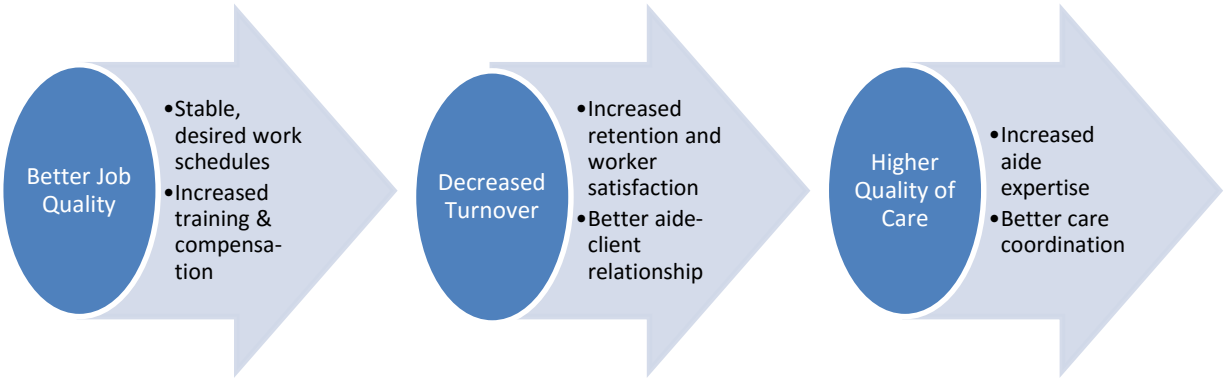
[17] PHI (December 1, 2016), "Advanced Home Health Aide Bill Signed into Law in New York." Accessed at: http://phinational.org/blogs/advanced-home-health-aide-bill-signed-law-new-york
[18] PHI, "Peer Mentors." Accessed at: http://phinational.org/workforce/resources/phi-curricula/peer-mentoring
[19] Rodat (August 19, 2016), "NYC's Division of Paid Care Will Benefit Home Care Workers." PHI. Accessed at: http://phinational.org/blogs/nycs-division-paid-care-will-benefit-home-care-workers
[20] PHI (February 2015), "Paying the Price: How Poverty Wages Undermine Home Care in America." Accessed at: http://phinational.org/sites/phinational.org/files/research-report/paying-the-price.pdf
[21] Faul et al. (2010), "Promoting Sustainability in Frontline Home Care Aides." *Home Health Care Management & Practice*. 22(6), p 408-416.
[22] Castle et al. (2007), "Nurisng Home Staff Turnover: Impact on Nursing Home Compare Quality Measures." *The Gerontologist*. 47(5), p 640-661.

findings show that it is reasonable to use turnover as a proxy. The illustration below demonstrates how better job quality improves the quality of care.



Registries:

A worker registry can have a variety of functions. The most basic registry keeps track of workers, the training programs they have completed, and their certifications. This type of registry, similar to what is used in New York,[23] is useful for agencies and other employers when they have already found a worker. However, they are not useful for prospectively matching workers to employers. While a registry that also serves as a matching service can be more expensive to implement and maintain, it goes much further toward addressing the HCBS workforce shortage (PHI has compiled a list of nonprofit matching service registries across the country[24]). PHI recommends that registries be developed and used to track and match workers to employers, as well as to collect and analyze data on current and future workforce needs.

Conclusion

PHI appreciates the opportunity to share information and recommendations about ensuring the provision of timely and quality HCBS. We look forward to participating in future discussions on these topics. If you have any questions or would like to further discuss these comments, please reach out to Robert Espinoza, Vice President of Policy, PHI at REspinoza@PHInational.org or at (718)928-2085.

[23] NYS Department of Health, "New York State Home Care Registry." Accessed at: https://apps.health.ny.gov/professionals/home_care/registry/home.action

[24] PHI, "PHI Matching Services Registry Project." Accessed at: http://phinational.org/policy/resources/phi-matching-services-project