Center for Health Care Strategies

Strengthening the Direct Care Workforce: Scan of State Strategies

By Hannah Ward, Matthew Ralls, Courtney Roman, and Diana Crumley, Center for Health Care Strategies

Across the U.S., direct care workers (DCWs) are responsible for a majority of the hands-on care for older adults and people with disabilities, including those who require personal assistance services. DCWs work in a variety of settings, including nursing homes and individuals' own homes, and perform tasks such as bathing, dressing, housekeeping, meal preparation, and medication management as well as more intensive medical care and assistance. This critical workforce provides essential support for older adults and people with disabilities who may not have family or informal caregivers to provide the day-to-day care they need.

The challenges DCWs face are significant. First, DCWs are highly underpaid — in part due to low Medicaid reimbursement rates — but also because of a deeply rooted undervaluing of the work within the larger health care system.[1] Due to low wages, long hours, and the demanding nature of the work, there is a high rate of DCW turnover, with many moving to jobs with fewer hours and higher pay in other industries such as hospitals, retail, and fast food.[2] Furthermore, while some employers require a certain number of hours for basic certification, there are few federal training requirements and DCWs often perform tasks outside their limited training[3] and struggle to find affordable and accessible training opportunities. Finally, DCWs and the work they provide is essential — but are not always viewed as such by society.[4] A concerted culture shift is still needed across the broader health care system and the public in general, where DCWs are valued for the skilled work they perform as health care professionals.

The COVID-19 pandemic only heightened the urgency to develop strategies that attract new workers to the field and strengthen the direct care workforce, especially as more older adults and people with disabilities seek to avoid institutions and to live in home- and community-based settings. Coupled with the unique opportunity presented by the availability of American Rescue Plan Act (ARPA) funds, states across the country are creating legislation and other supports to bolster this critical workforce.

The following scan was designed to highlight state examples of strategies aimed at strengthening the direct care workforce. The scan includes examples from the following states: **Colorado**, **Iowa**, **Illinois**, **Indiana**, **Massachusetts**, **Minnesota**, **Nevada**, **New Jersey**, **Tennessee**, **Washington State**, and **Wisconsin**.

The following sections highlight states': (1) legislative language supporting DCWs, including related to ARPA investments; and (2) direct care workforce training models, including how states fund training, when available.

This scan was developed for the Michigan Department of Health and Human Services, Bureau of Aging, Community Living, and Supports with funding from the Michigan Health Endowment Fund. Although it was prepared to inform the Michigan landscape, the lessons herein can apply to any state interested in strengthening the direct care workforce.

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Section 1. Examples of State Legislation Supporting DCWs

LEGISLATIVE LANGUAGE	CONSIDERATIONS
COLORADO	
In 2019, Colorado passed SB19-238 (Improve Wages and Accountability Home Care Workers), which requires that the state: • [25.5-6-1602] Requests an 8.1% increase in reimbursements from the federal government for services paid for through the home and community-based waivers. • [25.5-6-1603-2] Implements a minimum wage of $12.41/hour for DCWs. • [25.5-6-1603-3&4] Sets up distribution and reporting requirements for how funds are spent. • [25.5-6-1604] Creates a process for reviewing and enforcing training for personal care services. - Established the Senate Bill 19-238 Training Advisory Committee which produced Senate Bill 19-238: Improve Wages and Accountability for Home Care Workers report. Appendix 1 (p.18) of the Colorado report has a detailed minimum training curriculum draft. • Appropriates an initial $5.68 million of FY 2019-20 budget to accomplish these objectives. **Colorado's Proposed ARPA Funding for Home and Community Based Services (HCBS):** • Retention and hiring bonuses • Expand data infrastructure to better understand the current supply and demand for DCWs • Develop a standardized curriculum and training program, increasing specialized qualifications tied to wage increases • Establish training fund • Address benefits cliff (childcare, housing, education)	Delegating the creation of a standardized training curriculum to a committee that represents diverse interests can help garner political and DCW buy in.
IOWA	
In February 2021, HF 692 was introduced in Iowa, which is a bill for an act relating to the direct care workforce, including the expansion of the direct care workforce registry. The bill requires the Department of Inspections and Appeals (DIA) to expand the existing federally required direct care workforce registry to include all certified nurse assistants (CNAs), regardless of employment setting. • DIA shall require all employers of CNAs, regardless of employment setting, to report the qualifying employment of a CNA for inclusion in the direct care workforce registry. Currently, only long-term care facilities are required to report qualifying employment to the registry. • The bill requires DIA to convene a stakeholder advisory work group to develop a plan for the expansion of the direct care workforce registry. The bill specifies the components to be included in the plan and requires DIA to submit the plan to the governor and the general assembly no later than December 2021. • The bill also requires the Department of Education, Department of Public Health, in collaboration with the Department of Workforce Development, Department of Human Services, and DIA to incorporate the enhanced direct care workforce registry created in the bill into existing health, direct care, and long-term services and supports workforce dashboard data, and to utilize such data in informing the state's strategies to build a strong health, direct care, and long-term services and supports workforce. • In developing online platforms for DCWs, employers, and care recipients, consider coordinating with state agencies to ensure that any workforce employment data that would enhance the platform is accurately entered.	In developing online platforms for DCWs, employers, and care recipients, consider coordinating with state agencies to ensure that any workforce employment data that would enhance the platform is accurately entered.

LEGISLATIVE LANGUAGE	CONSIDERATIONS
IOWA *(continued)*	
Iowa's Proposed ARPA Funding for HCBS: • Workforce support — expand direct care registry • Increased training and support - Develop unified training platform - Building provider capacity through pilot programs - Training Scholarship Grant Program	
INDIANA	
As part of the Indiana 2021 Budget Bill, the Division of Disability and Rehabilitative Services is implementing 14% rate increases to the wages of Direct Support Professionals (DSP) effective July 1, 2021 upon approval by CMS. This legislation aims to increase the statewide average DSP wage to $15/hr. Implementation requirements outline what is necessary to receive the additional rate. To minimize the impact this rate increase has on individuals and families, the annual cap on the Family Support Waiver budget will increase from $17,300 to $19,614. **Indiana's Proposed ARPA Funding for HCBS:** • Workforce Stabilization Grant Program: Distribute grants to support frontline staff who worked during COVID-19 • Expand HCBS provider workforce by creating a strategy, common curriculum for DCWs, career ladders, financial support for workers, statewide recruitment campaign, a rate for Private Duty Nurses that doesn't incorporate a daily overhead fee	This legislative change was made possible in Indiana by partnering with the Arc of Indiana and Indiana Association of Rehabilitation Facilities. Partnering with community organizations can increase buy in when developing legislation.
MINNESOTA	
In 2020, Minnesota Statute 256B.85 outlined the establishment of a participant-controlled Community First Services and Supports (CFSS) program to replace the existing Personal Care Assistant (PCA) model. The CFSS model aims to expand choice for program participants. Key differences between the CFSS program and the existing PCA program are: • In CFSS, a person's spouse, parent, or minor can serve as a person's support worker. Individuals who are receiving CFSS services can also be a provider; • In CFSS, participants may choose to purchase goods in aid of independence; and • A new consultation service provider role will provide education and support in writing for the individual's care plan. The transition was expected to begin in 2021, but has been delayed because the state is still awaiting federal approval. The 2022-2023 Biennial Budget allocates additional funding for this program, which includes increases to the wage floor from $13.25/hour to $14.40/hour in 2021 (or upon federal approval) and to $15.25/hour in 2022, increase to paid time off and holidays, and funding for training stipends. Minnesota's Olmstead Implementation Office produces workplans to tackle issues in the direct care and support workforce. The Olmstead Subcabinet Cross-Agency Direct Care and Support Workforce Shortage Working Group produced a report, Recommendations to Expand, Diversify, and Improve Minnesota's Direct Care and Support Workforce in 2018. This report lays out a strategic vision for tackling the crisis in the direct care and support workforce. Within this plan, strategies are evaluated on priority, if they require legislative action, if they need state agency action, and if community stakeholders required for the activity to occur. In the appendix is a wage analysis for Minnesota direct care staff.	Technology issues while attempting to transition all PCAs to the CFSS model created a delay. Building technical capacity into the change plan can help programs stay on schedule.

LEGISLATIVE LANGUAGE	CONSIDERATIONS
MINNESOTA *(continued)*	
Minnesota's Proposed ARPA Funding for HCBS: • Rate increases: 9.7% for services determined by Minnesota's Waiver Rates system, 10.10% increase for PCAs, CFSS, 5% for home health • Study on PCA/CFSS wages and use of public programs • Training stipends for members of Service Employees International Union • Establish an HCBS Workforce Grant — uses could include stipends, sign-on bonuses, scholarships, achievement awards, etc.	
NEVADA	
Nevada's SB 93 authorizes recipients of Medicaid to receive reimbursements for personal care services. This in essence establishes a self-directed model (a diversion from the agency-only based structure). • This law allows clients with money to pay caregivers more in addition to the standard budget. • The associated fiscal note estimates the costs of using a contracted fiscal intermediary to assist beneficiaries with managing the budget of their self-directed PCS. Their estimate uses rates from Arizona's Medicaid services. **Nevada's Proposed ARPA Funding for HCBS:** • Align permanent reimbursement rates to match minimum wage • Supplemental payments for home care workers to increase their rates for term of increased matching • Conduct rate study similar to the one they conducted in 2002 to determine rate increase needs	SB 93 had less of a financial impact than competing proposals that would increase DCW wages. Increasing consumer flexibility by establishing a self-directed model can be an option for increasing pay for DCWs. However, doing so may present equity and access concerns for Medicaid recipients who are unable to self-direct their personal care services, or who do not have the financial ability to augment DCW income.
NEW JERSEY	
New Jersey passed SB 3847 in June 2021, requiring the Division of Medical Assistance and Health Services in the Department of Human Services to establish a program under which a family member of an enrollee in Medicaid or NJ FamilyCare, or a third-party individual approved by the parent or guardian of an enrollee in Medicaid or NJ FamilyCare, may be certified as a certified nursing assistant (CNA) and, under the direction of a registered nurse, provide CNA services to the enrollee through a private duty nursing agency under the reimbursement rates established pursuant to subsection D of this section, provided that the enrollee is under 21 years of age and qualifies for private duty nursing services under Medicaid or NJ FamilyCare. The division shall develop an assessment tool that will allow the division to readily identify enrollees who meet these eligibility criteria. • The program will require the family member or approved third-party individual to complete all training, testing, and other qualification criteria as required under state and federal law for certification as a CNA. The private duty nursing services agency that will employ the family member or approved third-party individual to provide private duty nursing services to the enrollee will pay all costs for the family member or approved third-party individual to become certified as a CNA. In no case will a family member or approved third-party individual who becomes a CNA be required to repay or reimburse the private duty nursing services agency for the costs of the family member or approved third-party individual becoming certified as a CNA under the program.	When considering how to organize agency efforts to strengthen the direct care workforce, New Jersey's Special Taskforce on Direct Care Workforce Retention and Recruitment is a strong model. Including DCWs on a special taskforce, as New Jersey has, should be considered a best practice.

LEGISLATIVE LANGUAGE	CONSIDERATIONS
NEW JERSEY *(continued)*	

• The tasks delegated by a registered nurse to a family member who becomes certified CNA will be consistent with the tasks that may be generally delegated to CNAs pursuant to the rules of the New Jersey Board of Nursing.
• CNA services provided by a family member of a Medicaid or NJ FamilyCare enrollee or an approved third-party individual who becomes certified as CNA under this program should be reimbursed at a rate of no less than $30 per hour.
• The Department of Human Services will be required to apply for state plan amendments and waivers as are necessary to implement the provisions of the bill and to secure federal financial participation for state Medicaid expenditures under the federal Medicaid program.
 	
New Jersey passed SB 2712 in October 2020, establishing a Special Task Force on Direct Care Workforce Retention and Recruitment at the Department of Labor and Workforce Development. The purpose of the task force is to:
• Evaluate current direct care staffing levels in the state;
• Examine policies and procedures used to track data on direct care staffing, including workforce turnover rates in long-term care, staffing statistics, and vacancy rates;
• Examine the effectiveness of staff retention and recruitment strategies and initiatives that are in place for direct care staff;
• Identify any existing circumstances that allow for a shortage or surplus of direct care staff;
• Develop recommendations for legislation, policies, and short-term and long-term strategies for the retention and recruitment of direct care staff to ensure an adequate workforce is in place to provide high-quality, cost-effective health care; and
• Develop recommendations for a waiver process.
 	
The task force includes 16 members, as follows:
• The Commissioner of Labor and Workforce Development, the Commissioner of Human Services, the Commissioner of Health, the Secretary of Higher Education, and the New Jersey Long-Term Care Ombudsman, or their designees, who shall serve ex officio;
• Two members of the Senate appointed by the President of the Senate, which members shall not be from the same political party;
• Two members of the General Assembly appointed by the Assembly Speaker, which members shall not be from the same political party; and
• Seven public members, including:
  - One direct care staff professional who has experience as a certified nurse aide in a not-for-profit nursing facility;
  - One direct care staff professional who has experience as a certified nurse aide in a for-profit nursing facility;
  - One representative of the Health Care Association of New Jersey, to be appointed by the Governor;
  - One representative from a statewide majority labor representative in non-profit or for-profit nursing facilities;
  - One representative of the New Jersey Hospital Association, to be appointed by the President of the Senate;
  - One representative of the American Association of Retired Persons; and
  - One representative of LeadingAge New Jersey and Delaware, to be appointed by the Speaker of the General Assembly.
 	
New Jersey's Proposed ARPA Funding for HCBS:
• Rate increases for Personal Care Assistant, Personal Preference Program, Assisted Living Facility, Applied Behavioral Analysis, Jersey Assistance for Community Caregiving, and Support Coordinator programs
• Home Health Workforce Development — training, recruitment/retention bonuses, bonuses for agency quality measures (based on satisfaction surveys)	

LEGISLATIVE LANGUAGE	CONSIDERATIONS
WASHINGTON STATE	
In the 2021-2023 enacted state operating budget, which passed the state legislature in April 2021: "$450,000 of the general fund—state appropriation for fiscal year 2022 is provided solely for the nursing care quality assurance commission, in collaboration with the workforce training and education coordinating board and the department of labor and industries, to plan a home care aide to nursing assistant certified to licensed practical nurse (HCA-NAC-LPN) apprenticeship pathway. The plan must provide the necessary groundwork for the launch of at least three licensed practical nurse apprenticeship programs in the next phase of work. The plan for the apprenticeship programs must include programs in at least three geographically disparate areas of the state experiencing high levels of long-term care workforce shortages for corresponding health professions and incorporate the participation of local workforce development councils for implementation." **Washington's Proposed ARPA Funding for HCBS:** • Improving rates for providers, including raising wages and increasing benefits for individual providers and home care agencies improves HCBS services by assuring provider stability • Special courses for provider skills training	When creating a career advancement pathway for DCWs, states could consider designating resources from general funds to strategically incentivize a more robust home care workforce in geographic regions where shortages are projected.
WISCONSIN	
Executive Order #11 – Established the Governor's Task Force on Care Giving. The final report, Wisconsin Caregivers in Crisis: Investing in our Future, outlined 16 policy proposals. Under each proposal is analysis that includes potential funding sources, as well as estimated costs for each initiative. • #9 Direct Care Worker Fund (p. 34) — transitions the fund from quarterly to an annual review and payout process. • #12 State-Wide Direct Support Professional Training (p. 37) — recommends the creation of a tiered system for career advancement, culminating in a CNA certification for PCAs. • #16 – Registry Pilot (p. 18) — recommends a one-year pilot using the Lightest Touch software platform to establish a home care provider registry. State Biennial Health Services Budget 2019-21 (p. 273) — budget appropriations increase hourly rates for personal care workers by 1.5% annually from $16.73 to $17.24 an hour across the two-year budget. **Wisconsin's Proposed ARPA Funding for HCBS:** • Increase rates for all HCBS services by 5% • Develop professional career ladder with tiered reimbursement by first conducting a survey to get an environmental analysis and establishing a registry for DCWs to be able to tier payment structure • Implement statewide training modules and offer training grants so that providers are incentivized to participate in additional competency training.	Wisconsin's success in increasing their direct care workforce appropriations was largely a bipartisan compromise. Bipartisan support of DCW initiatives is a goal to strive for when working to strengthen the direct care workforce.

Section 2. Examples of State DCW Training Models

TRAINING MODEL(S) OVERVIEW	FUNDING MODEL	STATE CONSIDERATIONS
ILLINOIS		
Direct Support Persons (DSP) must complete 120 hours of training which cannot be presented in less than 21 calendar days from when it is initiated. • Four online programs can satisfy the classroom components of the DSP training: - College of Direct Support offered by DirectCourse - Relias Learning - Southern Illinois University -Carbondale's training through their Office of Workforce - Infinitec, which has accounts are tied through employer membership in the Infinitec Social Services Coalition	Training costs are reimbursable for any participant that completes the requirements according to policy. Reimbursement rates and processes for online training are the same as those for instructor led courses.	In this model, trainees can access the same training across different platforms. Therefore, allowing multiple vendors to satisfy learning criterion can help agencies build partnerships. Additionally, setting prices or capping reimbursement can help prevent large price differentials.
MASSACHUSETTS		
Like Michigan, Massachusetts participated in the Personal and Home Care Aide State Training demonstration. Massachusetts deployed a train-the-trainer model to standardize training methodology. The state created an online ten module, 37-hour training format to certify home care aides. The training curriculum provides trainees with the entry-level position of "homemaker," which then can be built upon to translate to home health aide through additional training. Personal care aides (PCA) are required to go through a three-hour PCA New Hire Orientation within six months of their hire date. This training can be done online or through a consumer directed curriculum. It is free. Continuing education is also funded through union membership. Additional information on the state labor bargaining agreements that were reached in 2020 can be found in the Massachusetts Personal Care Attendant Quality Home Care Workforce Council Annual Report.	The Executive Office of Health and Human Services administers and funds the MassHealth PCA program through contracts with 18 personal care management agencies and, starting on January 1, 2022, one Fiscal Intermediary provisioned through the annual state budgeting process. The Massachusetts Personal Care Attendant Quality Home Care Workforce Council manages vendor service contracts with the Commonwealth Medicine at the University of Massachusetts Medical School and MA 1199 SEIU Training & Upgrading Fund, which manage PCA New Hire Orientation.	A train-the-trainer approach allows for a more sustainable education model. It also ensures training costs are reimbursed for both the trainer and the trainee.
MINNESOTA		
Community First Services and Supports (formally PCA) training is free of charge through an online platform that has a built-in competency assessment. The state partners with the University of Minnesota and Elsevier to offer continuing education training for the direct care workforce through DirectCourse. Many of the courses are offered at no charge. Some trainees qualify for an annual $500 stipend.	University of Minnesota budget was used to create the original curriculum. To date, the state's contract with DirectCourse is included in the state's annual budget.	Partnering with state educational institutions can provide an opportunity to build strong hubs for DCW recruitment and training.

TRAINING MODEL(S) OVERVIEW	FUNDING MODEL	STATE CONSIDERATIONS
TENNESSEE		
The Direct Support Professionals (DSP) Apprenticeship Program is a work-based learning model where individuals are compensated for on-the-job training. Wages increase by $3.50 or more per hour upon completion of this one-year program. Individuals wishing to enter the DSP workforce or those already associated with an employer are eligible to participate. The curriculum for this program is managed by the QuILTSS Institute. This body also manages the credentialing registry and acts as a liaison for community colleges and four-year institutions wishing to train students in direct care work.	This public-private partnership includes QuILTSS Institute, Tennessee state government, and UnitedHealthcare Community Plan (Medicaid managed care organization).	In this model, trainees may earn up to 18 college credits and a post-secondary long-term care certificate. Offering opportunities to earn additional credits and/or certificates on top of standard training requirements may further entice individuals to enter the field.
WASHINGTON STATE		
Washington State Department of Social and Health Services (DSHS) operates Washington Care Careers, which designates two different kinds of paid caregivers in Washington State: home care aides and certified nursing assistants. A minimum of 75 hours of training are required to become a home care aide (70 hours home care aide training; 5 hours of orientation), pass a certification exam, and receive a license. Home care aides only taking care of family members (called "individual providers") do not have to complete 75 hours of training; their mandatory training hours depend on the relationship between the client and the individual provider. Training costs between $300-$500 for home care aides, and the cost of the training is covered under the Collective Bargaining Agreement with the state. The state worked with stakeholders to develop the training criteria.	Washington Care Careers is funded by the Aging and Long-Term Support Administration, a division of the Washington State Department of Social and Health Services.	States looking to formalize a wage structure and caregiving training program for family members who will be caring for family members may consider Washington's approach where wages of individual providers are established by a Collective Bargaining Agreement between DSHS and SEUI 775. Caregivers taking care of family members are considered employers for collective bargaining reasons only. Starting wages are $16.00 – 16.25 per hour with increases depending on seniority and training.

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ENDNOTES

[1] Turner, A., Slocum, S, Campbell, S. and Scales, K. June 2020. *Michigan's Long-Term Care Workforce: Needs, Strengths, and Challenges.* Accessed September 29, 2021. Available at: https://altarum.org/publications/michigans-long-term-care-workforce-needs-strengths-and-challenges.

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