

## **Investing in the Direct-Care Workforce: Key Recommendations for National Health Reform**

PHI commends the House Education and Labor, Energy and Commerce and Ways and Means Committees for their efforts to craft joint legislation to reform our nation's health care system and provide affordable, accessible, comprehensive health coverage for all Americans. As an organization dedicated to our nation's three million direct-care workers and the millions of elders and people with disabilities they serve, PHI recommends the following workforce provisions for inclusion in the bill. We believe that these are necessary to meet the growing demand for long-term services and supports and better leverage the direct care workforce in efforts to promote health and manage chronic disease:

**1. Include the Direct Care Workforce in the bill's Workforce provisions and in the definitions of the National Health Care Workforce.**

This will ensure full recognition and adequate investment in this workforce which is vital to the delivery of long-term services and supports and a valuable asset in managing and preventing chronic disease, promoting health, and controlling health care costs.

**2. Include a review of training standards for Direct Care Workers and provide support for needed upgrades.**

Direct care worker competencies and corresponding training standards should be reviewed to ensure that they support the delivery of quality, person-centered services. The federal requirements for Certified Nurse Aides and Home Health Aides have not been revised in over twenty years. Grants to states for piloting and evaluating PCA competencies and training curricula are a critical first step in articulating a training system for these workers for whom there are no current federal requirements and who now constitute the second fastest growing occupation in the country. Finally, given their daily interaction with millions of Americans with chronic illnesses and disabilities, direct care workers are ideally positioned to promote health and nutrition in the community and manage chronic conditions. Review of training standards should include the competencies necessary to better leverage direct-care workers as part of the community health network.

**3. Provide grants to support the recruitment and retention of the direct care workforce.**

Providing grant funds to states to evaluate methods for recruiting and retaining an adequate supply of direct care workers is imperative to meeting the current and

growing demand for long term services and supports, and supporting the efficient delivery of health services.

**4. Fund grants to promote the Direct-Care Workforce.**

Grants are needed to provide critical financial support to States to enable them to develop sufficient workforce capacity to enable individuals with chronic illnesses or disabilities to live independently in their communities.

**5. Support Workforce Data Collection and Monitoring for the Direct-Care Workforce.**

The lack of ongoing reliable data about the direct care workforce impedes policymaking for a workforce that will reach 4 million workers by 2016, far surpassing nurses.

Meeting the growing demand for long-term care services and supports will require basic minimum workforce data for delivery system planning.

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## Specific Recommendations:

### **Division B: Title III : Subtitle B: Nursing Home Transparency**

PHI supports all the proposed options listed in this section aimed at improving the transparency of information about skilled nursing facilities and nursing homes, increasing the enforcement of rules and standards, and enhancing staff training. In addition, PHI recommends improvements to the following sections as noted:

#### **Ensuring staffing accountability**

*Add four additional data elements:* The measures listed will provide policymakers with important information on the capacity and stability of the facility-based long-term care workforce. PHI recommends adding four additional data elements: vacancy rates, health benefits, work status of employees (full or part-time), and average wage. Vacancy rates -- added to information on number of staff, tenure, turnover, use of contract staff and staffing per resident -- would provide a clearer picture of providers' staffing patterns and the extent to which recruitment and retention efforts are adequate to meet workforce demand. The average wage data would allow assessment of the adequacy of prevailing wages to make long-term care jobs competitive with other occupations. Whether health benefits are offered by the employer is also important information on the adequacy of compensation.

*Implement Comparable Data Requirements for Home and Community-Based Services:* While PHI recognizes that the focus of this section is nursing facilities, it is important to note that these data elements [with the additions of vacancy rates and average wage] are equally important to ensuring quality in home- and community-based services. Given the goal of expanding HCBS, implementing a comparable effort to collect and track staffing data for those services, will allow policymakers to assess progress toward that objective.

#### **Civil Monetary Penalties**

Regarding the allowable uses of accrued Civil Monetary Penalties (CMPs), PHI recommends that the Committee add activities that benefit direct-care nursing staff as well as those that benefit residents. New CMS interpretative guidelines for nursing care facilities were issued in late 2008 that commit skilled nursing facilities to embarking on significant culture change processes. These activities are likely to have important ramifications for staffing ratios as well as training for Certified Nurse Assistants and their supervisors. Allowing CMPs to be expended in support of the implementation of these new culture change guidelines would be expedient.

#### **Dementia and abuse prevention training**

PHI believes that dementia management and abuse prevention training would constitute important enhancements to current training for Nurse Aides. Given the tremendous growth in home- and community-based services and the increasing complexity of the cases seen in those

settings, PHI recommends that such training also be incorporated into federal Home Health Aide training requirements. In addition, this content area should be included in an overall review of federal training standards for the various categories of direct-care workers (CNA, HHA, and PCA)

### **Study and report on training required for CNAs and supervisory staff**

PHI strongly supports upgrading the federal training standards for Certified Nurse Aides. These standards are now over 20 years old and a review of the competencies necessary to provide quality person-centered care is long overdue. Currently, 26 states and the District of Columbia have implemented standards that exceed the federal requirements, and a number of other states are in the process of reviewing the adequacy of their own requirements. The Institute of Medicine in its 2008 report, *Retooling for an Aging America: Building the Health Care Workforce*, recommended increasing the federal requirement for CNA training hours to at least 120. The report also recommended increasing the Home Health Aide training requirements to at least 120 hours, as well as establishing training standards for Personal Care Aides.

As referenced above, given the growth of HCBS, PHI recommends that the study and report be expanded to include the training needs of Home Health Aides and Personal Care Aides. PHI further recommends that the review focus on the competencies necessary to provide person-centered long-term services and supports, and then on the training hours needed to adequately convey the competencies.

### **Division C: Title II: Workforce**

PHI strongly recommends a new section (Subtitle XX after Public Health Workforce) on the Direct-Care Workforce in order to address the demand for 1,000,000 new direct-care workers over the next decade. Included should be provisions for training and recruitment and retention.

Recommendation 1: Include a review of training standards for Direct Care Workers and provide support for needed upgrades.

#### **Language:**

##### **a) Review Current Federal Direct-Care Worker Training Standards**

##### **“Review of Minimum Training Standards. -**

**Within 180 days, the Secretary shall review current federal training standards for direct care workers, applicable state standards and make recommendations for upgrading required competencies and improving training for certified nursing assistants and home health aides.”**

Recommendation 2: Provide grants to support the recruitment and retention of the direct care workforce.

**Language:**

“Sec. XXX. Direct Care Workforce Recruitment and Retention Programs.  
The Secretary shall establish a demonstration program to make grants to States to evaluate recruitment and retention strategies (including wage enhancements) for personal care aides, nursing assistants, and home health aides, provide technical assistance to States in implementing the strategies selected, and evaluate the impact of such strategies on the recruitment and retention of personal care aides, nursing assistants, and home health aides in order to ensure an adequate supply of direct care workers to eliminate critical direct care worker shortages. “

Recommendation 3: Fund grants to promote the Direct-Care Workforce.

**Language:**

**Grants to Promote Direct-Care Workforce.**

The Secretary of HHS shall establish a grant program to assist states in building an adequate, stable, qualified workforce to meet the demand for long-term services and supports and to assist them in reorienting their long-term care systems toward HCBS.

Permissible uses of grant funds include:

- Developing state direct-care workforce plans
- Expanding and upgrading training programs and infrastructure for direct-care workers across long-term settings and programs
- Implementing direct-care worker data collection and workforce monitoring systems
- Establishing recruitment and retention programs, including initiatives to enhance direct-care worker wages and benefits
- Creating structures and coordinating resources to support workers and consumers in consumer-directed programs
- Developing programs that promote the role of direct-care workers in new cost-effective models of chronic care that include approaches such as remote monitoring, integrated continuing care across settings, and wellness and prevention.

States will be supported in developing and undertaking their initiatives with technical assistance through the CMS National Direct Service Workforce Resource Center.

*[Alternatively, the above recommendations (#1-3) could be inserted in **Division C: Public Health and Workforce Development: Title V: Other Provisions see below**]*

**Division C: Title II: Subtitle D: Adapting Workforce to Evolving Health System Needs**  
**Chapter 3: Advisory Committee on Health Workforce Evaluation and Assessment**  
**AND Chapter 4: National Center for Health Workforce Analysis**

Recommendation 1: Include the “direct care workforce” in the definitions of the Nation’s Health Workforce” and include long-term care employers as part of the Advisory Group

**Language:**

“(XX) DIRECT CARE WORKER. – The term ‘direct care worker’ is defined by the 2010 Standard Occupational Classifications of the Department of Labor for Home Health Aides [31-1011], Psychiatric Aides [31-1013], Nursing Assistants [31-1014], and Personal Care Aides [39-9021].”

Recommendation 2: Support Workforce Data Collection and Monitoring for the Direct-Care Workforce

**Proposal:**

Direct the HHS Secretary, acting through the CMS Administrator, to make workforce an explicit part of CMS’s review processes by including greater oversight and guidance to states about the adequacy and quality of their direct-care workforce in HCBS waiver applications/ renewals and Medicaid State Plan Amendments.

As part of this process, require states to create workforce data collection and monitoring systems, including creating systems for collecting and publicly reporting a minimum data set of information on their direct-care workforce across long-term care setting. Data to be reported should include those data relating to the number of workers, their compensation, and the stability of the workforce (e.g., turnover and retention).

Provide funding for technical assistance from the CMS National Direct Service Workforce Resource Center to support states in establishing data collection and monitoring systems.

**Division C: Public Health and Workforce Development: Title V: Other Provisions**

Recommendation 1: Fund Demonstration Program to Develop, Pilot and Evaluate Competencies and Training for Personal Care Attendants

**Language:**

“Demonstration Program for Personal Care Attendant Competencies and Training Establish a Personal Care Attendant Workforce Advisory Panel including representatives of:

- (i) personal or home care agencies;
- (ii) home health care agencies;
- (iii) nursing homes and residential care facilities;
- (iv) the disability community (including the mental retardation and developmental disability communities);

- (v) the nursing community;
- (vi) national advocacy organizations and unions that represent direct care workers;
- (vii) older individuals and family caregivers;
- (viii) State Medicaid waiver program officials;
- (ix) curriculum developers with expertise in adult learning;
- (x) researchers on direct care workers and the long-term care workforce; and
- (xi) geriatric pharmacists.

Within one year of establishment of the PCA Workforce Advisory Panel, the panel will:

1. Submit a report to the Secretary of HHS articulating core competencies for eligible personal or home care aides necessary to successfully provide long-term services and supports to eligible consumers. Competencies should include such competencies as:
  - a) The role of the personal or home care aide (including differences between a personal or home care aide employed by an agency and a personal or home care aide employed directly by the health care consumer or an independent provider).
  - b) Consumer rights, ethics, and confidentiality (including the role of proxy decision-makers in the case where a health care consumer has impaired decision-making capacity).
  - c) Communication, cultural and linguistic competence and sensitivity, problem solving, behavior management, and relationship skills.
  - d) Personal care skills.
  - e) Health care support.
  - f) Nutritional support.
  - g) Infection control.
  - h) Safety and emergency training.
  - i) Training specific to an individual consumer's needs (including older individuals, younger individuals with disabilities, individuals with developmental disabilities, individuals with dementia, and individuals with mental and behavioral health needs).
  - j) Self-Care.
2. Transmit to the Secretary training curricula and resources the panel has identified or developed that most effectively convey those competencies. The panel will also make recommendations regarding how training shall be provided under the demonstration program, including recommendations with respect to the following:
  - a) The length of the training.
  - b) The appropriate trainer to student ratio.
  - c) The amount of instruction time spent in the classroom as compared to on-site in the home or a facility.
  - d) Trainer qualifications.

- e) Content for a 'hands-on' and written certification exam.
- f) Continuing education requirements.
- g) Ways to integrate the core training competencies developed for personal and home care aides under subparagraph (A) with the additional training content developed for home health aides and nurse aides under subparagraph (B).

Within 180 days of receipt of the report and training curricula, the Secretary shall establish a 3 year demonstration program in 4 states to pilot and evaluate the effectiveness of such competencies, training curricula and training methods.

Not later than 1 year after the completion of the program, the Secretary shall submit to Congress a report containing the results of the evaluations, together with such recommendations for legislation or administrative action as the Secretary determines appropriate."