

2021 ADvancing States Spring Meeting

The 2021 ADvancing States Spring meeting included a brainstorming session,

Staying Afloat: How to Solve the Direct Care Workforce Shortage.

Shared Challenges, Diverse Opportunities

Participants quickly agreed on key issues behind the home and community - based services (HCBS) workforce shortage: difficulty recruiting and retaining workers due to low wages and being under-valued. State funding limitations, alongside maintenance of recipient service offerings, is a major obstacle to raising wages. This document summarizes insights shared by participants during break out sessions. It includes past and current state efforts, as well as ideas to try in the future.



HCBS Wages

Across the board, participants agreed on the need to address wages and benefits. Strategies include using temporary enhanced Federal Medical Assistance Percentages (FMAP) to pilot wage increases and tying wages to training, experience, or outcomes.

Career Development

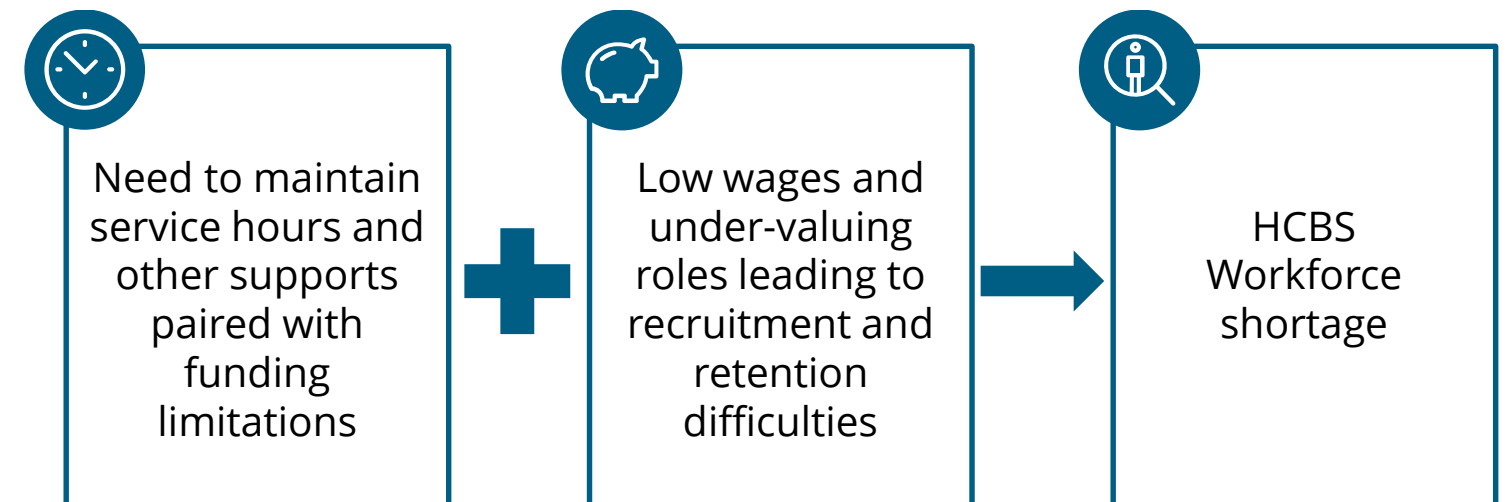
Participants discussed the importance of career development and training to provide workers with professionalism and career growth. Standardizing training also creates a more flexible workforce.

Self Direction

Participants noted expanding self- direction options as one route to address the workforce shortage. Programs which train and pay family members and friends to provide services and supports expand access and autonomy.

Supplemental Workforce

Participants shared additional alternatives to reduce the strain on the HCBS workforce including technology - based supports and leveraging volunteers.



Bringing It All Together

A **lack of funding**, or uncertainty of funding sources, was another persistent barrier raised in the session. Although temporary FMAP increases and Appendix K flexibilities provide current opportunities for workforce development and retention, participants seek **long-term solutions** to fund wage increases, training programs, and other efforts.

Participants discussed the need to use **multiple strategies** focusing on different HCBS workforce challenges. For example, one breakout noted that wages are not enough to recruit and retain people to the HCBS workforce. They emphasized **the importance of education and increasing awareness** of the value of the workforce and the services provided. As states and organizations continue HCBS workforce development efforts, **increased coordination and information sharing**, especially related to funding sources, could support further progress in this important area.



HCBS Wages

Every breakout group discussed increased wages as a critical component of solving the shortage. Some participants believe increasing pay will result in lower costs by increasing the availability and quality of HCBS and reducing costly turnover, but there is not enough proof that it creates cost savings for state budgets. Evaluating service delivery could potentially build evidence. At least one state is considering using temporary enhanced Federal Medical Assistance Percentages (FMAP) to pilot increasing wages. Benefits such as paid time off or even childcare can also make a difference.

Another shared approach was to increase wages based on years of experience, training, and a reduced number of critical incidents. Participants were very interested in this idea, but raised two challenges:

- Cost savings of reduced incidents would not accrue to Medicaid, but the cost of increased wages would. For example, hospital diversion for individuals dually eligible for both Medicare and Medicaid would create savings for Medicare rather than for Medicaid.
- This approach could incentivize workers to not report or escalate potential issues.

Participants discussed the value of providing wage increases for training and certifications to increase professionalization of the field and incentivize workers to develop additional skills. Tying training to wage increases provides rewards and recognition and demonstrates workers are valued.



Career Development

Requirements and training vary greatly across the country for the HCBS workforce. One state conducted a survey and found variation between providers. Participants suggested multiple approaches to training and career development including:

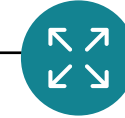
- Standardizing training across populations to create a flexible workforce and providing additional hours to specialize in specific disabilities or populations.
- Develop career ladders to provide workers a clear route for career growth.
- Partner with unions, health plans, and post-secondary institutions to create and deliver curriculum.
- Improving and funding training programs through Money Follows the Person.



Self Direction

Nearly all states offer self-direction in at least one LTSS program. One participant raised expanding self-direction options as a tool to address HCBS workforce issues with an emphasis on paying family members and friends to provide services and supports. Participants had multiple insights into self-direction including:

- Differentiating between family and friends providing self-directed services and caregivers.
- The importance of self-direction in rural areas or places without agencies to expand autonomy and options.
- Education and training within self-direction programs, especially when focusing on people new to the HCBS workforce.
- Programs often focus on less skilled workers, but some states pay trained family members for skilled services and supports.
- Safeguards, including Financial Management Services, can help address concerns about fraud, waste, and abuse.



Supplemental Workforce

Participants introduced the topic of creative approaches to reduce strain on the HCBS workforce. They noted technology advancements as opportunities to support independence and reduce the need for staff. They also provided the example of Michigan leveraging community support including AmeriCorps volunteers. Participants built on these examples including:

- One state is using Appendix K flexibilities for remote supports. Others noted this could expand the pool of potential workers for tasks like wellness checks and medication reminders.
- Stipends could provide financial relief to unpaid family caregivers. Others expressed concerns about stipends serving as substandard wages.
- Creative options include someone who lives in the home providing 24/7 support, providing services, and receiving a stipend.
- Cluster care pilots are examining paying a team of workers to provide direct services and supports while being paid for one-on-one time.