**Long Term Care Planning Project**
**Meeting 4**

**Notes** – *Long Term Care Workforce*
*September 17, 2019*

The fourth meeting of the LTCPP was held on September 17, 2019 and focused on Long Term Care Workforce. The meeting included presentations from the Governor's Office for Workforce Development, Common Ground Health, and a panel discussion of workforce experts. At the conclusion of the meeting, participants were offered the opportunity to make a public statement.

Included below are the summaries of the presentations, panel discussion, as well as questions and answers, including statements by attendees received during or after the meeting.

Presentations are posted to the LTCPP webpage:
https://www.health.ny.gov/facilities/long_term_care/planning_project/

## Presentations

Governor Cuomo's Workforce Development Initiative

- The Office of Workforce Development was established with the goal of coordinating efforts across State agencies.
- Consolidated Funding Application (CFA) process will streamline and expedite the grant application process for economic development projects.
- Began a data partnership with Monroe Community College to provide insight into the labor market and investment on a regional basis.

Questions and Answers

Q:     When will the data be made available?
A:     The plan is to release the statewide data by the end of this year and the regional data by end of Quarter 1, 2020.

Q:     If applying under the CFA, can we ask the funding committee questions specific to our project?
A:     The Funding Committee cannot discuss projects until after an application is submitted.

Q:     Are there any restrictions on the language training that must be provided when applying under the CFA?
A:     There are no restrictions on the language the training must be provided in, however, the CFA is only available in English.

Common Ground Health Regional Health Care Worker Consortium

- Overview of Common Ground Health's Regional Health Care Worker Consortium and Rochester's Bridges to Success program.
- A new report detailing the results of a survey to home care aides is expected to be released in the near future.

## Panel

The panel included five individuals who have either done extensive research or created new programs to address long term care workforce shortages. Each panelist introduced themselves and provided a brief background on their program or research. The panel was then asked questions on various long term care workforce topics.

Penny Shockley – Wayne County Office for the Aging
- Provided an overview of the collaboration between the Wayne County Public Health Department and the Wayne County Local District of Social Services (LDSS) to address access to home care services due to a lack of available aides.
  - Through the use of funding from the New York State Office for the Aging and remaining Expanded In-home Services for the Elderly (EISEP) funds, Wayne County hired two full-time home health aides at $17/hour with benefits and transportation using county cars.

Helen Schaub – 1199 SEIU
- Highlighted issues such as:
  - The decreasing caregiving demographic.
  - Aides being unable to put together a full-time job due to unpredictable scheduling and variation in patient needs. Scheduling systems are not efficient enough to do this.
  - Aide isolation due to limited interaction with care team and other support systems.
  - Quality of care being dependent on worker knowledge and experience.
  - Limited opportunity for aides to earn higher wages.
  - Federal immigration policies that affect this workforce.
  - Nursing homes struggling with appropriate staffing.

Carol Raphael – Manatt, Phelps & Philips
- Highlighted issues such as:
  - The Bipartisan Long Term Care Commission, which determined that 70 percent of individuals 65 and older will need long term care services.
  - The universality of this issue and how it affects everyone.
  - Home health aides and personal care aides are the third and fourth fastest growing fields.
  - These service jobs will remain integral employment opportunities and can be the jobs that bring people into the middle class.
  - The turnover rate for home care agencies is 67 percent and is highest in the first three months of employment. There is a correlation between turnover and quality of care/outcomes. This is a huge cost to the system.
  - The job of a home care aide is not understood, and it is not valued. Aides do not have full time jobs or predictable income. The job is isolating and provides no career pathway.
  - The job needs to be redefined and restructured.
  - Consider career ladders that include other positions, such as a rehabilitation aide.

Allison Cook – Paraprofessional Healthcare Institute (PHI)
- Highlighted recommendations such as:
  - Developing a task force/workgroup to develop a strategic plan.

- o Providing additional funding/reimbursement and rethinking how existing funding is used. Include workforce measures in Managed Long Term Care/Value Based Payment (MLTC/VBP).
  - o Develop a Workforce Innovation Fund to test and assess innovation strategies in home care.
  - o Develop advanced roles such as a rehabilitation aide or transition aide.
  - o Establish a public home care advocate.
  - o Create a robust workforce data set.

Greg Dewitt – Iroquois Healthcare Association's Workforce Investment Organization (WIO)
- Provided an overview of the WIO.
  - o Partnered with HealthStream to provide online training to long term care workers. Offering over 2,400 courses.
  - o Provided Google Chromebooks to home care employers and aides.
  - o Established a recruitment campaign – hired a marketing firm to change the narrative of the home care worker "Do you have the Caring Gene?" wwwcaringgene.org

Questions and Answers

Q: How can we gain a more accurate assessment of the state of the long term care workforce?

Responses Included:
- The new LHCSA cost report and statistical reports offers new workforce questions that can contribute to data analysis.
- Create more data and technology solutions around full-time work that include elements such as geographic proximity to a home care client.
- Consider what type of external services individuals need in addition to aide services.
- Developing a Minimum Data Set for direct care workers that includes measures of volume, stability, and compensation.
- Enhance existing data sources, such as the background check database or unemployment data, for use in the field.
- Create a focus group to understand the data that the State may have and the data that individual organizations may have.

Q: How can we build and retain a direct care workforce that can meet emerging community needs?

Responses Included:
- Provide aides with a higher wage if they are gaining new skills.
- Concern over closing the front door to these positions if we raise the requirements to get in, i.e., to increase pay means to increase schooling or training and could cause a barrier.
- Consider innovative models of care – such as, under a VBP arrangement, where savings as a result of better care are passed down to the worker. Should also consider apprenticeship models that expose people to the job while getting training.
- Review the training requirements to move from a home health aide to a certified nurse aide to a licensed practical nurse.

- Consider a model of training that is more case-specific.
- Rethink the current system that requires 75 hours of training from the outset.
- Look into peer mentor programs.
- Reevaluate the training, especially regarding adult learners.

Q:     What is the role of technology and what should it be?

Responses Included:
- Develop a matching services registry like the Washington State model that is completely HIPAA compliant and geo-codes location of aides and consumers to match for services.
- Employ better scheduling technology.
- Develop technology to introduce the client and the aide to each other – provide the aide with case notes prior to initial in-person meeting.
- Use technology to better incorporate caregivers – i.e., messaging systems that provide updates to caregivers on status of patients.
- Use technology to better incorporate the aide into the care team.
- Consider expanding the Iroquois Healthcare Association's pilot program in Troy with Visiting Nurses Services in the consumer directed personal assistance program to provide online training to both the personal assistant and the consumer.
- Understand that in rural areas, the lack of technology, including cellphones or email, for aides is a barrier.
- Extend the value and reach of training through WIOs.

Public Comments

- Make county cars available to EISEP workers.
- Wage, child care, and transport remain the largest obstacles, even with programs to alleviate the challenges.
- Work with high schools to highlight the need and importance of this career field.
- Allow the Home Health Aide (HHA) and Certified Nursing Assistant (CNA) training to be taken in languages other than English.
- Encourage employers to know when workers are working more than 13 hours in a scheduled shift.
- Encourage the State to commit to pay higher wages for those in the direct care workforce.
- Encourage providers to remain open to testing new technologies.
- Develop joint training for both the aide and the caregiver.
- Review the State's reporting requirements for abuse and how authorized services are being monitored.
- Revise guidelines for Advanced Home Health Aide – they are too restrictive and costly to implement. This is a needed service as population ages and a career ladder opportunity.
- Require health plans to implement innovator models with LHCSA providers to expand worker outcome involvement and profit-sharing with aides.
- Support the utilization of the 1199 SEIU Carina software for suburban, semi-rural, and rural worker service solutions.
- Encourage and support enhanced training of aides to drive improved population outcomes and engagement for retention.

- Allow plans for CDPAP to pay a Per Member Per Month (PMPM) for direct aide costs – this is a significant cash flow opportunity to support LHCSA/FI providers.
- Implement and fund Worker Wage Parity Law and $15 minimum wage across the upstate region.