COLLABORATING ON HCBS WORKFORCE CHALLENGES IN MLTSS PROGRAMS

May 28, 2019
Welcome and Introductions

- Camille Dobson, Deputy Executive Director
  - National Association of States United for Aging and Disabilities (NASUAD)
- Yonda Snyder, Partner
  - Sage Squirrel Consulting, LLC
- Debbie Pierson, Partner
  - Sage Squirrel Consulting, LLC
MLTSS Institute

- Created in 2016 to
  - Provide intensive technical assistance to states
  - Bring thought leaders together to discuss policy issues
- Guided by Advisory Council composed of national state and health plan policy experts
- Publish research papers
  (http://www.nasuad.org/initiatives/managed-long-term-services-and-supports/resources)
MLTSS Institute Papers

Demonstrating the Value of Medicaid MLTSS Programs

MLTSS for People with Intellectual and Developmental Disabilities

May 2017

May 2018
Need for Paper

- HCBS workforce shortages affect all states
- Grappling with quality of existing workforce as well
- Little written about opportunities for partnership with MCOs
  - What is state responsibility?
  - What is MCO role?
- Promising practices from state/MCO perspective
Approach

- Develop outline with Advisory Council
- Partner with Sage Squirrel Consulting, LLC
  - Former IN SUA executives; experience with waivers and HCBS workforce issues
- Gather existing research
- Survey states and health plans
  - Resources included as appendix to report
Methodology

- States and health plans sent survey with questions on HCBS workforce in December
- Survey in field for 40 days
- Analyze information from respondents
- Follow-up emails and interviews with key respondents
- Highlighted states review prior to publication
Growth of MLTSS

Pressures on HCBS Workforce

- Shrinking Workforce
- More options for traditional workers
- Growth of HCBS
- Reliance on Medicaid funding
- Poor value perception
- Aging Workforce
- Aging Population
- Stagnant wages

HCBS Workforce
**DCW Demographics**

**HCBS Workforce**

- Largely female – nearly 9 out of 10
- Median age is 47
- 6 out of 10 identify as part of a minority group
- Over 25% born outside of the United States

- Includes personal care aides, home health aides, and nursing assistants
- Nearly stagnant wages
- Median hourly wage of $11.03
- 2 out of every 5 workers work part-time

- Predominantly government funded (Medicaid)
- Nearly 7 out of 10 work for a for-profit company
- More than half receive some form of public assistance themselves
- Of the nearly 4.3 million direct support workers, nearly half now work in home care

Today there are 32 working age adults per person 85 years older or older. By 2050, there will only be 12.

(https://phinational.org/policy-research/key-facts-)faq/)
PCA Average Wages

Personal Care 2017 Average Wage
$8.79 - $15.64
Minimum Wages

States with Minimum Wage Set Higher than the Federal Minimum

Stagnant Wages

Change in average wage of HCBS workforce from 2006 to 2016:

<table>
<thead>
<tr>
<th>Category</th>
<th>2006</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Care</td>
<td>$10.33</td>
<td>$10.49</td>
</tr>
<tr>
<td>Home Health</td>
<td>$12.35</td>
<td>$12.34</td>
</tr>
<tr>
<td>CNA</td>
<td>$12.10</td>
<td>$11.62</td>
</tr>
</tbody>
</table>
Workforce Stability

DSP Turnover By Tenure Length

- Less than 6 months: 35%
- After 6-12 months: 22%
- After 12 months: 35%
- Data unavailable: 8%

Source: 2016 National Core Indicators study.
Job Growth

Expected Employment Growth 2014-2024: DSPs vs. National Average

- Personal Care Aides: 26%
- Home Health Aides: 38%
- National Average: 7%

Workforce in MLTSS

- Network Adequacy
- Rates & Reimbursement
- Quality
Network Adequacy

Most commonly:
• choice of providers;
• travel distance/travel time; and
• service initiation time.

Preferred by most stakeholders is a gap-in-service measure which requires tracking/reporting instances when authorized services are not provided, either on one or more dates, on time, or at all.
CMS. 2017. Promoting Access in Medicaid and CHIP Managed Care: A Toolkit for Ensuring Provider Network Adequacy and Service Availability
Rates & Reimbursement

Macro level

- Raising minimum wage
- Linking wages to inflation
- Living wage laws

Reimbursement strategies

- Wage pass-throughs
- Setting wage floors
  - Minimum % of service rates directed to direct labor costs
- Value based purchasing
Quality

Enhanced skill development

Mentoring

Worker engagement

Defined career ladder

Educational opportunities
Other Promising Practices

- Support for unpaid caregivers
- Technology
- Scope of practice modifications
- Increased use of family and friends as paid caregivers (often through consumer directed care)
- Expanding workforce with non-traditional workers – persons with disabilities, men, veterans, older workers, non-violent former felons
Good Data is a Challenge

Types of Workforce Data Collected By States

- Utilization of authorized services: 71%
- Anecdotal data: 67%
- Cost reporting related payroll reports: 47%
- Unmet need assessment: 47%
- Other: 41%
- Vacancy reports from providers: 7%
- Review turnover/retention data: 13%
This is NOT a New Problem

2004 HRSA
2009 CMS
2013 CBO
2013 Senate LTC Comm.
2016 GAO
2018 HRSA
Shared Needs Can Drive Collaboration

State

Health Plans

Providers
What does this mean for providers?

- Advocate strategically but focus on what you control
- Focus on internal operations
- Know your numbers – turnover, vacancies, time to hire
- Identify and sell your value proposition
- Embrace person-centered practices and worker-centered supervision.
ANCOR & University of Minnesota Research & Training Center

DSP Recruitment Toolkit
- Customizable recruitment flyers targeted to different demographics
- Structured Behavioral interview guides with questions
- Realistic job preview
- Wage and turnover calculators

Frontline Supervisor Competencies toolkit materials
Thank You!

https://Hcbsbusinessacumen.org
FOR MORE INFORMATION, PLEASE VISIT:

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