Direct Care Workforce Development – Strategic Plan
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produced by CT Commission on Aging
for the Money Follows the Person Workforce Development Subcommittee

Background

Paid and unpaid caregivers are the backbone of Connecticut's long-term services and supports system.

Paid direct care workers: Paid direct care workers go by many job titles: nurse's aides, personal care assistants, and home health aides. While Money Follows the Person (MFP) is primarily concerned with those paid with Medicaid dollars, there are many paid with personal income or assets or long-term care insurance. When personal income or assets are exhausted, Medicaid becomes the payor. Whether Medicaid or not, the direct care workers come from the same employment pool. In Connecticut alone there are over 50,000 direct care workers[1] providing daily services and supports to older adults and persons with disabilities. The demand for paid direct care workers in our state is expected to grow by 23% between 2008 and 2018. [2] The majority of these workers will soon work in community-based settings as opposed to institutional settings.

Unpaid Caregivers: There are approximately 711,000 unpaid caregivers in Connecticut providing supports to older adults and persons with disabilities, generally their spouses, parents, or friends. Unpaid caregivers are generally female with an average age of 48. Unpaid caregivers spend on average 20.4 hours a week providing care. 50% of unpaid caregivers work full-time and of those working full-time, 70% report encountering work-related difficulties due to their dual role as caregivers.[3]

The economic value of unpaid caregiving in Connecticut was estimated at $5.8 billion in 2009, which is double the amount Connecticut spent on Medicaid long-term care.[4]

Aging Population:

Connecticut is the 7th oldest state in the country for median age, has more than 506,000 residents over the age of 65 and is home to almost 1 million baby boomers.[5] These demographics, coupled with a declining working-age population, will have profound implications on both the paid and unpaid direct care workforce.

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[1] PHI National (2011) http://phinational.org/policy/states/connecticut/
[2] PHI National (2011) http://phinational.org/policy/states/connecticut/
[3] Family Caregiver Alliance, National Center on Caregiving. (2011)
http://www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=439
[4] AARP Public Policy Institute (2011). Valuing the Invaluable: 2011 Update. The Economic Value of Family Caregiving http://assets.aarp.org/rgcenter/ppi/ltc/fs229-ltc.pdf

[5] US Census Bureau – 2010 Census

Rebalancing the Medicaid Long-Term Services and Supports System: In 2009, 47% of Medicaid Long-Term Services and Supports (LTSS) consumers (representing 65% of Medicaid LTSS funding) received their supports in institutions and 53% (representing 35% of Medicaid LTSS funding) of Medicaid LTSS consumers received their supports in their homes and communities. Connecticut's 2010 Long-Term Care Plan sets forth the goal that by 2025 Connecticut will serve 75% of the people in their home or community and 25% in institutions. [6]

As Connecticut aggressively pursues the Medicaid long-term care rebalancing goals set forth in the state's 2010 Long-Term Care Plan, the need for focused efforts to recruit, train, retain and support paid and unpaid caregivers is essential. Without a focused, coordinated approach, lack of caregivers will stall rebalancing efforts and Connecticut will fail to meet its goals.

Money Follows the Person: MFP is a multi-million-dollar federal demonstration grant, received by the state Department of Social Services in 2007. It is intended to rebalance the long-term care system so that individuals have the maximum independence and freedom of choice in where they live and receive services. In January 2011, Connecticut embarked on a major expansion of the MFP project. Originally, a major goal of MFP was to transition 700 people out of nursing homes and into the community; that goal has been increased to transition 5,200 individuals by 2016. Additionally, the federal government has committed to continuing the demonstration through 2020. There are several inter-related initiatives stemming from the MFP demonstration including: workforce development; hospital discharge planning; long-term services and nursing home right-sizing. MFP funding is available to support the goals and action steps of this plan.

<u>Vision</u>

The Workforce Development subcommittee of the Money Follows the Person Steering Committee sets forth the following vision for the state:

To build and support a robust long-term services and supports workforce that is sustainable, respected and skilled. The workforce will support the dignity, choice and autonomy of individuals with disabilities and older adults.

Additionally, the subcommittee honors the following guiding principles of the state's 2010 Long-Term Care Plan:

1. Create parity among age groups, across disabilities, and among programs through allocating funds equitably among people based on their level of need rather than on their age or type of disability.

2. Break down silos that exist within and among state agencies and programs. Use the model of systems change grants such as the Money Follows the Person demonstration

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[6] 2010 Connecticut Long-Term Care Plan

grant and the Medicaid Infrastructure Grant to foster integration of services and supports.

True consumer choice and self direction are core philosophical principles the workforce subcommittee strives to uphold in its work.

Direct Care Workforce Projections

Between 2008 and 2018, home health aides and personal care aides will see the largest occupational growth in the field. The dramatically changing demographics combined with the state's commitment to providing services and supports in home and community-based settings account for this projected growth. Additionally, providing for consumer choice and flexible use of funds leads to an increased utilization of personal care

assistants (or "aides" as referenced in the chart). Additionally, PHI National estimates that there are approximately 5,000 consumers hiring their own direct care workers in Connecticut (not shown in chart). PHI also acknowledges that these numbers may be considerably undercounted. [7]
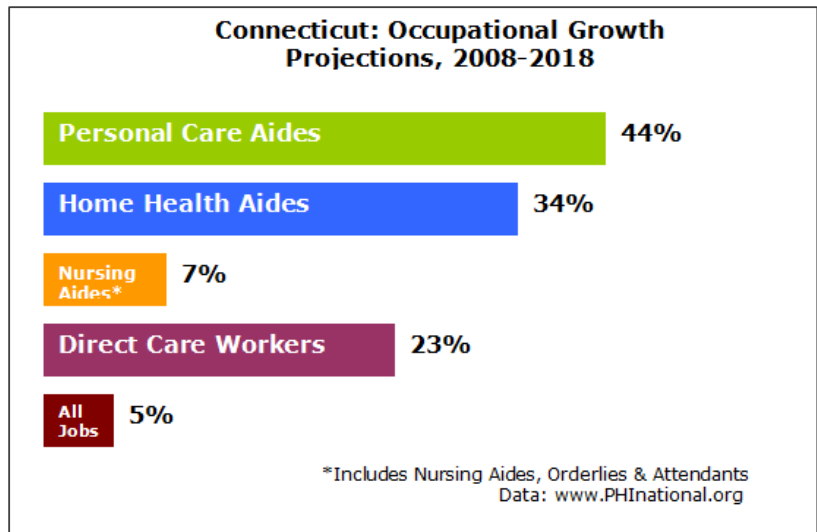
The demand for community-based paid and unpaid caregivers is growing rapidly. Latest data from the MFP demonstration indicate the state will need 9,000 more paid direct-care workers in the next 5 years. In addition to the growth in demand, the decline in the working-age population in Connecticut will challenge the system further. According to the 2006 Long-Term Care Needs Assessment, from 2006 to 2030 the population over the age of 65 will increase by 64% while the working age population (those aged 18-64) will decline by 2%.

Until recently, workforce development professionals have primarily focused on recruitment, training and career ladder development in the traditional health care environments such as nursing facilities and hospitals. Increased focus must be directed to training and developing the workforce for home and community-based environments. The more varied environment of one's home and community presents challenges for training and development efforts. The dispersed home and community-based workforce, the lack of flexibility in wages and the growing demand for self-direction (whereby the employer is the individual receiving services and supports) certainly add levels of complexity, but opportunity as well. Presently, new and adapted models are being considered.

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[7] PHI National (2011) - http://phinational.org/policy/states/connecticut/

Additionally, unpaid caregivers (e.g., family members, friends, volunteers, neighbors) will undoubtedly provide more volunteer care and perhaps for those with more acute needs.   The growing needs of this group of unpaid workers warrants enhanced and more sophisticated technology, training and support.

Research and development of technology to increase productivity of paid and unpaid direct care workers is vital to fill the anticipated gap between demand for and supply of direct care workers.

<u>Workforce Development Goals</u>

1. Promote workforce initiatives that are proven to support consumer choice, self direction and quality while enhancing recruitment, retention, productivity and training of the paid and unpaid direct care workforce.

2. Increase synergy with Connecticut's workforce system and support efforts to create a pipeline of direct care workers with opportunities for career ladders and lattices to the health and human/social services professions.

3. Create equity across state programs and systems.

4. Raise awareness of the importance and value of the paid and unpaid direct care worker.

Action Steps

1. **Promote workforce initiatives that are proven to support consumer choice, self-direction and quality while enhancing recruitment, retention, productivity and training of the paid and unpaid direct care workforce.**

   ➢ Create a statewide inventory of the existing workforce needs, future demand and viable national and local initiatives.

   ➢ Track national policy and practice trends to ensure Connecticut's workforce development strategy is synergistic with responsible national goals.

   ➢ Review, analyze and catalog similarities and differences across state agencies' programs and policies with regards to training and support, consumer direction, wages, unemployment insurance and workman's compensation.

   ➢ Create a statewide inventory of Connecticut's workforce activities embedded in state-funded and Medicaid waiver programs.

➢ Identify model re-training programs that would allow the existing pool of institutionally based paid direct care workers to be trained to provide services and supports in the community.

➢ Identify employer/employee training models in a variety of community-based workplace settings, including self-directed employment arrangements and informal caregiving training models. Utilize existing community organizations to disseminate training, e.g. senior centers, aging-in-place communities, churches.

➢ Seek to include research and development of technology in various ongoing and new jobs creation and business initiatives promoted by the Governor and Legislature . *The development and use of technology is proven to increase productivity of the direct care worker while increasing the independence of the consumer.*

➢ Identify similarities between the paid workforce and unpaid caregivers and coordinate development initiatives to leverage resources and avoid overlap.

➢ Coordinate and maximize federal workforce-related funding opportunities.

➢ Inform the work of the Personal Care Attendant Quality Home Care Workforce Council.

2. **Increase synergy with Connecticut's workforce system and support efforts to create a pipeline of direct care workers with opportunities for career ladders to health and human/social services professions.**

➢ Orient workforce leaders to the demand and the guiding principles for long-term care in Connecticut.

➢ Partner with state and local workforce systems such as workforce investment boards (WIB's) and Connect-Ability to align recruitment and training efforts towards the demand for community-based direct care workers.

➢ Inform and assist existing statutorily and gubernatorial-mandated working groups that are committed to health care reform of the need and conditions of the direct care workforce and unpaid caregivers.

➢ Create and endorse a common set of core competencies with emphasis on communication, relational skills, and understanding risk that helps paid and unpaid workers deliver person-centered care. *These core competencies should enhance consumer self-direction and should not infringe on the right of consumers to train and direct their care.*

➢ Identify additional competencies and advanced competencies needed to create clearer career pathways in health and human/social service professions.

➤ Collaborate with the community college system to design direct-service curricula using a foundation of person-centered care.

➤ Foster training or re-training programs at multiple venues including community colleges, employers, and private/public partnerships.

3. **Create equity across state systems.**

➤ Identify, analyze and catalog variations across state departmental practices, policies and regulations that affect paid and unpaid direct care workers.

➤ Identify, analyze and catalog systemic similarities and differences among state agencies with regards to wages of direct care workers and make recommendations to produce more equity.

➤ Identify, analyze and catalog systemic similarities and differences among state agencies in the handling of worker's compensation and unemployment claims and make recommendations to produce more equity.

➤ Conduct a comprehensive analysis of state statutes, regulations, programs etc. specific to the training, certification and allowable duties performed by various direct care workers in an attempt to realign for more flexibility, consistency, consumer ease and efficiency while maintaining high quality and competency.

➤ Identify, analyze and catalog systemic similarities and differences among state agencies in their policies and procedures related to use of assistive technology in care planning and make recommendations to produce more equity.

4. **Raise awareness of the importance and value of the direct care worker and unpaid caregiver.**

➤ Increase connectivity, networking, and training among paid and unpaid caregivers.

➤ Develop marketing plan to attract workers to the field and raise public awareness of the importance and value of the direct care worker.

➤ Increase awareness of support programs available to unpaid caregivers.

➤ Explore compensation models that support unpaid caregivers.

➤ Research and identify national best practice models that address wages and benefits.

➤ Promote flexibility in workplace employment policies and practices to accommodate the circumstances of unpaid family caregivers.

Partnerships

The scope of direct care workforce development is vast.   Therefore, partnership development is critical to the success of realizing the recommendations contained within this strategic plan.

Partners include:
Money Follows the Person Steering Committee Members
Consumers of community-based supports
Paid and unpaid direct care workers
Connecticut Commission on Aging
State Agencies (DSS, DPH, DOL, DMHAS, DDS, CETC)
Allied Health Workforce Policy Board
Workforce Investment Boards
Connecticut Community College System
Connecticut Women's Education and Legal Fund (CWEALF)
PHI National
Home Health Legislative Workgroup
Access Agencies
Area Agencies on Aging
Centers for Independent Living
Community-Based Providers
Connect-Ability
And more….