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**Uplifting Families, Workers, and Older Adults:
Supporting Communities of Care**

**United States Senate Special Committee on Aging
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Good morning and thank you for your time, Chairman Casey, Ranking Member Braun, and distinguished members of the Committee.

Time waits for no man. The issues of the aging are the issues of us all. I applaud the Committee's commitment to supporting communities of care for our honored aging citizens.

As Ranking Member Braun mentioned, my experiences as a health professional and workforce researcher are broad and have extended more than two decades. I am here as a state health workforce policy expert to speak to the solutions that states are developing and implementing to build and strengthen their direct care workforces.

States have a critical role in reinforcing the front line of our nation's communities of care and, importantly, home and community-based services (HCBS). In the balance of power between the federal and state governments, states oversee policy and programs related to workforce development, occupational regulation, and social services. All of these have a direct impact on the HCBS workforce. Keeping a "finger on the pulse" of related state efforts is critical to understanding the national landscape and ensuring policy alignment between the halls of congress and state general assemblies, and ultimately results in effective care within the homes of our seniors.

I am delighted to have provided expert research support to my home state on the development of the Indiana Direct Service Workforce Plan.¹ This initiative is a foundational part of long-term services and support (LTSS) reform in Indiana² seeking to expand access to home and community-based services (HCBS). Indiana is one of numerous states that have engaged in planning to develop and strengthen this workforce. Many of the strategies I review were examined by or are a part of Indiana's plan. Also, I would like to note that although these strategies may be beneficial for the private sector, my research and expertise in these matters is focused on state solutions.

¹ Indiana Direct Service Workforce Plan. 2022. Available at: https://www.in.gov/fssa/ompp/files/2022DSWReport_FINAL.pdf

² Indiana Long-Term Services and Supports Reform. 2021. Available at: <https://www.in.gov/fssa/ompp/files/LTSS-Reform-Overview-ppt-May-2021.pdf>

Home and Community Based Services Workforce

HCBS quality metrics recently released by CMS³ are appropriately focused on the member experience, including consumer choice in service provider, reliability of caregivers and the perception of safety and support. Although not explicitly stated, the achievement of many of the HCBS metrics hinges upon the availability and dependability of a competently trained workforce.

The HCBS workforce is comprised of formal, paid caregivers who provide personal care and supportive services for people, enabling them to live in their homes and communities. It is important to note that informal caregivers (family members and friends, many of whom are unpaid) are critically important partners in supporting the dignity and care of their loved ones. While critical, these roles are outside the scope of this current discussion.

Whereas common titles and training standards exist for many health occupations, this is not the case with the HCBS workforce. A 50-state analysis, published in 2019, identified 25 different titles used by states for HCBS workers.⁴ Even within a single state, HCBS worker titles can vary based on the specific services they are hired to provide for each individual they serve. HCBS workers may care for more than one individual. One HCBS worker caring for two clients with different service needs and covered under different programs may work under two different titles. Lack of a common title may lead to confusion among workers and consumers.

Additionally, lack of common titles hinders coordination of state policy and planning activities related to the HCBS workforce. Finally, at a time when states are seeking strategies to recruit and retain workers, lack of a common title threatens public understanding of this important workforce. To streamline state planning and eliminate confusion for workers, providers, and consumers, some states have developed standardized HCBS worker definitions and titles. Other states, including Indiana, are currently exploring such strategies as part of their broader initiatives.

Training Standards

HCBS consumers have a wide variety of support needs. Some consumers need hands-on assistance with activities of daily living (ADLs) such as personal hygiene or eating while others require higher-level support of instrumental activities of daily living (IADLs), with tasks such as managing personal finances or medication reminders. Some consumers have conditions associated with aging, such as dementia, or experience disabilities, both physical and developmental. In any instance, HCBS workers must be armed with both “soft skills” such as compassion and respectful communication, as well as hands-on skills which allow fellow Americans to continue to live as independently and with as much dignity as possible. Regardless of whether the worker is employed by a provider or a self-directed consumer, training standards support a minimum level of quality.

HCBS workers require certain skills to care for our honored aging. Developing these important skill sets requires education and training. CMS has finalized a set of competencies for these workers,⁵ which is intended to support states in developing standardized approaches to HCBS worker training. Unlike other healthcare support occupations such as nursing assistants⁶ and

³CMS Home and Community-Based Services Quality Measure Set Measure Summaries. 2023. Available at:

<https://www.medicaid.gov/medicaid/quality-of-care/downloads/hcbs-quality-measure-set-summaries.pdf?t=1678120836>

⁴ PHI - Personal Care Aide Training Requirements. 2019. Available at: <https://www.phinational.org/advocacy/personal-care-aide-training-requirements/>

⁵ CMS Direct Service Workforce Core Competencies. Centers for Medicare & Medicaid Services. 2014. Available at:

<https://www.medicaid.gov/sites/default/files/2019-12/dsw-core-competencies-final-set-2014.pdf>

⁶ 42 CFR 483.138. Available at: <https://www.govinfo.gov/content/pkg/CFR-2020-title42-vol5/pdf/CFR-2020-title42-vol5-part483-subpartD.pdf>

home health aides,⁷ these competencies serve as more of a guidepost and are not required within federal rules.

Across the nation, state approaches to training for HCBS workers are as varied as the needs of the consumers being served. Some states, give employing agencies broad autonomy in crafting their own competencies, training, and curriculum.⁸ Under this schema, pursuing employment opportunities at another agency would require that the HCBS worker undergo retraining and evaluation. Other states opt for a standardized approach for both competencies and training, which assures consumers that they are getting a consistently skilled level of care and provides workers with a portable, centralized learning credential they can bring with them from one employment opportunity to the next. Still other states have pursued a hybrid approach, in which competency standards are outlined by the state but agencies have the flexibility to develop their own training. Indiana's Direct Service Workforce Plan outlines a plan to identify a state minimum training and competency standard that promotes a high quality of care and supports the reduction of financial and administration burdens to providers.⁹

Portable Credentials

Portable credentials empower workers by demonstrating their training and experience and facilitating their pursuit of economic opportunities with new employers, in new settings, or through additional academic pursuits and stackable credentials. These credentials may be implemented as a state recognized certificate of training completion or through a state training/credentialing registry.¹⁰ Portable credentials allow employers and self-directed consumers to verify that an HCBS worker has achieved training standards prior to entering any arrangements. In the instance that a state maintains a training/credential registry, such registries may also serve to facilitate connections between qualified HCBS workers and consumers.

Recognizing that empowered workers power our economy, several states have developed portable credentials for individuals that have met HCBS training standards.^{11, 12} Other states are exploring opportunities in this space. Indiana's Direct Service Workforce Plan recognizes the value of portable credentials as a way to enfranchise workers and reduce administrative and fiscal burdens on the employer.

Incident Reporting

Incident reporting (IR) registries and high-fidelity investigation processes can protect the public from bad actors. Incident reporting generally refers to the process of reporting, investigating, and adjudicating reportable incidents. Results of IR processes may be made available on state registries, as deemed appropriate, to support public protection. This may be implemented as either standalone IR registries (commonly referred to as bad apple registries) or integrated into

⁷ 42 CFR 484.30. Available at <https://www.govinfo.gov/content/pkg/CFR-2011-title42-vol5/pdf/CFR-2011-title42-vol5-sec484-36.pdf>

⁸ IC 16-27-4-16 - Evaluation and Training. Available at: <https://iga.in.gov/legislative/laws/2021/ic/titles/016#16-27-4-16>

⁹ Indiana Direct Service Workforce Plan. 2022. Available at: https://www.in.gov/fssa/ompp/files/2022DSWReport_FINAL.pdf

¹⁰ PHI - Personal Care Aide Training Requirements. 2019. Available at: <https://www.phinational.org/advocacy/personal-care-aide-training-requirements/>

¹¹ Arizona Direct Care Curriculum Project. 2011. Available at

https://www.azahcccs.gov/PlansProviders/Downloads/DCW/Manual_%20Level%20I%20Fundamentals_English.pdf

¹² The QuILTSS Institute - Career and Education Pathway. 2019. <https://quiltss.org/wp-content/uploads/2019/01/QuILTSS-Career-Education-Pathway.pdf>.

training/credentialing registries which is common among healthcare professions, including nurse aides.¹³

The U.S. Department of Health and Human Services reported that over 5 million older adults experience abuse every year.¹⁴ In the case of HCBS workers, reportable incidences may include actions such as abuse, neglect, and misappropriation of funds. A recent report found that IR registries can increase transparency and prevent bad actors from transitioning to new positions thereby protecting vulnerable adults.¹⁵ This protection is primarily realized through informed hiring decisions among provider employers and self-directed consumers. It is difficult to assess the effectiveness of IR registries, as a prevented incident is much harder to quantify than an actual incident. States engaged in broader HCBS workforce planning initiatives have the opportunity to consider IR strategies and strengthen protections for our honored aging.

Social Services Programs

State Medicaid programs are the single largest payer of LTSS in the United States.¹⁶ As such, HCBS service rates are a primary source of wage support for workers. Notably, low wages are commonly cited as one of the greatest challenges to HCBS workforce recruitment and retention.¹⁷ It is important to note that the true costs associated with public LTSS services are even greater when accounting for the many HCBS workers who qualify for and receive public assistance, such as Medicaid, SNAP and TANF.¹⁸ States are examining HCBS reimbursement strategies to enhance wages and benefits to bolster their workforce.

Recognizing their influence over the HCBS worker labor markets and wages, many states, including Indiana, have developed targeted initiatives to enhance wages and benefits, including competitive rate setting, wage-pass throughs, and value-based incentives. Some states have implemented rate setting methodologies that incorporate a competitive wage factor to account for competing employment sectors. Several state legislatures have set wage floors or a minimum wage for their direct care workforces.^{19,20} Wage pass-throughs are another common approach whereby state appropriations may be directed to worker wages or benefits. Dozens of states have wage pass-through requirements for HCBS. These strategies typically involve earmarking a specified percentage of rate increase for HCBS to go directly toward payroll tax liabilities, wage, or benefits. Many of these wage pass-through strategies also involve attestation, auditing, and reporting to ensure compliance. In some instances, pass-throughs are tied to value-based incentives intended to enhance service quality. Value-based strategies link

¹³ 42 CFR 483.156. Available at: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-D/section-483.156>

¹⁴ Department of Health and Human Services Elder Justice Report. 2017. Available at:

<https://acl.gov/sites/default/files/programs/2017-11/2017%20EJCC%20Report.pdf>

¹⁵ National Adult Protective Services Abuse Registry National Report. 2018. Available at: <http://www.napsa-now.org/wp-content/uploads/2018/05/APS-Abuse-Registry-Report.pdf>

¹⁶ Who Pays for Long-Term Services and Supports? Congressional Research Service. 2022. Available at:

<https://crsreports.congress.gov/product/pdf/IF/IF10343#:~:text=Medicaid%20is%20the%20largest%20single,42.1%25%20of%20all%20LTSS%20expenditures>.

¹⁷ Direct Care Worker Disparities: Key Trends and Challenges. 2022. Available at: <https://www.phinational.org/wp-content/uploads/2022/02/Direct-Care-Worker-Disparities-2022-PHI.pdf>

¹⁸ State Efforts to Address Medicaid Home- and Community-Based Services Workforce Shortages. MACPAC. 2022. Available at:

<https://www.macpac.gov/wp-content/uploads/2022/03/MACPAC-brief-on-HCBS-workforce.pdf>

¹⁹ Addressing Wages Of The Direct Care Workforce Through Medicaid Policies. 2022. Available at:

<https://www.nga.org/publications/addressing-wages-of-the-direct-care-workforce-through-medicaid-policies/>

²⁰ Medicaid Services for People with Intellectual or Developmental Disabilities – Evolution of Addressing Service Needs and Preferences. 2020. Available at: <https://www.macpac.gov/wp-content/uploads/2021/01/Medicaid-Services-for-People-with-Intellectual-or-Developmental-Disabilities-%E2%80%93-Evolution-of-Addressing-Service-Needs-and-Preferences.pdf>

increased payments to enhanced training, level or type of care provided, or achievement of beneficiary goals.^{21,22}

Benefits Cliff

A conundrum within these discussions is the impact enhanced wages can have on HCBS workers benefits. Many LTSS workers receive public assistance, such as Medicaid, SNAP and TANF.²³ Strategies which increase wages to just over public assistance program qualification can negatively impact overall income, commonly referred to as the benefits cliff. Recently, the Atlanta Federal Reserve examined this issue and developed a “Cliff Dashboard”.^{24,25} Their dashboard is customizable and can be used by states to identify at what wage level LTSS workers may lose certain safety-net services (generally public assistance programs) and at what level they achieve financial sustainability. States, including Indiana, are exploring where these “cliffs” exist to ensure their solutions are data-driven and have a net positive impact.²⁶

Workforce Data to Inform Planning

States require data on the HCBS workforce to understand the current state, identify gaps, and prioritize strategies. Unfortunately, high-quality data on this workforce is elusive. States may leverage registries or other reporting mechanisms such as provider reporting, provider surveys (such as those captured through National Core Indicator Staff Stability Surveys),²⁷ member quality measures, or administrative processes to gather the workforce information that is needed to inform planning and evaluation. Each of these strategies have associated benefits and limitations.

It is worth noting that states with training/credentialing registries have the unique opportunity to collect supplemental information on their workforces. Supplemental workforce information, such as demographics, education, and employment characteristics, can be strategically gathered through questions integrated into registry application and renewal.^{28,29} The workforce information collected through this approach is extremely useful to states for workforce assessments, targeting development initiatives, and evaluating the impact of such initiatives. Indiana is a leading state in collecting timely health workforce data and utilizing this information to inform relevant policy and programing.^{30, 31, 32} Recently, the state leveraged such information

²¹ Addressing Wages Of The Direct Care Workforce Through Medicaid Policies. 2022. Available at:

<https://www.nga.org/publications/addressing-wages-of-the-direct-care-workforce-through-medicaid-policies/>

²² Medicaid Services for People with Intellectual or Developmental Disabilities – Evolution of Addressing Service Needs and Preferences. 2020. Available at: <https://www.macpac.gov/wp-content/uploads/2021/01/Medicaid-Services-for-People-with-Intellectual-or-Developmental-Disabilities-%E2%80%93-Evolution-of-Addressing-Service-Needs-and-Preferences.pdf>

²³ State Efforts to Address Medicaid Home- and Community-Based Services Workforce Shortages. MACPAC. 2022. Available at: <https://www.macpac.gov/wp-content/uploads/2022/03/MACPAC-brief-on-HCBS-workforce.pdf>

²⁴ What Are Benefits Cliffs? Atlanta Federal Reserve. Available at: <https://www.atlantafed.org/economic-mobility-and-resilience/advancing-careers-for-low-income-families/what-are-benefits-cliffs>

²⁵ Atlanta Federal Reserve Cliff Dashboard. Available at: https://emar-data-tools.shinyapps.io/cliff_dashboard_demo/

²⁶ Indiana Direct Service Workforce Plan. 2022. Available at: https://www.in.gov/fssa/ompp/files/2022DSWRReport_FINAL.pdf

²⁷ NCI Staff Stability Survey. Available at: <https://legacy.nationalcoreindicators.org/staff-stability-survey/>

²⁸ Informing Health Care Workforce Policy by Leveraging Data: A Toolkit for States. 2020. Available at: https://www.nga.org/wp-content/uploads/2020/11/NGA_informing_health_care_workforce_policy_by_leveraging_data.pdf

²⁹ Life Cycle of Health Workforce Data in Indiana. 2021. Available at: <https://scholarworks.iupui.edu/bitstream/handle/1805/26292/Lifecycle%20of%20Data.pdf?sequence=1&isAllowed=y>

³⁰ Bowen Health Workforce – Information Portal. Available at: <https://bowenportal.org/>

³¹ Indiana Governor’s Health Workforce Council: <https://www.in.gov/dwd/about-dwd/ghwc/>

³² State of Indiana’s Health Workforce, 2022. Available at: <https://www.in.gov/pla/files/Annual-Report-of-the-State-of-Indianas-Health-Workforce-November-1,-2022.pdf>

to identify and strengthen career pathways for Certified Nurse Aides.³³ The state is currently working on strategies to enhance information on the HCBS workforce.³⁴

Data is the foundation of informed workforce policy. As it stands today, states are piecing together information and, at best, have a patchwork picture of the HCBS workforce. Recognizing this gap, many states are working on solutions to ensure they have the data they need to inform HCBS workforce planning and evaluate policy.

Conclusion

The HCBS workforce underpins the Communities of Care that many of our seniors rely on to live their best and fullest lives. At some point in our lives, many of us will rely on this workforce, for a loved one or even for ourselves.

States, including Indiana, are actively pursuing strategies to strengthen this workforce and shore up HCBS. Strategies such as training standards and portable credentials can empower workers and advance consumer choice and safety. Other strategies focus on enhancing wages to support recruitment and retention. Regardless of their approach on specific workforce issues, all states require information to support informed decision making and many states are exploring strategies to ensure they have the data they need.

Thank you for this opportunity to brief you on the great work that is going on in Indiana and in states across our nation to enhance the HCBS workforce. Thank you for your leadership on this topic and your commitment to supporting state solutions.

³³ Certified Nurse Aide as an Occupational Pathway to Licensed and Professional Nursing in Indiana. 2017. Available at: https://scholarworks.iupui.edu/bitstream/handle/1805/14015/2017_CNA_%20Report_Fact_Sheet.pdf?sequence=1&isAllowed=y

³⁴ Indiana Direct Service Workforce Plan. 2022. Available at: https://www.in.gov/fssa/ompp/files/2022DSWReport_FINAL.pdf.