



House of Representatives
COMMONWEALTH OF PENNSYLVANIA

HOUSE DEMOCRATIC POLICY COMMITTEE HEARING

Topic: State of the Care Workforce in Pennsylvania

Abraham Feters-White School – Exton, PA

March 12, 2020

AGENDA

10:00 a.m. Welcome and Opening Remarks

10:10 a.m. Panelists:

- Kevin Hancock,
Deputy Secretary, Pennsylvania Department of Human Services
- Matt Yarnell
President, SEIU Healthcare PA
- Lolita Owens
Homecare Worker, Liberty Resources
- Tynia Stevens
Nurse Aide, Bryn Mawr Extended Care Center
- Diane Dawson-Poce
Social Worker and Parent of Adolescent with Disabilities
- Lauren House
Intellectual Disability Deputy Administrator
Chester County Department of Mental Health/Intellectual & Development Disabilities
- Jeanne Meikrantz
Executive Director, The Arc of Chester County
- Joanne Grossi
President, AARP Pennsylvania
- Deborah Rowe
Vice President of Nursing Workforce Development, PA Health Care Association
- Laura Ness
Director of Government Affairs, BAYADA Home Health Care
- Colin Brigham
Vice President, 1Source Safety and Health, Inc.

10:50 a.m. *Questions & Answers*

11:50 a.m. Closing Remarks

Direct Care Workforce

**Kevin Hancock
Deputy Director
Office of Long Term Living**

**House Democratic Policy Committee
March 12, 2020**

Thank you very much for the opportunity to present information on this very important topic. My name is Kevin Hancock. I am the Deputy Secretary for the Department of Human Services Office of Long-term living. I am presenting on behalf of Secretary Teresa Miller on the near and present staffing crisis in the long-term care system.

In short, one of the most pressing and serious challenges facing the Pennsylvania long-term care system is the reality that the population of people becoming eligible for home care services is growing rapidly, and recruitment and retention of the direct care workforce cannot keep up with this demand.

As background, direct care workers, also known as personal care workers, meet the needs of the elderly and people with disabilities who are not able to care for themselves on their own. These workers provide an estimated 70 to 80 percent of the paid hands-on long-term care and personal assistance received by Pennsylvanians who are elderly or living with disabilities or other chronic conditions. They help with bathing, dressing, and a host of other tasks associated with activities of daily living and are considered a lifeline for those they serve, as well as for families and friends struggling to provide quality care. This includes individuals who need these services in the community or in nursing facilities.

Because of this growing population and the growing need for these supports, direct care workers constitute one of the largest and fastest-growing workforces in the country, playing a vital role in job creation and economic growth, particularly in low-income communities.

Currently:

- In Pennsylvania, there are nearly 220,000 direct care workers.
- The median hourly wage for direct care workers in this state is just over \$11 an hour, these wages have increased slowly in the past decade during a time when the direct care workforce is seeing growing demands.
- Pennsylvania is a rapidly aging state as evidenced by a 10% growth rate for the long-term care population in 2019 – our need for a robust, skilled, and dedicated direct care workforce is more important than ever.

The most significant challenge we face with this workforce which affects the stability of the long-term care system as a whole is the direct care worker turnover rate. The turnover rate is estimated at 44-65 percent each year. The reasons for this are straightforward. Low wages, inadequate benefits, few opportunities for professional growth and advancement, and the stressors of excessive workloads are causing people to seek employment in other sectors at a time when these services are most needed. More than half of the direct care workforce use some sort of public assistance program, and many more qualify but do not use these programs, creating additional burdens for an already stressed workforce.

The Department of Human Services is very concerned about this issue and is addressing it as part of the implementation of Community HealthChoices and working with representatives of the direct care workers to brainstorm workable solutions.

The newly implemented Community HealthChoices (CHC) program, statewide as of January 1, 2020, has been designed to support solutions to this challenge. The flexibility offered in a managed care model allows for opportunities for innovation and incentives that may support and underwrite the development of a robust workforce needed to support a growing long-term care population.

The three managed care organizations (MCOs) participating in CHC are required to institute workforce initiatives that improve the recruitment, retention and skills of direct care workers. These initiatives may include, but are not limited to, enhanced payments and other incentives to providers, participant-directed employers, and direct care workers to promote education, training, and other initiatives designed to enable direct care workers to become a more integral member of the person-centered planning team.

The MCOs are also pursuing a standardized training curriculum for direct care workers across the long-term care continuum in order to provide educational opportunities that advance superior care and create a pathway for those looking to make a career in this critical field. The MCOs are also exploring ways to increase wages or provide other financial incentives to direct care workers, such as loan forgiveness, benefits, housing stipends, tax credits and peer support incentives.

CHC was designed with this very challenging and pervasive problem in mind. We are committed to monitoring the progress of this work and looking for new opportunities and methods to support the direct care workforce and the growing number of Pennsylvanians that rely on and benefit from their care through the managed care model.

In addition to CHC related activities, DHS has been working with representatives of the direct care workforce to identify opportunities to improve wages, opportunities to access health care and other employment-related benefits, and to improve training. The DHS Secretary and I meet with these representatives on a monthly basis to discuss the challenges they face in their work and lives that put their long-term commitment to this vocation at risk. We discuss and consider options and alternatives that may alleviate the turnover and are reviewing proposals that are specifically designed to address training and benefit challenges for this workforce that include a training proposal that mirrors the Long-term Care Council suggestions to support progressive career advancement.

With these and other initiatives, Gov. Tom Wolf's administration is supporting the belief that the direct care workforce is the foundation that makes a high-quality long-term care system possible for a growing number of people. Without a robust direct care workforce, the entire long-term care system is at risk.

We must also have a serious conversation about wages for this population. As I mentioned previously, the *median* hourly wage for the direct care workforce is just over \$11 an hour, meaning people starting out in this field are making less than this. Retention is a problem in this field, and high turnover affects patients needing support the most. Seniors and people with disabilities can have complex needs, and a robust, experienced field is necessary to deliver the quality of care they deserve and need to live their best quality of life.

Direct care jobs keep our economy moving. They don't just provide support to the people they care for – they enable their clients' loved ones to go to work every day or sleep at night knowing their loved one is safe and cared for. If we are going to support a high-quality home care system, investing in the people that make this possible is imperative. People pursue careers in direct care because they want to help others. We need to be sure that it is a field that they can afford to stay and grow their careers. Investing in a minimum wage increase will help make this possible and will support the long-term health and strength of the direct care workforce.

Thank you for the opportunity and we will be happy to discuss further or take any questions.

My name is Lolita Owens, and I am an agency-employed personal care attendant and a leader with my union, the United Home Care Workers of Pennsylvania. I have been a home care worker for about 15 years.

As a home care worker, I do what I do because I love caring for others. My current consumer has MS and type 2 diabetes, and I care for her 6 days a week. She is bed bound, and is not able to move, bathe, cook, or eat by herself. I am my consumer's first line of defense; I schedule her doctor's appointments, handle logistics, do her cooking and cleaning, put her medication together, and keep her turned, clean, and changed.

Many of the things I handle for my consumer aren't in my job description, but I do them anyway. If I don't handle these basics of survival for her, who will? I care deeply for my consumer, and while I am fighting for the betterment of Pennsylvania's home care workforce, I am also fighting for her and for every senior and person with a disability who wants to receive care in their home.

Right now, in Pennsylvania, there's only 1 home care worker for every 8 seniors who need support. By 2030, 1 in 4 Pennsylvanians will be 65 or older, and half will need support with their daily activities. Most of these seniors will want to stay in their homes. Despite the growing need for home care services, our wages are so low, and our working conditions so poor, that there just aren't enough of us to fill these critical roles. We can't afford these jobs because we aren't afforded a living wage or benefits.

Our job is extremely challenging, and without wages and benefits that we can live on, half of home care attendants quit less than a year after they start the job. Our work is valuable, but people don't understand our struggles and what we go through just to get by. We need \$15/hour, affordable healthcare, and the ability to meet our basic needs.

For so many home care workers, we're just scraping by. In this industry, we have nothing to fall back on if we are sick. Many of us don't have affordable healthcare and go years without seeing a doctor. I know women who can't get to their consumers because they can't afford the bus or gas for their car. And, because of our low wages, 46% of home care workers, 30% of residential care workers, and 30% of nursing home workers are on some form of public assistance. This has to change.

As caregivers, we want to provide the highest quality of care possible, but we need the wages, benefits, and paid training opportunities that allow us to support our families and best care for our consumers. We know that the need for direct care will never go away, so let's invest in Pennsylvania's future by properly investing in our direct care workforce.

Thank you.

My name is Tynia Stevens, and I am a Restorative Aide and CNA at Bryn Mawr Extended Care Center. I am also a member of SEIU Healthcare Pennsylvania with 28 years of experience in nursing home care.

When I first started at Bryn Mawr, there used to be 6 CNAs for 45 residents, but times have changed in our facility. Now, there are only 2 or 3 CNAs for 45 residents, and, although I'm a Restorative Aide, I get pulled to do the work of a CNA because we don't have enough staff.

Like so many other caregivers here today, I began my career in the nursing home because I love caring for others. My residents mean everything to me, but I feel like I can't provide them with the care they need and deserve.

It's a terrible feeling to make it to the end of each work day finding yourself wishing that you had the ability to do more. It really breaks my heart because I want to have more time with my residents—time to shave them, shower them, and provide the basics of proper care, but also time to sit down and talk with them—time to brush their hair, connect with them, and make them feel better.

In my union, caregivers are coming together to demand changes to our nursing home regulations, which haven't been updated in over a decade. We are calling on the Department of Health to revise its minimum staffing regulation from 2.7 hours of care per day up to 4.1 hours of care per day. We are also calling on the Commonwealth to increase state funding for nursing home care that goes directly to the bedside and not in the pockets of corporate owners.

If we're going to fix this broken system and improve nursing home care across Pennsylvania, we need to increase direct care hours up to 4.1. When we don't have enough staff, we are rushing through the very basics of care so quickly that there is barely enough time to do the

work, let alone connect with our residents on a personal level. It's a situation that isn't fair to the residents and is exhausting for the caregivers. We are stressed out and overworked. Many of my coworkers are working 6 or 7 double shifts in a pay period because staffing is so poor.

These regulations are also outdated because our residents have higher acuity now than they did when they were written. Our nursing homes don't just care for the elderly anymore—we are caring for younger residents suffering from mental health issues and addiction, too. Sometimes our residents are physical and aggressive. The scope of our work has changed, but our regulations haven't. We must make 4.1 a priority, and we need to make sure that caregivers' wages and training keep pace with the changing times.

Together, we can improve nursing home care across Pennsylvania. Increasing our state's staffing standard is critical to improving resident care and keeping experienced caregivers at the bedside.



THE COUNTY OF CHESTER



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Linda Cox
Administrator

March 12, 2020

Representative Friel Otten
631 Pottstown Pike
Exton, PA 19341

Thank you all for being here today and allowing me the opportunity to speak on behalf of the Chester County Office of Intellectual Disabilities and Autism.

My name is Lauren House and I serve as the Deputy Administrator for the Chester County Office of Intellectual Disabilities and Autism. The Chester County ID/A office supports approximately 1800 individuals and oversees the provider programs working to support these individuals.

In Chester County there is a significant shortage of qualified providers with the resources and skill sets to support people with Intellectual Disabilities and Autism safely. My goal is to share some ideas with you that could change the system for the better so that we can improve access to high quality care. I will highlight a few problems to give you an idea of what we as a system are up against, and provide you with possible solutions to those problems.

Before we get into some of the problems and their possible solutions, I want to make sure you have a basic understanding of how providers get started. We have a rigorous qualification process in place that is mandated by the Office of Developmental Programs to protect the health and safety of the individuals we support, but at the same time it can be prohibitive for some providers to complete all of the requirements. My goal is not to convince anyone to swing the pendulum in the direction where it was several years ago, where providers completed minimal qualification requirements, began supporting people and the people they supported were harmed in a multitude of ways. However, this process does require some revamping and we are in the process of doing so. There are some suggested changes to the provider qualification process, but we are only in the beginning stages of reviewing a concept paper and the funding that has been proposed to support the changes is not adequate enough to complete all of the suggested requirements.

Since the unknown and new providers pose an inherent risk, I would recommend a mechanism to incentivize on boarding for hard to serve communities for the providers who are already known to us and trusted. It should also be noted that providers do not get reimbursed for any administrative activities they complete, so in essence they operate in the negative for a period of time until they can begin billing for services rendered and even then they are subject to prudent pay, which is just a system word for essentially a delay in payment. All of the time and resources it takes to onboard a staff member is at the cost of the provider. The same goes for

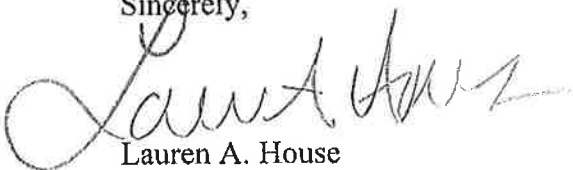
attending meetings, writing notes, entering incidents, and the list of non-reimbursable activities goes on. My proposal would be to allow providers to bill an administrative rate once they are fully qualified and enrolled in Promise to off-set some of the costs associated with supporting a person with ID or Autism.

Once a provider is identified, there is no guarantee they have staff immediately available to support an individual. Not having adequate staffing available to meet the needs of the individuals they get referrals for means long wait times between referral, acceptance, and services being rendered. This is especially prevalent in emergency situations. Just a few weeks ago I was helping a supports coordinator manage a crisis situation where a young woman with disabilities was in need of emergency respite care. Her mother was urgently admitted to the hospital and she has no other caregivers to provide care. She requires assistance with every aspect of her life, and it took me working my own personal network and resources to make a plan come together for her. There is no incentive for providers to have staff "waiting in the wings" or to have an empty bed in a group home for the occasional emergency respite situation. This ultimately forces the system to rely on luck, rather than thoughtful and strategic contingency planning. If residential providers were afforded a vacancy rate they could maintain a vacancy without being forced to fill every bed they had immediately upon it becoming available.

Finally, we struggle with maintaining well qualified staff because of student loan debt. Not all provider agencies are set up as non-profits, therefore there are degreed workers out there who may have the huge burden of student loans, combined with low wages, but also no end in sight because they work for a for profit agency. This leads these well qualified staff to leave direct service jobs at high rates because they need higher wages to pay their student loan debt. This is detrimental to the individuals they support because high rates of turnover can lead to a multitude of problems; individuals we support experience high rates of loss and feelings of rejection, only further stigmatizing and devaluing an already isolated and marginalized group of individuals. Constant turnover also presents safety issues when less qualified or new staff are not well trained in the support needs of an individual, this can lead to significant neglect of a care need that could result in harm or worse death. Certainly raising the wages for direct care staff would be one component of solving this problem. If direct care workers earned a livable wage, they would be able to stay in the field and pay their student loans without a problem.

Again, thank you for your time and attention. It has been a honor to be with you today.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lauren A. House".

Lauren A. House
ID Deputy Administrator



Achieve with us.

March 12, 2020

Representative Friel Otten
631 Pottstown Pike
Exton, PA 19341

Thank you Representative Friel Otten for inviting me to participate in the panel today on behalf of The Arc of Chester County and for the opportunity to advocate and educate the community and our elected officials on the workforce crisis that is impacting the lives of individuals with disabilities including those with an intellectual disability (ID), Autism (A), and infants and children eligible for early intervention (EI) services.

I am Jeanne Meikrantz and serve in the role of Executive Director for The Arc of Chester County a non-profit organization located in Chester County that has been providing advocacy supports and direct services for the last sixty-eight (68) years. Our mission is to: *advocate, educate and provide services to empower individuals with disabilities and their families to enhance the quality of their lives.* We support over 3,000 individuals and families each year through the services and supports we provide that span a lifetime. We also serve as a resource and referral agency to help connect people to needed supports and services in their community. Although our direct services are provided to individuals with disabilities and developmental delays and their families living in Chester, Montgomery and Delaware Counties our experience and knowledge on the workforce crisis is statewide through our partnerships with the Mental Health and Intellectual and Developmental Disability staff, our county partners and our affiliations with The Arc of Pennsylvania, PAR- Pennsylvania Advocacy and Resource for Autism and Intellectual Disability, MAX Association-Moving Agencies towards Excellence and the EIPA-Early Intervention Provider Association.

Through our daily work and partnerships, we see first-hand the hardship and negative impacts the workforce crisis is having on the lives of the individuals and families we support as well as the workforce caring for them. A 2019 compensation study conducted by several associations revealed there are 19.4% DSP vacancies and 31.6% turnover rate for DSP's for individuals with an intellectual disability and/or autism. Direct Support Professionals (DSP's) earn an average of \$13.20 per hour. That is well below the cost of living level. DSP's are expected to be highly skilled and perform very complex jobs. Recruiting and retaining DSP's has become impossible due to several factors which includes the low reimbursements rates set by the commonwealth for ID/A providers. Likewise, in early intervention we are unable to compete with rehab's and hospitals for staff, making it impossible to recruit early interventionists again due the low payment rates to EI providers set by the commonwealth. The lack of annualized investments in both programs for decades has contributed to and has resulted in this serious workforce crisis.

The low payment rates to ID/A and EI providers, impacts a provider's ability to offer competitive wages resulting in a workforce crisis that is negatively impacting the lives of those we are charged to support. Raising the minimum wage in PA without increasing provider payments rates will result in additional harm and loss of services.

The mission of The Arc of Chester County is to advocate, educate and provide services to empower individuals with disabilities and their families to enhance the quality of their lives. The official registration and financial information of The Arc of Chester County may be obtained from the Pennsylvania Department of State by calling toll free within Pennsylvania 1-800-732-0999. Registration does not imply endorsement. The Arc of Chester County is a 501(c)(3) nonprofit organization—contributions to which are tax deductible to the fullest extent permitted by law.

900 Lawrence Drive | West Chester, PA 19380 | T 610 696-8090 | F 610-696-8300 | www.arcofchestercounty.org | info@arcofchestercounty.org

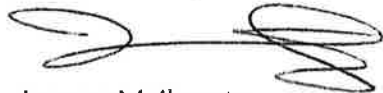
The Arc of Chester County is affiliated with The Arc of Pennsylvania, The Arc of The United States, and The United Way.

As an advocacy and provider agency it is very important for The Arc of Chester County to continue to sound the alarm that the lack of funding to increase state set rates is at the core of this workforce crisis. A good economy compounds the problem but increasing the payment rates now and annually is key to fixing this workforce crisis for these vulnerable populations. We urge each of you to view the *Fix the DSP Crisis Video (2019)* at: <https://www.youtube.com/watch?v=vbWG5MV27JM>

We are extremely grateful for Representative Friel Otten's work to raise awareness on the workforce crisis needing our immediate attention and action. We look forward to working with Representative Friel Otten, and our other partners and elected officials to address this workforce crisis, reduce risks and enhance the lives of the individuals we are mutually charged to serve. To make your voices heard we invite you to join us in Harrisburg at the Capitol for a rally being held on Wednesday April 15, 2020 at 12:30 pm. For more information about this rally you can visit the PAR website at www.par.net. You can also get involved by joining us in Harrisburg at the Capitol for a rally being held Tuesday June 2, 2020 at 9:00am. For more information on this rally you can visit The Arc of Pennsylvania website at www.thearcpa.org.

Thank you.

Sincerely,



Jeanne Meikrantz
Executive Director

2019 PENNSYLVANIA DIRECT SUPPORT PROFESSIONAL & FRONTLINE SUPERVISOR COMPENSATION STUDY

Direct Support Professionals (DSPs) work with people with intellectual disability and autism to help them live full and meaningful lives in their communities. DSPs are often a primary lifeline for people with disabilities, providing life-sustaining and enriching services.

After 10 years without a rate increase, the Pennsylvania legislature and Governor Wolf began an investment* to fix the DSP crisis in the FY 2017-18 budget. This investment and other factors resulted in DSP wages increasing by an average of a dollar an hour in 2018 and thirty-seven cents in 2019. As of June 30, 2019, the average DSP starting hourly wage was \$12.16, with an average DSP hourly wage of \$13.20.

Roughly 1 out of 5 DSP jobs remain open, putting strain on the current workforce while negatively impacting Pennsylvanians with intellectual disability or autism. **With DSP turnover at 31.6% per year (over 17,000 positions out of 55,000) and 19.4% of DSP positions open (over 10,000 positions out of 55,000), Pennsylvania still has a long way to go to fix the DSP crisis.**

DSP RATES SHOW LIMITED PROGRESS MADE

Average	2018	2019	Percent of PA Living Wage**
Starting	11.62	12.16	38%
Hourly	12.83	13.20	58%
Turnover	38.2%	31.6%	--
Open	20.4%	19.4%	--

*Medicaid is the primary payer for ID/A services, accounting for well over 90% of their ID/A revenue. The rates set by the state determine funding for ID/A services.

** Based on the MIT-Based Living Wage.

The 2019 Pennsylvania Direct Support Professional and Frontline Manager Compensation Study is a collaboration of:

- Moving Agencies Toward Excellence (MAX)
- PAR (Pennsylvania Advocacy and Resources for Intellectual Disability)
- Rehabilitation and Community Providers Association (RCPA)
- The Alliance of Community Service Provider (The Alliance CSP)
- The Arc of Pennsylvania
- The Provider Alliance (TPA)
- United Cerebral Palsy of Pennsylvania (UCP of PA)

Pennsylvania's recent investment in DSPs was not enough to address high turnover and fill open positions.

Please contact one of the collaborating associations to find out how you can help.

PAR POLICY CONFERENCE/HBG/PA



Pennsylvania Advocacy and Resources
for Autism and Intellectual Disability

APR / 14
APR / 15

THE ARC OF PENNSYLVANIA'S



2020 Advocacy & Policy Conference

Monday, June 1, 2020 - Crowne Plaza Harrisburg PA.

The Arc of PA Board Meeting at 1:00 p.m.

Annual Membership Meeting at 3:00 p.m.

PCE of The Arc of PA Meeting at 4:30 p.m.

Legislative Reception - 5:00-7:00 p.m. - Crowne Plaza

Tuesday, June 2, 2020

Disability Rally at the State Capitol at 9:00 a.m.

Plenary Sessions at the Crowne Plaza - 10:30 a.m.- 3:00 p.m.

Theme - "Advancing Employment for People with Intellectual Disabilities: Making Connections for the 21st Century Workforce"

For updated speaker information and to register online, visit:

www.thearcna.org





**Testimony before the
Pennsylvania Democratic Policy Committee**

State of the Care Workforce in PA

**Abraham Feters-White School
723 Pottstown Pike - Exton, PA**

March 12, 2020

**Presented by
Joanne Grossi, MIPP
AARP PA State President**

Representative Danelle Friel Otten and Members of the Committee:

My name is Joanne Grossi. I serve as the volunteer State President for AARP Pennsylvania. I will be testifying on behalf of AARP. As the nation's largest nonprofit, nonpartisan organization dedicated to empowering people 50 and older to choose how they live as they age, AARPs nationwide presence consists of nearly 38 million members, including 1.8 million members in Pennsylvania. We concentrate on issues most important to those in the 50-plus community as they age: economic security; health care; access to affordable, quality long-term care; creating and maintaining livable communities; consumer protections; caregiving; and ensuring that our democracy works better for all. Thank you for giving AARP the opportunity to appear at this public hearing focused on the state of the care workforce in Pennsylvania.

AARP Policy

AARP is dedicated to enhancing the quality of life for all as we age. We take great pride in leading positive social change and delivering value to our members through advocacy, service, and information. AARPs public policies serve as the foundation of our work to fight for people 50-plus and help them choose how they live and age.

Each one of us faces the risk of needing long-term services and supports (LTSS), but it is impossible to predict who will need this assistance, when, or for how long. Many people will be able to get by with the help of their families, but a significant number will require expensive paid services over long periods.

The term LTSS encompasses a broad range of assistance needed by people of all ages who are unable to function independently. This assistance helps one meet their activities of daily living, such as bathing and dressing; along with their instrumental activities of daily living, such as paying bills and riding a public bus. LTSS are provided in the home, in community settings, such as adult day service centers, assisted living and other supportive housing settings, and in nursing facilities. LTSS services are provided by family members, friends, and other paid caregivers.

Throughout the country, it's estimated that 7.3 million adults in the community and in nursing homes require assistance to perform basic activities of daily living due to physical, cognitive or behavioral health impairments, and approximately 11.9 million require help with instrumental activities of daily living.

Every day, nearly 4.5 million direct care workers provide LTSS to older adults and people with disabilities across the United States. The role direct care workers play is invaluable to the individuals they support, their families, and the long-term care system. Yet, regrettably, direct care workers are often overlooked, their contributions unrecognized, and their efforts undercompensated.¹ The care provided in LTSS settings is only as good as the personnel who provide it. With absolute certainty, workforce challenges abound in the LTSS industry and they need to be addressed swiftly if we plan on addressing the growing need for high-quality LTSS care.

¹ PHI, *It's Time to Care: A Detailed Profile of America's Direct Care Workforce*

Pennsylvania Planning

With the passage of Act 64 of 2015, Governor Tom Wolf created the Pennsylvania Long-Term Care (LTC) Council to replace the Intra-Governmental Council. In order to reflect today's broader long-term care continuum, the new 35-member LTC Council was tasked with making recommendations on how to improve the state's LTSS system, which runs the gamut from services delivered in one's home to services provided in a nursing home setting. AARP Pennsylvania was pleased to be appointed by the Governor to the LTC Council and is proud to serve as one of six consumer advocacy entities. The LTC Council members decided that the state's direct care workforce would be its first and top priority. As the LTC Council began its work, AARPs then Manager of Advocacy and Outreach, Ray Landis², represented AARP on the LTC Council and served on the subcommittee that helped to lead the LTC Council's efforts to create and publish in April 2019 its *Blueprint for Strengthening Pennsylvania's Direct Care Workforce*.

With the fifth oldest population in the nation, nearly a quarter of Pennsylvania's 12.8 million residents are age 60 and older. By 2040, the population of Pennsylvanians 85 years of age and older is projected to increase by 82%.³ Many Pennsylvanians who need LTSS also have complex medical conditions. According to the Pennsylvania Department of Human Services, a Pennsylvanian who is receiving either home and community-based services or nursing facility care typically has over five chronic conditions (e.g., high blood pressure, arthritis, heart disease, depression, diabetes, etc.). Moreover, the Pennsylvania Department of Labor and Industry has acknowledged that by 2026, Pennsylvania will need over 37,000 more direct care workers in order to meet the demand for LTSS.

As just referenced, direct care workers are supporting individuals with more complex needs in every setting, particularly in private homes as individuals in need of LTSS prefer to age in place at home. Despite the increased responsibilities that accompany such complex needs, compensation for direct care workers, who are primarily women, particularly women of color and immigrant women, remains notoriously low, leading to high rates of poverty in the workforce.⁴ Pennsylvania's direct care workers deserve access to quality, life-sustaining jobs; and state residents deserve access to quality LTSS care.

The LTC Council's *Blueprint to Strengthen Pennsylvania's Direct Care Workforce* mirrors AARP policy whereby it's recognized that direct care workers provide most paid LTSS. Yet, individuals in need of LTSS services and agencies who employ such workers, often have difficulty locating competent, trained people to do the job because wages are low and benefits, such as sick and vacation pay, are not provided. In 2017, the median hourly wage for these workers was \$11.16. Low wages and little to no benefits contribute to high staff turnover and the provision of low-quality care. In an effort to listen to the experience of Pennsylvania direct care workers, the LTC Council dedicated one of its fact-finding meetings that led to the creation of the *Blueprint*. Each story shared was persuasive, and overall the suggestions were remarkably similar and included - higher wages, access to benefits, improved training, additional support, and simple respect. In the words of one legislative LTC Council member, PA Representative Pam DeLissio, "(Pennsylvania) needs to figure out (its) priorities. The time to move is now – we need to leverage these reports and not just park them on a shelf."

² Mr. Landis retired from AARP in October 2019.

³ Penn State Data Center

⁴ PHI, *It's Time to Care: A Detailed Profile of America's Direct Care Workforce*

Conclusion:

As we gather today discussing this important topic, in Washington, D.C. Congress is considering the reauthorization of the Older American Act (OAA). Why is this of significance? For over fifty years, the OAA has connected older adults and their caregivers to services that help older adults age with health, dignity and independence in their homes and communities. Specifically, Title III of the OAA provides funding for a wide range of LTSS. The OAA is administered by the Administration on Community Living, and is operated by the state unit on aging and local area agencies on aging. They are required to target services to people with the greatest social or economic need, and to make programs available to all older people in the community.

For Pennsylvania, OAA funding - in combination with the Lottery Fund - ensures that our seniors have access to the LTSS benefits and services they need. The OAA expired on September 30, 2019, and securing a bipartisan reauthorization is an important policy priority for AARP. With the rapid growth of the country's and our state's aging population, it is vital that we make wise investments in both the OAA and Lottery funded programs and services. Providing our fellow Pennsylvanians access to the support they need to age in place has always been a bedrock goal of AARP Pennsylvania, and by supporting the OAA reauthorization and exercising careful stewardship of the Lottery Fund, Pennsylvania can further enhance its LTSS programs and services continuum, strengthen support for family caregivers, and invest in its direct care workforce. Without a direct care workforce that is properly trained, adequately compensated, and consistently recognized, our efforts will be wasted.

To this end, AARP supports the work of the state to provide funds for education and training for LTSS workers. A standardized core training and credentialing system for direct care workers can help to provide career pathways throughout the continuum of LTSS. We applaud the Wolf Administration's recent budget proposal to make a \$1.2 million dollar investment intended to enhance the current direct care worker training and encourages the Committee to support this initiative as the FY2020/21 budget is finalized.

Moreover, AARP supports the growing use of home and community-based services in lieu of institutional services, when possible. In 2013, for the first time since Medicaid began, the majority of its LTSS spending was for home and community based services rather than institutional care. As of 2016, 57% of Medicaid LTSS dollars went toward home and community-based care. However, Medicaid retains an institutional bias because Medicaid programs are required by law to cover institutional care settings, while the majority of home and community based services are optional. The state needs to continue to provide public funding for OAA programs. Recognizing that Pennsylvania continues to see an increase in seniors eligible for the continuum of LTSS, AARP supports the Wolf Administration's budget proposal to provide \$8.1 million in Lottery Fund dollars for persons on the in-home services (OPTIONS) waiting list and encourages the Committee to support this initiative as the FY2020/21 budget is finalized.

We are pleased the House Democratic Policy Committee is focusing its attention on the state of care workforce in Pennsylvania. At a time when our older population is projected to grow significantly, AARP looks forward to continuing to work with you and all concerned stakeholders to ensure our seniors can access a comprehensive range of long-term services and supports that are delivered by a direct care workforce that is trained, qualified, and recognized.

Written Testimony of
Genesis HealthCare and
the Pennsylvania Health Care Association

Delivered by:
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for a
Legislative Policy Hearing on the State of the Care
Workforce

Delivered at the Abraham Fethers-White School
in Exton, Pennsylvania

Thursday, March 12, 2020
10 A.M.

Good morning and thank you, Representative Friel-Otten and members of the House Democratic Policy Committee for the opportunity to testify regarding the challenges associated with recruiting and retaining a skilled workforce in Pennsylvania's long-term care sector.

My name is Debbie Rowe. I am a Registered Nurse and the Vice President of Nursing Workforce Development at Genesis HealthCare. Genesis is a member of the Pennsylvania Health Care Association and a leading provider of post-acute and long-term care services in the Commonwealth and across the country. Genesis provides services to nearly 400 centers across 26 states, employing approximately 55,000 workers. And on a typical day, we care for nearly 45,000 patients and residents. Here in Pennsylvania, we operate 38 facilities and employ nearly 7,000 caregivers.

I have over 22 years' experience working for Genesis specifically in staffing services and workforce development. In this role I, on behalf of Genesis, work with state and federal entities to leverage opportunities to meet the growing needs of our skilled nursing and long term care population. I am testifying today to make sure you are aware of the critical workforce challenges health care providers are currently facing in long term care, not only in Pennsylvania, but across the country.

The challenges facing the long-term care sector workforce are staggering. For example: long-term care providers will need to fill 7.8 million – yes, million – positions by the year 2026.

Today, Pennsylvania ranks as having the third oldest population in the country. And in just three to five years, we'll experience a 'silver tsunami', otherwise known to the industry as the period of time in which baby boomers will age into the demographic most in need of long-term care.

This is important because as our senior population increases and more Pennsylvanians need long-term care services, providers who are already struggling with the recruitment and retention of direct care workers may not be able to meet the care needs of our most vulnerable population.

In just six years, the annual demand for registered nurses, LPNS and certified nursing assistants will be 21,379 here in Pennsylvania. That's 21,379 direct care workers that simply aren't available.

Addressing workforce challenges is the top priority of Genesis HealthCare and many other long term care providers. As a result, Genesis has employed a multi-faceted approach in an attempt to meet the care needs of the vulnerable population we provide care to every day.

Among the causes of the workforce challenges in long term care are:

1. Legislative and regulatory constraints limiting a Provider's ability to offer training programs

Due to the growing need for qualified nursing aides, Genesis has a goal to have in-house Certified Nurse Aide training programs in as many centers as possible across the country. In-house training programs help meet the staffing needs of facilities where there may be challenges due to a competitive employment market or in locations where facilities are not accessible by public transportation. These programs allow the center to offer employment opportunities to individuals located within the community where the center resides.

Over the last year, Genesis has held over 300 training classes with over 2,000 students, however, existing programs only fill a fraction of the staffing needs. It is imperative that we must have the ability to operate more training programs in our centers in order to continue to meet the demand for qualified staff. These in-house training programs are not only good for the community since they provide free training while paying an individual to work, they also help ensure an ongoing stream of qualified workers to meet the care needs of our residents.

Unfortunately, our ability to expand the number of programs is often delayed due the lengthy regulatory process to get programs approved or program denial due to legislative constraints. It is imperative that these obstructions are alleviated to enable us to train new staff!

2. A Provider's inability to offer competitive wages compared to the wages offered by hospitals and other non-health care employers

For six consecutive years, Medicaid reimbursement rates for nursing home residents and providers here in Pennsylvania have been flat-funded, even

as two of every three nursing home residents relies on Medicaid for their daily care.

Let's be frank: the amount of our paychecks matter. And as much as we'd love to pay our direct caregivers more – and they're worth so much more – Pennsylvania's nursing homes are operating at a negative 2.8 percent margin, ranking us at the bottom of the entire nation. On average, the industry is reimbursed over \$40.00 less per day than it costs us to care for each Medicaid patient in Pennsylvania.

Without the ability to invest more dollars into direct care wages, many of our potential employees – and current employees – are leaving long-term care for positions at Wawa, Walmart, or the general store down the street.

While we've worked with other providers, our association and other stakeholders within the long-term care sector, we must partner with members of this committee and the general assembly, as well as Governor Wolf's administration and the Department of Labor and Industry, Department of Education and the Department of Community and Economic Development to ensure our seniors are cared for by a strong, skilled, available direct care workforce.

3. A Provider's inability to find qualified individuals to work in long term care

To address these challenges, the Pennsylvania Health Care Association members are partnering with state government, local workforce investment boards and other community partners to improve recruitment, training, retention and career advancement.

We're working to educate school counselors and teachers on the career opportunities that exist in this industry to help students – as young as middle school – understand what jobs might be available to them.

We're partnering with the United Way of the Capitol Region's "Road to Success" program, which offers training, additional educational support and ensuring individuals have access to wrap-around services, including transportation and child care, to make them successful.

Almost across the board, PHCA members are implementing new, innovative approaches to recruitment and retention efforts including job shadowing, co-op and internship programs, tuition reimbursement, scholarship opportunities, and flexible schedules to allow for additional education and training.

At Genesis, we have expanded our partnership with external CNA schools by sponsoring CNA students throughout the country. In each program, Genesis is not only paying wages to the CNA student, Genesis also pays for the CNA training. Genesis currently has over 750 nursing and nursing assistant college and university clinical agreements for student rotations in our nursing centers. These programs also promote long term care and our career pathways. We understand the importance of highlighting the career opportunities that exist within long term care as this often leads to employee retention.

Genesis has also created Certified Medicine Aide, Certified Nurse Aide and Nursing Career Advancement programs to develop and grow our staff from other clinical and non-clinical departments. Each of these initiatives support our goal to attract, hire, train and develop nursing and nursing assistants to provide care to our patients and residents. The impact of these initiatives both benefits our residents and adds value to the employees. In fact, yesterday we received a call from a CNA student who shared that I love my job! You changed my life! There is so much more we can do and that we will need to do. Let's work together to touch more lives like the CNA student I spoke to yesterday.

Again, I'd like to thank you for the opportunity to testify this morning.

I'm happy to answer any questions.