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District Seniors and People with Disabilities Face Reduced Access to Care Due to Shortages of Direct Care Staff

A new [survey](#) of providers who serve DC seniors and people with developmental disabilities in home and community-based settings highlights unprecedented staffing shortages that are already reducing access to care and driving up health care costs.

The DC Coalition on Long Term Care sent the survey to all DC licensed home health agencies, all DC licensed home support agencies, all DC licensed assisted living facilities, all DC Medicaid certified adult day health providers, and all members of the DC Coalition of Disability Service Providers. Twenty-nine providers responded for a response rate of 41%. Fifty-five percent of respondents are Home Care or Home Support Agencies; 38% are Developmental Disability (DD) providers.

Key findings include:

- Across all respondents, the workforce shortage has gotten worse or much worse.
- Staff shortages are increasing costs and are already reducing access to care.
 - 100% of home care agency respondents and half of DD providers have limited admissions.
 - If workforce challenges persist, 90% of respondents report that they will have to stop accepting new clients; over 80% report they will have to establish a waiting list.
- Respondents are paying more for staffing including bonus payments, increased overtime, and increased reliance on staffing agencies. They are also implementing other strategies such as paying for training and education, offering gift cards, promoting staff,

and addressing workplace culture. Yet for the majority of respondents, these strategies have not worked to increase recruitment or reduce turnover.

- Lack of funding to pay competitive wages and lack of qualified candidates are the two biggest obstacles to recruitment and retention of staff.
- Lack of funding is disproportionately impacting Home Care, Adult Day Health, and DD Providers, who have the greatest reliance on Medicaid as a payor source.
- Regulatory barriers were cited as obstacles by nearly two-thirds of respondents.

According to the District’s WIOA State Plan, DC will need over 3,000 new home health aides and nursing assistants every year from 2022 to 2028, making these entry-level health sector positions **the highest demand and highest need among all health sector jobs**.¹

“We are encouraged that Mayor Bowser has appointed a Health Care Workforce Task Force to address workforce issues broadly across the health sector. But as our survey shows, the current crisis, coupled with the projected future need for workers, underscores the importance of giving priority attention to this sector and these essential jobs,” notes Claudia Schlosberg, Chair of the Coalitions Subcommittee on Workforce Development.

The Long Term Care Coalition has developed a set of recommendations (see below) to provide immediate, short-term relief and to address underlying structural issues that contribute to regulatory barriers and a lack of workers interested in these jobs. Judith Levy, Convenor of the Coalition on Long Term Care, shares, “We are looking forward to presenting our findings to the Task Force and to working with the Council to make needed changes to elevate the quality of direct care worker jobs to ensure that seniors and people with disabilities continue to have access to essential care and support.”

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https://dcworks.dc.gov/sites/default/files/dc/sites/dcworks/publication/attachments/District_of_Columbia_WIOA%20State%20Plan%20Final%202-28-2022.pdf (Table 7).



Recommendations of the Long-Term Care Coalition to Address the Direct Care Workforce Crisis

While the DC Council’s legislation, the Direct Support Professional Payment Rate Amendment Act of 2022, will eventually increase the average pay scale of Medicaid-funded direct care workers to 117.6% of the living wage in FY 25, we must do more now to begin to address the serious supply deficit.

DHCF should:

- Use a portion of the \$88 million in HCBS ARPA funding to increase provider payment rates now to allow providers to raise wages to a minimum of 120% of the living wage, effective immediately.
- Speed up the distribution of the \$30 million in HCBS ARPA funding that was designated for bonus payments to help providers recruit and retain staff. DHCF needs to give providers maximum flexibility (as other states have done) to use this money to raise hourly wages or provide other benefits.
- Factor transportation, training costs, and apprentice wages into provider payment rates.
- Ensure that provider payment rates allow for progressive wage scales to recognize experience and advanced training (i.e., Certified Medication Aides).
- Continue pandemic-level provider payment rates and reimbursement for overtime to ensure that providers can meet ongoing, higher costs.

DC Health should:

- Use its emergency authority to allow DC CNAs to work in home care settings.
- Extend the waiver allowing Maryland and Virginia CNAs to work in DC in both facility-based and Home Care settings.
- Eliminate separate bridge training, which is costly, time consuming, and unnecessary.
- Eliminate the clean hands requirement for HHA and CNA licensure.

- Provide certification exams in languages other than English or allow candidates with Limited English Proficiency (LEP) to take them orally.
- Offer the exam in paper format for individuals who lack computer skills.
- Eliminate or waive tuition and exam fees for CNA and HHA applicants who accept employment in DC.
- Immediately activate a process (including a paper process) to enable Certified Medication Aides (MA-Cs) from other states to obtain DC certification by endorsement (which is allowable under current rules).
- Expand apprenticeship opportunities by allowing DC employers to substitute on-the-job training for more hours of required classroom instruction.
- Simplify the process for direct care workers to obtain parking passes, or waive parking ticket fees incurred when an HHA is working in a client's home.
- Eliminate separate training tracks for HHAs and CNAs and create a unified competency-based curriculum.

Other Actions:

- Raise the Living Wage for DC Direct Care Workers to at least \$22/hour and ensure that wages are inflated annually and are reflected in provider reimbursement rates.
- Amend the Health Occupations and Regulatory Act to lower the minimum age for HHAs, CNAs and DSP from 18 to 17.
- Limit criminal background check exclusions.
- Support recruitment and training of older workers.
- Provide workforce housing, childcare credits, or other benefits to direct care staff.
- Significantly increase capacity of training academies to train direct care staff.
- Support programs like the Geriatric Career Builders that offer mentorship and opportunities for career advancement.
- Provide full funding to DC Health's licensing Boards so they are not dependent on licensure and certification fees.
- Mandate participation in interstate compacts and agreements that would allow health professionals and aides to work in DC without additional process.