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Idaho State Senate

SENATOR MICHELLE STENNETT **MINORITY LEADER**

March 10, 2022

Requested study: A sustainable direct care workforce for home and community based service participants

Background:

Direct support workers are responsible for the hands-on care for aging adults and people with disabilities. Direct care workers work in a variety of Home and Community Based Service (HCBS) settings. They perform important tasks such as bathing, dressing, housekeeping, meal preparation, medication management, supporting people to learn skills to live and work in their communities, intensive medical care and assistance. This critical workforce provides essential support for seniors and people with disabilities.

The challenges direct care workers face are significant. They are highly underpaid, partly due to the Medicaid reimbursement rates, however there are additional factors that contribute to the long-standing shortage of direct care workers that has been taking place well before the pandemic. There is a deeply rooted undervaluing of the work, long hours, limited training, and often demanding nature of the work. There is a high turnover rate, with many people moving to jobs with fewer hours and benefits. The work they provide is essential. The pandemic has only heightened the urgency to develop strategies that attract new workers to the field and strengthen the direct care workforce.

The lack of staffing also impacts the family's ability to work and is causing a long-term strain on families. Families cannot find staff to help with their children with disabilities. Medically necessary needs go unmet. Many Idaho families, who have been the primary caregivers for their adult sons and daughters, are aging. They are unable to provide the type of support their family member needs.

Individuals with intellectual and developmental disabilities are faced with the reality of having to move from their homes. They are moving to assisted living facilities and nursing homes because there is no staff to provide this in-home support. Assisted living facilities and nursing homes are having the same struggle to hire and keep adequate staff to meet the needs of the residents. The inability to attract and keep needed direct care workers is everywhere. Twenty-seven (27) assisted living facilities have voluntarily surrendered their license, closed a building, or given notice to all Medicaid residents since July 2020. Inability to find adequate staff is the reason cited for the closures. Many assisted living facilities have been forced to limit admissions and even discharge residents because they do not have enough staff to provide the necessary care. Between 2020 and 2022 five (5) developmental disability service providers closed due to staffing issues and low attendance. During this time a total of eighty-one (81) Home and Community Based Service providers closed. Many of these providers were bought out by another agency and some voluntarily closed.

Magnitude of the Problem:

The average monthly number of members utilizing HCBS services in calendar year 2021 was 15,500, which also includes children receiving services. With this many participants served through the HCBS system, it is imperative that Idaho have a sustainable highly qualified direct care workforce able to meet the complex and essential needs to maintain people's ability to live and work in their home communities.

March 22, 2022

Page 2

Study Objectives:

- Work with the following HCBS provider types: Independent Living Centers, Assisted Living Centers, Residential Habilitation (Supported Living Agencies and Certified Family Homes), Developmental Disability Agencies, Self-Directed DD Waiver participants, and Community Rehabilitation Providers.
- At the provider level, identify what training is provided? Is it competency based? Is training and demonstrated competency tied to increased pay or benefits?
- How does the Department of Health & Welfare evaluate current direct care workforce staffing levels?
- What are the barriers for direct care staff to sustain long term employment in this service industry?
- What do other states have in place such as a task force to provide strategic planning to tackle the crisis in their HCBS direct care workforce?
- What infrastructure is in place to better understand the current supply and demand of direct care workers?
- Examine policies and procedures used to track data on direct care staffing, including workforce turnover rates, staffing statistics within HCBS settings?
- What training is currently provided to direct care workers in HCBS settings that prepare them to meet the varied complex health and behavioral needs of participants?

Potential Solutions:

- What have other states done to incentivize HCBS service providers to participate in additional competency-based training?
- How would the development of a professional career ladder with tiered reimbursement tied to demonstrated competencies post training assist in the creation of a highly qualified sustainable direct care workforce? What are other states' demonstrating with this model?
- Would the HCBS direct care workforce benefit from a direct care registry, increased training and support, the development of career ladders, and a statewide recruitment campaign?

Recommendation Requests:

- What recommendations can be learned to assist Idaho in creating a sustainable direct care workforce that is attractive for working long-term in these positions as a career?
- Develop recommendations for proposed legislation, policies, short and long-term strategies for the retention and recruitment of direct care staff to ensure an adequate workforce is in place to provide high quality, cost-effective healthcare.

Respectfully,

Michelle

Senator Michelle Stennett
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