Worker Shortage: Certified Home Health Aides in DC

Who is affected by this problem?
This problem directly impacts:

1. older adults in the District (generally over age 65) as well as adults of any age with a disability who either rely on publicly-funded insurance, and therefore must use a licensed Home Health Agency to access home services, or who choose to use a licensed Home Health Agency because of the expectations associated with regulation of such organizations;
2. licensed home health agencies who are required to meet strict timelines for the placement of certified Home Health Aides with clients;
3. hospitals, who cannot discharge patients in need of home health care without appropriate personnel in place;
4. family members of older adults and adults with disabilities who, in the absence of an appropriately trained and certified Home Health Aide, must take care of the daily needs of their family member.

Who hires Certified Home Health Aides (HHA-C)?
Organizations licensed as Home Health Agencies in the District of Columbia must hire Certified Home Health Aides (HHA-C) to serve District residents. It does not matter what funding source the agency relies on – Medicaid, private pay, or local government funds. They must hire Home Health Aides who have met the District's Home Health Aide Certification requirements. Unlicensed Home Health Agencies, or organizations licensed as Nurse Staffing Agencies (which in practice fulfill the staffing needs of unlicensed Home Health Agencies) are NOT required to hire HHA-Cs. These organizations primarily serve private pay clients.

How do we know there is a shortage of HHA-C's?
At one agency, a wait list for home health services develops not, as in the past, solely because of limited funding, but also because of limited HHA-Cs available to meet the demand. Applicants for Medicaid's Elderly and Persons with Disabilities (EPD) waiver services used to be required to list their top three Home Health Agency choices on their application; now they have to list six agencies in order to find a provider with enough HHA-Cs to take on a new client. Several agencies report difficulties finding HHA-Cs who will work weekend shifts. These are practical indications that the workforce is shrinking relative to the demand for services.

According to the numbers, there are approximately 8850 HHA-Cs registered in the District. Of those currently employed as HHA-Cs, 17% work less than full-time for personal reasons. Furthermore, data from PHI National suggests that there will be over 7000 job separations in the District through 2026. The indicators are there, and we have reasons to be concerned that the problem will not resolve itself without intervention.

Why are we facing a shortage of HHA-Cs?
This is a complex problem with a complex set of causes, a few of which are listed below:

- The District is experiencing growing demand. The size of our older adult population is growing, and more of these adults want to remain in their homes as they age.
- Job quality is low, from the HHA-C perspective. Home health care work is challenging, non-glamourous, low-paid, and includes a high risk of injury. Unlike institutional work which typically involves a regular weekly schedule with full-time hours and guaranteed wages, home care work can be highly variable. For example, if a home health client is admitted to the hospital, the HHA-C's hours and assignments can change dramatically. In addition, some of the employers in the field do not treat workers with sufficient respect and professionalism, and currently there are very limited opportunities for professional growth. In short, it is not an easy field for which to recruit and retain workers.
- The "cliff effect" dis-incentivizes work. Given the low pay and lack of benefits, some HHA-Cs prefer not to work all of the hours available to them (e.g., weekends) in order to keep income levels in line with eligibility for publicly-funded health insurance and other essential benefits.
- The District does not have a robust education and training system to support those workers who do want to enter the field. Among the challenges:
  - Many trainees are older adults themselves, and/or immigrants, and the certification exam is challenging.
  - The exam is offered only in English, despite the need for workers to serve older adults from many different cultures, and the potential pool of applicants whose primary language is not English.
  - Difficulties with the development and delivery of the certification exam led to the closure of some training programs. We are still feeling the repercussions.
- Individuals currently employed as HHA-Cs are retiring. Some of the best individuals in the field are over 65 themselves, and cannot continue indefinitely with this emotionally and physically demanding work.
- Unlike Maryland, the District is not investing in pipeline programs, such as a healthcare Career and Technical Education (CTE) high school program from which students graduate with a high school diploma, college credits, and a CNA or HHA-C which they can use to support themselves as they pursue higher education in the healthcare field.
- Regulatory requirements which promote health and safety also function to limit the ability of Home Health Aides from Maryland or Virginia to easily fill openings in the District. Reciprocity agreements have not been established. In fact, individuals working as Home Health Aides in Maryland are not always eligible for the CNA to HHA-C bridge program in the District.

What is the difference between a Certified Nursing Assistant (CNA) and a Certified Home Health Aide? Why can't CNAs fill the gap?

In the District, CNAs are trained and certified to work only in institutional settings, such as nursing homes, where supervisors are on-site at all times, and the institution's routines and standard equipment guide their practice. HHA-Cs, in contrast, work independently in individuals' homes, and must assist clients with activities of daily living using the resources and managing the constraints of each unique environment. While both of these are hands-on direct

care positions, and have many features in common, there are some important differences that need to be addressed through training. If a CNA wants to become an HHA-C (or vice versa), there is an additional 32 hours of training the individual must complete which covers the knowledge and competencies unique to the home -- or institutional -- setting ("bridge course"), and the individual must then take the appropriate certification exam.

Why don't we train more Home Health Aides? And why can't more CNAs complete bridge programs to become certified as Home Health Aides?

There is a shortage of high quality home health training programs. Some reputable occupational training programs have chosen to offer only the CNA and not the HHA-C because, for the investment of time and resources, the CNA is seen as a better stepping stone to higher paid healthcare occupations. Further, as indicated above, challenges with the certification exam led some training programs to close voluntarily, while quality oversight by the Board of Nursing forced the closure of others. Of those currently operating, most are functioning with only conditional approval because their certification exam passage rates are below 75 percent, among other quality problems. In fact, only two programs in the District report passage rates that meet the 75 percent standard for the HHA-C exam. A very limited number of training programs (we are aware of only two) currently offer a bridge course, and one of those charges $1000 in tuition, far more than most CNAs or HHA-Cs can afford. Simply finding basic information about the costs and program options is extremely challenging.

Are there any solutions?

This problem calls for both short and longer term solutions.

Short-term:

1. *Provide leadership*. This is a multifaceted problem that touches many government agencies and partners. Up until now, no one has really owned the home health workforce as their own issue or held anyone accountable for addressing it.
2. On an immediate, emergency basis, *waive the Home Health Aide certification requirements* (under licensing, Medicaid, and nursing regulations) for any CNA who has worked as a Home Health Aide in the past two years, in the District, Maryland or Virginia. Allow such CNAs and Geriatric Nursing Assistants (GNAs) to register with the Board of Nursing for a two-year term to work as a Home Health Aide in the District, during which time the CNAs/GNAs can become certified.
3. Bring together current providers, trainers, and regulators with the District's workforce development leaders to *design a workforce training grant program* to create affordable CNA/HHA-C bridge programs, and support improvements in existing HHA-C training programs. Ensure the grant program is designed to support the kinds of job candidates the field attracts, including older adults and immigrants, with adequate timelines, sufficient funds to support bi-lingual instructors, adult basic skills partnerships, and transportation stipends for participants.
4. Develop and implement *a permanent reciprocity agreement* with Maryland and Virginia.
5. Offer (or direct the Board of Nursing to offer) the *home health certification exam in languages other than English*.

6. Ensure the recently passed Long Term Care Services and Supports Study Act of 2018 which directs DC Health to assess the long term care needs of District residents is funded (Fiscal Impact Statement calls for $118,400 in FY19), and commits adequate resources to the *study of the home health workforce*.

Longer Term:

1. Design alternative pathways to certification for HHAs that do not require a written exam, which is proving to be a stumbling block for some able and otherwise qualified candidates.
2. *Create a Career and Technical Education (CTE) program* in nursing/direct service health care that starts with a CNA and HHA-C. Positions in these fields can help students support themselves while earning a college degree. With or without a college degree, CNAs can stack on additional credentials to become Dialysis Technicians or Patient Care Technicians, enabling CNAs to enter other gainful health care career pathways.
3. *Build career opportunities in home health*.
    a. The Board of Nursing is establishing/has established the Medication Aide, a new certification that will allow HHA-Cs (or CNAs) to administer medication directly to clients (e.g., open medication containers, give eye drops, administer insulin). In the home setting, this is particularly valuable because it means that many clients will no longer need a licensed practical nurse or registered nurse to perform this function on a daily or weekly basis. However, uptake of this certification requires the promise of additional compensation, so Medicaid must factor this new advanced home health certification into its service structure.
    b. Promote and/or invest in a home health cooperative. Elsewhere, employee ownership of home health service organizations has proven to be an effective model for raising both service and job quality which can enhance retention. (See, for example, https://www.capitalimpact.org/aarp-foundation-capital-impact-launch-national-effort-create-quality-jobs-older-female-home-care-workers/)

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