

The Direct Care Workforce Shortfall Crisis Continues to Grow in:

- Reducing access to care for seniors and people with disabilities
- Increasing pressures on family members
- Placing service providers at financial risk

Below are the Action Steps that the DC Long Term Care Coalition Workforce Subcommittee is asking the Council to take this year to increase the size of a trained, credentialed and competent Direct Care workforce:

Encourage people to enter and stay in this occupation

1. Amend the DC Living Wage Act to establish a real living minimum wage of \$24/hour in FY 24 and ensure that it rises with inflation for all Direct Care Workers who care for seniors or people with disabilities in Washington DC.
2. Require that public payors including DC Medicaid rebase its payment methodologies to ensure that providers are sufficiently reimbursed to pay this minimum wage rate as well as higher rates for workers with more years of experience and/or advance credentials.
3. Eliminate all costs associated with direct care worker training and credentialing and fund stipends for both DC and non-DC residents, provided they continue to work in DC caring for DC residents for a period of up to two years.
4. Establish and fund a Direct Care Worker Pay Equity and Education Fund to fund the needed wage increases and support additional educational resources and supports.

Provide robust training and mentoring programs

5. Provide additional start up and operational funding to training schools so that they can expand courses including medication aide training, attract and hire competent staff, and quickly ramp up their capacity to train more students.
6. Provide funding to home health providers to support on the job mentoring to new employees.
7. Provide funding to support the Geriatric Career Builder's Apprenticeship Program

Modernize Regulations

8. Amend the Health Occupations Regulations Act to:
 - a. Clearly define a direct care support worker as: direct support professionals (DSP), home health aides (HHA), personal care aides (PCAs) and Certified Nursing Aides (CNAs) regardless of care setting.
 - b. Lower the minimum age for all direct care workers to 16.
 - c. Replace separate credentials for Home Health Aides and Certified Nursing Assistances with a single, universal credential for direct care workers that is based upon competencies. This would obviate the need for a "Bridge Course."
 - d. Allow those seeking to enter the health care workforce as Direct Care Workers to acquire skills through on-the job training through registered apprenticeship programs.
 - e. Direct DC Health to eliminate barriers that make it difficult for out of State Direct Care Workers, medication aides and nurses to become credentialed in the District of Columbia.

Oversight

9. Hold DHCF accountable for its ARPA spending plan.