Results of the 2002 National Survey Of State Initiatives On the Long-Term Care Direct Care Workforce

Published by the
Paraprofessional Healthcare Institute
and the
North Carolina Department of Health and Human Services
Office of Long Term Care

June 2002

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ACKNOWLEDGEMENTS

This national survey and report was a collaborative effort between the Paraprofessional Healthcare Institute and the North Carolina Department of Health and Human Services (NCDHHS). This report was prepared by Susan Harmuth, Long Term Care Specialist with NCDHHS Office of Long Term Care and Susan Dyson, who holds a Master of Healthcare Administration degree from the University of North Carolina at Chapel Hill with a concentration in Quality Management and Healthcare Information Systems.

I. BACKGROUND INFORMATION

Recruitment and retention of adequate numbers of qualified direct care workers are major concerns for many long-term care providers today. The direct care workforce represents a full spectrum of paraprofessional employees working in long-term care, including nurse aides, home care aides, nursing assistants, personal assistance workers, direct support professionals, personal attendant workers, and others. Many providers have reported rising vacancy and turnover rates, and increasing difficulty in recruiting and retaining qualified workers in long-term care arenas. Additionally, difficult working conditions and low wages have contributed to employee dissatisfaction and further contributed to a reported caregiver shortage.

The future demand for direct care workers, along with most healthcare professions, is expected to increase as the population continues to age and the need for health and long-term care services increases. Local, state and federal initiatives are underway to improve the workplace environment and encourage more individuals to enter, and remain in, the direct care profession.

The Paraprofessional Healthcare Institute (PHI) and the North Carolina Department of Health and Human Services' Office of Long-Term Care (NCDHHS) collaborated to conduct a national survey. The purpose of the survey was three-fold:

1. Obtain updated information from states about actions taken or being considered to respond to shortages of direct care workers, if any;
2. Consolidate, into a single document, information previously collected from states by PHI and/or NCDHHS about state direct care workforce initiatives (A summary chart of each state is included in **Appendix A**);
3. Determine the extent to which the slowing economy has affected direct care worker shortages and/or state actions to address any shortage.

II. YEAR 2000 NATIONAL STATISTICS ON THE DIRECT CARE WORKFORCE

Between 2000 and 2010, the US Bureau of Labor projects that employment growth for direct care workers will double (36.3%) that of the projected growth in overall employment (15.2%). In fact, one category of direct care workers (Personal and Home Care Aides) ranks as the 8th fastest growing occupation from 2000 to 2010. Between 2000 and 2010, a projected 874,000 additional direct care workers will be needed. This number does not include "replacement" workers for existing employees. When replacement workers are included, the number needed grows to approximately 1.2 million.

Size and Distribution of the Long-Term Care Direct Care Workforce

Approximately 2 million direct care workers were employed in long-term care related settings in 2000.[1] The three major categories of direct care workers include:

- Nurse aides, orderlies, and attendants – 1,044,237 (53%)
- Home health aides – 561,120 (28%)
- Personal and home care aides – 371,280 (19%)

Note: the numbers above do not include self-employed direct care workers who are also known to the Bureau of Labor. When these self-employed workers are included, the total for the three major categories above increases to approximately 2.4 million. The distribution of the workforce remains, however, relatively constant: nurse aides, orderlies, & attendants (57%); home health aides (25.6%); and personal and home care aides 17%). It is also important to note that there are other persons providing direct care services through private arrangements that are unknown to the Bureau of Labor data/statistics and as such, not reflected in the statistics above.

The Paraprofessional Healthcare Institute (PHI)

PHI is a national organization dedicated to improving long-term care through improved jobs for direct care workers. Several major initiatives include:

- Publication of public policy documents related to direct care workforce issues;
- Support of the Cooperative Healthcare Network – the non-profit arm of a network of worker-owned paraprofessional care agencies and employee centered training programs;
- The National Clearinghouse on the Direct Care Workforce, which collects, analyzes, and disseminates information about the direct care workforce.

Previous national surveys conducted by PHI can be found at: www.directcareclearinghouse.org

The North Carolina Department of Health and Human Services (NCDHHS)

NCDHHS has published three reports examining state efforts related to nurse aides and other paraprofessional aide workers

- *Comparing State Efforts to Address the Recruitment and Retention of Nurse Aides and Other Paraprofessional Aide Workers* was published in 1999
- *Results of a Follow-up Survey to States on Wage Supplements for Medicaid and Other Public Funding to Address Aide Recruitment and Retention in Long-Term Care Settings* was released in 2000
- *Results of a Follow-up Survey to States on Career Ladder and Other Initiatives to Address Aide Recruitment and Retention in Long-Term Care Settings* was published in 2001.

All three publications are available at the NC Division of Facility Services' website http://facility-services.state.nc.us under "For Providers" link.

[1] *This number includes an adjustment based on GAO determination that 18% of nurse aides are employed in hospitals or other acute care settings consistent with data referenced in the May 17, 2001, report published by the GAO "Nursing Workforce – Recruitment and Retention of Nurses and Nurse Aides Is A Growing Concern." GAO-01-750T.*

Demographics of Direct Care Workforce

Women represent approximately 90 percent of direct care workers, compared to the entire U.S. workforce, of which approximately 47 percent are women. Direct care positions also disproportionately employ women of color: One-third are African-American and approximately 15 percent are either Hispanic or other workers of color. For nursing home workers, the mean age is 37; for home care workers, the mean age is 41 (General Accounting Office, 2001.)

More that 20 percent of long-term care workers do not have a high school education. One quarter of home health aides and nearly one-third of all nursing home workers are unmarried living with children-- this compared to the entire U.S. workforce, in which only 11 percent are unmarried living with children.

The Emerging "Care Gap"

In the decade of 2000 to 2010, growth in the traditional source of entry-level direct care workers -- women in the civilian workforce aged 25 to 44 -- will slow considerably, contributing only 400,000 new workers. (source: *Monthly Labor Review,* November 2001, Table 8. "Civilian Labor Force by Sex, Age, Race and Hispanic Origin, 1980, 1990, 2000 and projected 2010.") Therefore, even if all of these women chose long-term care paraprofessional employment during the coming decade, there would still be a need to find *an additional 600,000 workers* to fill the paraprofessional positions resulting from job growth and replacement of existing workers.

National Wage Data for Direct Care Workers in 2000

	Median Hourly Wage *
• nurse aides, orderlies, attendants	$8.89
• home health aides	$8.23
• personal & home care aides	$7.50
Average median hourly wage across categories of direct care workers	$8.21

Nationally, the average median hourly wage for the three major categories of direct care workers increased from $7.97 in 1999 to $8.21 in 2000 or 2.97%.

See **Table 1** for median hourly wages by direct care worker category and average median hourly wages, by state, across categories. This attachment also compares the average median hourly wage across categories compared to 1999 hourly wage data. Source for wage data by category and year, US Bureau of Labor Statistics.

Psychiatric Aides

Psychiatric aides are the fourth category of direct care workers tracked by the US Bureau of Labor. This category represented 57,680 workers in 2000, or just 2.5% of the total direct care workforce. The median hourly wage for psychiatric aides was $10.45 in 2000.

States with Greatest Need for Direct Care Workers

The following 10 states are projected to need the greatest number of direct care workers between 1998 and 2008:

1. NY – 61,800
2. TX – 37,650
3. CA - 36,900
4. FL – 36,200
5. OH – 34,750
6. NC – 30,850
7. PA – 26,750
8. NJ – 22,350
9. VA – 21,800
10. MA – 15,150

Source: US Bureau of Labor Statistics

Wage Rates

- 2000 median hourly wages for Home Health Aides ranged from $6.60 in **Texas** to $11.45 in **Connecticut**
- 2000 median hourly wages for Nursing Aides, Orderlies, and Attendants ranged from $6.40 in **Louisiana** to $12.52 in **Alaska**
- 2000 median hourly wages for Personal Care and Home Care Aides ranged from $6.17 in **Louisiana** to $10.93 in **Alaska**

III. METHODOLOGY

The Paraprofessional Healthcare Institute (PHI) and the North Carolina Department of Health and Human Services' Office of Long-Term Care (DHHS) developed and mailed a survey to all 50 states to obtain information and update state public policy efforts to address direct care worker recruitment and retention. Surveys were sent to state Medicaid agencies and State Units on Aging; some surveys were then redirected to the appropriate state entity to respond. Data were collected between February and April of 2002.

States were asked to comment on a number of issues related to the direct care workforce including, the gravity of the direct care worker shortage and any effect the slowing economy has had on direct care worker shortages and/or state initiatives to address these shortages. Furthermore state representatives were asked to reveal any current collaboration among state agencies to improve recruitment and retention of direct care workers, and the existence of turnover data for this workforce. The survey also inquired about pending legislation that may affect this sector of long-term care. Additionally, the survey sought to gather data pertaining to past state initiatives related to the direct care workforce including increased wages/benefits, efforts to improve access to health insurance, and the establishment of study commissions to examine workforce issues. Follow-up calls were made to states as needed to clarify information provided.

Information reflected in this document is based on information reported by states and information collected from prior surveys. Forty-three states responded, resulting in an 86% response rate. A summary of survey results is available in **Table 2**, and detailed survey comments are described in **Table 3**. A summary of past surveys is available in **Table 4**, a more detailed summary of prior initiatives is in **Table 5**, and a snapshot of each state's existing or enacted initiatives is available in **Appendix A**.

Survey Responses

- 43 states responded to the survey representing an 86% response rate.
- Responses were received from state Medicaid agencies, units on Aging, regulatory or licensing agencies, workforce agencies, or other appropriate state entities.
- Surveys were not received from the following states: **California, Indiana, Louisiana, Massachusetts, Missouri, Nebraska,** and **Tennessee**.

Response rates to prior NCDHHS national surveys on direct care/nurse aides:

- 1999 – 92%
- 2001 – 86%

IV. SURVEY FINDINGS

A. ECONOMIC OUTLOOK

1. Serious Workforce Issue

Many factors are considered symptoms of a workforce shortage, including high vacancy rates, high turnover rates, increasing salaries and/or incentives, and increased use of contract or temporary pool workers. Without national workforce data on these factors, it is difficult to determine the magnitude of the gap between supply and demand of direct care workers, but survey results suggest that many states consider the direct care worker shortage to be a great concern. Of the 43 states that responded, 37 (86%) consider the direct care shortage to be a serious workforce issue. The same question in 1999 resulted in 42 (88%) of states responding stating that recruitment and retention was an issue.

2. Economic Downturn

In times of economic prosperity, it is often more difficult to recruit and retain individuals in low paying industries if better opportunities exist in other sectors. Since late 2001, the country has experienced an economic slowdown resulting in layoffs, downsizing, and closing of many industries and businesses. The recession has resulted in higher unemployment rates and an increase in the number of people looking for work.

Effect of Economy on Direct care Shortage

- Several states reported slight improvements in the direct care shortage including: **Arizona, Colorado, Florida, North Carolina, Ohio, Oregon,** and **Virginia.**
- Employers in **Iowa** report that workers are less likely to leave their jobs as a result of the recession.
- Four states reported that shortages of direct care workers were not currently an issue including. **Alabama** **Illinois** **Mississippi** **South Dakota**

The impact of the economic downturn has had mixed implications for the direct care sector. Almost half of the states report the economic recession has affected the direct care shortage. While eight states responding (20) report that the slowing economy has had a positive effect by increasing the number of people available for work, difficulty in recruiting for direct care positions remains and many of the factors that may be contributing to a lessening of the shortage are likely to be merely temporary improvements. Responses from some states on this issue included:

- An increased interest in direct care.
- An increased number of persons willing to work for lower wages.
- An increased number of applications to direct care provider employers.
- Continued difficulty in staffing 2nd, 3rd, and/or weekend shifts and facilities in rural areas.
- A reduced reliance on temporary staffing agencies.
- A slight decrease in already high turnover rates.

The direct care industry has benefited from industry slowdown in other sectors. Four states responding (9%) report an increase in the number of available workers, which could be the result of layoffs from other sectors.

- The direct care industry in **Florida** has benefited from layoffs in the tourism sector.
- Displaced workers from **Georgia's** tourism, textile, and hospitality industries have gained from the Department of Labor's efforts to retrain workers in new careers; many have shown an interest in direct care professions.

For some states, the economic slowdown has further contributed to the direct care shortage. For families affected by layoffs in **New Mexico**, many primary wage earners have relocated to seek employment in other locations. Subsequently, many secondary wage earners, including those working in direct care, have also relocated, further compounding the shortage of qualified employees. Recruitment and retention of qualified direct care personnel in home health, hospitals, long-term care and personal care agencies in **Alaska** report increased difficulties resulting from the recession. When job prospects are bleak, some displaced workers seek further education. **Georgia** has seen an increase in enrollment in health programs, including nursing.

3. Impact on State Initiatives and Activities

As a result of the slowing economy, many states have had to readjust budgets and agency allocations. These measures have carried over to programs, activities, and initiatives pertaining to the direct care workforce. Eleven states (25%) have seen a change in programs or initiatives to address the direct care shortage. These changes include decreases in proposed or existing funding for programs, decreases in requests for appropriations, or decreases in the number and types of services provided, such as the following:

- Programs supported by the Department of Social Services in **Connecticut** have reduced the number of hours of direct care provided to home-based clients.
- The impact of future funding for increasing nursing home staffing ratios in **Florida** is in question.
- Many of **Georgia's** state agencies have reduced requests for appropriations by 5% to combat declining revenues.
- Funding for quality initiatives in **Michigan** nursing facilities was cut. Portions of the $10 million was earmarked for direct care staff training, and

National Conference of State Legislatures' State Fiscal Update Report

An April 2002 report published by NCSL indicated that nearly every state has had to grapple with declining revenues and spending overruns during SFY 2002, requiring adjustments to state budgets. Only two states, **Texas** and **West Virginia,** said revenues were in line with original projections for 2002. Forty states reported they have, or plan to, reduce spending in the current fiscal year. Medicaid was the program most frequently reported as being overspent compared to budgeted levels (31 states). For the nation as a whole, state budget shortfalls were reported to total $27 billion compared to original budgets established by states for the 2002 fiscal year.
"State Fiscal Update, April 2002" (Posted April 16, 2002 http://www.ncsl.org)

❖ Workforce initiatives in **Georgia** have considerable support and appropriations have been reduced, but not eliminated like other non-workforce initiatives.

implementation of quality initiatives including the National Association of Geriatric Nursing Assistants and the Eden Alternative.

- Cuts to state Medicaid budgets for nursing homes and assisted living facilities in **Washington** and **West Virginia** are predicted to have an effect on the direct care workforce.
- Budget reductions in **Pennsylvania** resulted in loss of funding to support statewide "Best Practice" sessions, which were scheduled for Fall 2001.

Budget cuts in areas with a secondary impact on direct care shortages have also been reported. **Iowa** reports cuts to community college English as a Second Language programs; students of these programs are often employed in the direct care sector.

In addition, **Montana** reports that the 2003 wage pass-through may be in jeopardy due to the state's budget situation. A recent conversation with **Delaware's** Department of Labor revealed that legislation is pending to provide flexibility for some nursing facilities, under certain circumstances, that are having difficulty meeting required minimum staffing ratios required by Eagle's Law (FY 2000).

Pending legislation in Delaware to provide some flexibility for providers related to "Eagle's Law," would continue to maintain minimum staffing for all shifts and a balance between licensed staff and direct care workers. In addition, LPN's with at least 3 years experience could provide clinical training under the supervision of an RN.

B. COLLABORATION FOR RECRUITMENT AND RETENTION OF DIRECT CARE WORKERS

Collaborative efforts to improve recruitment and retention of direct care workers among state agencies and other organizations vary across the nation. Twenty-five states responding (58%) report some type of coordinated effort to improve staffing conditions for direct care workers. Of these, 8 report collaboration with the Department of Education, 11 report cooperation with the Department of Labor, 7 states have coordinated efforts with the agency responsible for the Welfare to Work program, and 18 cite collaboration with "other" agencies or organizations.

1. Coordination with Departments of Education

The 7 states reporting collaborative efforts for direct care recruitment and retention with their state Department of Education include **Alaska, Georgia, Maine, Minnesota, North Carolina, Rhode Island, South Carolina,** and **Washington**.

- In **Georgia**, the Department of Education is revising high school counselor materials related to healthcare professions, to improve accuracy and generate increased interests among students.
- The **Rhode Island** Department of Education, together with the Department of Human Services, the Department of Health and the Department of Labor, is collaborating to address recruitment and retention issues in the state.
- WorkSource, **Washington's** collaboration between the Department of Vocational Rehabilitation, the Department of Education, and the Department of Social and Health Services, assists individuals with barriers to return to work. The program includes recruiting and training individuals into health professions.

Collaboration With Other Agencies

States reporting collaborative efforts with other agencies include **Alaska, Arkansas, Florida, Iowa, Kentucky, Maine, Michigan, Minnesota, Montana, North Carolina, North Dakota, Ohio, Oklahoma, Rhode Island, South Carolina, Vermont, Washington,** and **Wisconsin**.

2. Coordination with Departments of Labor

The 11 states indicating recruitment and retention collaboration exists with the state Department of Labor include **Alaska, Connecticut, Delaware, Florida, Georgia, Iowa, Michigan, New York, North Dakota, Pennsylvania,** and **Rhode Island**. Department of Labor efforts include training or re-training workers, offering educational programs, organizing job fairs, conducting surveys, and convening stakeholder panels.

- In **Connecticut**, Jobs First, a program coordinated between the Department of Labor and the Department of Social Services, provides jobs and/or general training in many professions, including direct care.
- **Delaware's** Department of Labor, Division of Employment and Training subsidizes educational programs for low-income persons.
- The Department of Labor assures healthcare employer representation at **Georgia's** job fairs. The agency is also working to fund healthcare job openings in hospitals, nursing homes, and home health agencies through America's Job Bank.
- A statewide survey of provider groups in **Iowa** is the result of collaboration between its Department of Public Health and Iowa Workforce Development to assess the nursing shortage.
- A "Day of Dialogue" in **Michigan** was the result of a joint effort among the Office of Services to the Aging, the Department of Career Development, and the Department of Consumer and Industry Services. Stakeholders in the direct care industry attended the event to brainstorm and raise awareness about recruitment, training, certification, and retention of qualified long-term care professionals.
- The **Wisconsin** Department of Workforce Development and the Department of Health and Family Services will be joining the Long-Term Care Symposium in Spring 2002 to discuss direct care initiatives for the state.

3. Coordination with State Welfare to Work Agencies

Joint efforts to address recruitment and retention of direct care workers with state agencies responsible for Welfare to Work were indicated by 7 states (16%) including **Connecticut, Minnesota, New York, Pennsylvania, Rhode Island, Washington,** and **Wisconsin**.

- The **Minnesota** Jobs Skills Partnership Board gives grants, funded with Temporary Assistance to Needy Families (TANF) monies, to organizations to provide training to low-income workers in health and long-term care.
- **New York** has provided $80 million to TANF eligibles for careers in hospitals, nursing homes, and home care agencies in 2000-2001. Twenty million was made available the following year.
- WorkFirst participants in **Washington** have been provided training, education, and job support, some of which impacts health and direct care workers.

4. Coordination with Other State Agencies or Organizations

Eighteen states reported coordination of recruitment and retention efforts with other state agencies and/or organizations. These agencies include Departments of Human Services, Departments of Health, Departments of Vocational Rehabilitation,

New Task Forces for 2002

New Task Forces, Work Groups or Commissions in 2002 were established in:

- **Arkansas** (Legislative Commission on Nursing and the Governor's Integrated Services Task Force)
- **Florida** (Task Force by Department of Elder Affairs and an interagency panel on Medicaid Reimbursement)
- **Iowa** (Task Force staffed by Department of Public Health)
- **Ohio** (Health Care Workforce Shortage Task Force)
- **Oklahoma** (Health Care Authority's Staffing, Recruitment, and Retention Task Force)
- **Pennsylvania** (Work Force Issues Work Group)

Overall, 37 states have established task forces.

Departments of Commerce, Nursing Boards or Agencies, State Colleges and Universities, licensing and regulatory agencies, and Area Health Education Centers (AHEC's) among others. Some examples of these collaborative efforts include:

- **Arkansas'** Legislative Commission on Nursing addresses education, recruitment, and retention of all nursing personnel. The Governor's Integrated Services Task Force (GIST) is seeking to identify methods to attract, screen, and retain healthcare workers.
- **Florida's** Center for Nursing, a collaboration among the Department of Health, the Agency for Health Care Administration, professionals associations, and providers, addresses the supply, demand, recruitment, and retention of the nursing workforce.
- **Kentucky's** Board of Nursing and the Nurses Association are collaborating to increase recruitment of minorities into nursing professions.
- **Iowa's** Iowa CareGivers Association's Recruitment and Retention Pilot Project funded through the Department of Human Services, developed interventions aimed at CNA retention. It also created a statewide network of support and services targeted to the direct care workforce.
- The **Minnesota** Systems of State Colleges and Universities' Healthcare Industry Partnership (HEIP) offers training to professionals and providers for recruitment and retention efforts.
- **South Carolina's** Department of Health and Human Services, the Department of Health and Environmental Control, South Carolina Area Health Education Center (AHEC), and a state university hosted a Certified Nursing Assistants Conference to provide recognition, growth, and networking opportunities.

C. ANALYSIS AND EVALUATION OF DIRECT CARE INITIATIVES

Nine states responding (21%) reported collecting and analyzing evaluative data on one or more direct care initiatives. Some examples of these data collection and analysis efforts include the following:

- Using a uniform methodology, **Kansas** collects quarterly turnover data from nursing facilities participating in the wage pass-through program. The report published after the first year of the wage pass-through indicated a 10% reduction in turnover in all included worker categories from 111% in 1998 to 101% at the end of state fiscal year 2000.
- **Colorado** and **Montana** collect data for purposes of evaluating the impact of their respective wage pass-through programs.
- **Florida** is compiling semi-annual data from nursing homes to evaluate staff resident ratios, staff turnover, and staff stability in facilities.
- **Delaware** conducted an evaluation in response to legislation enacted to incrementally increase staffing ratios of direct care workers in nursing facilities, by both shift and job position. The evaluation indicated that facilities operating at or above the minimum 3 hours per day (1999-2000) had fewer deficiencies than facilities not operating at the minimum established level. In addition, a labor market analysis conducted in Delaware determined that the state will face increasing pressure from shortages of both Registered Nurses and Nurse Aides – but current data indicated enough qualified personnel exist to fill short-term needs in nursing based on the new staffing minimums established via the above referenced legislation, also known as "Eagle's Law."

Evaluation of Direct Care Initiatives

States that have collected and analyzed data related to direct care initiatives include:

Colorado **Delaware**
Florida **Iowa**
Kansas **Minnesota**
Montana **North Carolina**
Oklahoma

- **North Carolina's** Department of Health and Human Services is working with the North Carolina Institute on Aging to compile and analyze annual turnover data from home care agencies, assisted living facilities, and nursing homes via an insert to the license renewal application. Results from this first year of data collection will be available after June 2002. In addition, North Carolina is conducting an annual analysis comparing wages, employment sector, and job stability for active and inactive nurse aides on the state's Nurse Aide Registry. The first analysis of the Nurse Aide Registry indicated that inactive aides were earning higher salaries on average than active aides. Inactive aides also had more stable employment. Analysis available via: *http://facility-services.state.nc.us* (click on "For Providers", then scroll to "Documents of Interest" to *Where have all the Nurse Aides Gone?)*

A 2002 update analysis of **North Carolina's** Nurse Aide Registry will be completed by June 30, 2002. This data will be compared with the first analysis of 1998 data compiled in 1999. The update will be posted on the following web site http://facility-services.state.nc.us

- In **Iowa**, numerous studies and evaluations pertaining to the direct care workforce have been completed. The Iowa Caregiver's Association has been a primary or co-author/co-sponsor for completion of several of these data analysis efforts. For instance, an evaluation was conducted of Iowa's CNA Recruitment and Retention project funded through the Department of Human Services. The project, a needs-assessment pilot, included a random sample of CNA's. The project's aims were to report reasons for turnover, make recommendations based on tested interventions, and conduct exit interviews with CNA participants. Iowa also conducted a survey to determine the wage and benefit status of certified nursing assistants in the state. In addition to wage/benefit information, this report also includes demographic information, job tenure, union/non-union worksite, urban/rural worksite, workload information, and additional non-CNA jobs held. Reports available at *http://iowacaregivers.org*

- **Wyoming** compiled and analyzed wage data and other data in response to legislation requiring the Department of Health to conduct a wage/salary study to determine the amount of salary and benefits necessary to attract and retain direct care workers. A detailed report was published in December 2001. The report determined that the average entry-level wage for direct care workers needed to increase from $6.92 to $10.23 per hour. The report also includes turnover data for a variety of long-term care related settings/programs. Estimated cost to train a new worker was $1,696. The report resulted in the appropriation of approximately $30 million in wage pass-through funding, effective July 1, 2002, in order to significantly increase average wages of direct care workers in adult waiver programs and preschool programs for developmentally disabled children**.** The report entitled Report to the Joint Appropriations Committee On Study of Nonprofessional Direct Care Staff Recruitment, Retention, and Wages

Uniform Methodology for Collection Turnover Data

States reporting a uniform method for collecting turnover data include:

Delaware	**Florida**
Georgia	**Kansas**
New Hampshire	**Michigan**
North Carolina	**Minnesota**

D. UNIFORM METHODOLOGY FOR COLLECTION OF TURNOVER DATA

Eight states responding (19%) reported that they use a uniform methodology for collecting turnover data for direct care workers working in one or more settings (e.g. nursing homes, home care, etc.). For most of these states, collection and analysis of turnover data on a routine basis is a new effort and trend data is not yet available.

Michigan, however, is an exception since they have tracked turnover data since 1990 to assess the impact of wage pass-through efforts on turnover. The Health Care Association of Michigan biannually tracked turnover data from nursing facilities using a standard methodology. Between 1990 and 1998, turnover rates dropped from 74.50% to 67.45%. Although market forces drove wages higher than the amount provided through wage pass-through efforts, the wage pass-through helped to keep starting salaries close to market wage rates.

E. COST OF TURNOVER OF DIRECT CARE WORKFORCE

In addition to **Wyoming**, only three other states reported that they collected data on the cost of turnover of direct care workers. These states include **Iowa, Florida,** and **Pennsylvania**. Generally, this cost data is based on a one-time analysis as opposed to routine collection of turnover cost data.

Pennsylvania's turnover cost analysis was limited to examining estimated training costs. It does not include costs associated with advertising, screening, or interviewing. Costs were determined by care setting and totaled across settings. Two sets of training estimates were given: 1) recurring training costs based on percent of provider workforce working less than 1 year - $30.4 million; and 2) annual cost of training due to turnover if all positions filled - $34.8 million. Settings in the calculation included adult day care, centers for independent living, home health/home care agencies, nursing homes and personal care homes. The full report is available at http://www.pgc.org/PRI/projects/PA_LTC_workforce/PA_LTC_workforce_report.pdf

F. FINANCING DIRECT CARE TRAINING

Ten states (23%) reported the amount (or known amount from a particular funding source) being spent on training for direct care workers with Medicaid, Temporary Assistance for Needy Families (TANF), Workforce Investment Act (WIA), or other governmental funds. The amount spent on training for direct care professionals varied greatly from $35,000 in **Alaska** over a 6-month period to over $7 million in Medicaid dollars in **Michigan,** $15 million in **Pennsylvania,** and $80 million in TANF funding in **New York.** New York, however reported that the $80 million was TANF funding and supported training efforts in hospitals, nursing homes, and home care agencies. Generally, the amount of training funds reported was limited to one funding source (i.e. TANF or Medicaid).

While it is likely that public funding is being used in most or all states to support training of direct care workers, the actual impact of this funding in both total dollars spent and numbers of workers trained is generally unknown. It is difficult, through this type of a survey process, to identify the reference sources that would be needed within each state to compile a comprehensive picture of the financial investment of public funding in support of training of direct care workers and the impact on numbers of workers trained/employed resulting from these training efforts. This might, however, be worthy of a separate effort to capture the total funding from various public funding streams directed toward training of direct care workers in states.

Funding for Direct Care Training

States reporting the amount of funding currently spent on direct care training include:

- **Alaska**
- **Kansas**
- **Michigan**
- **Mississippi**
- **Oregon**
- **Rhode Island**
- **South Carolina**
- **Washington**
- **West Virginia**

G. PENDING LEGISLATION CONCERNING DIRECT CARE WORKFORCE

Fourteen states (33%) responding to the survey reported pending legislation directly related to direct care workers. Nine states (21%) reported having pending legislation dealing with nursing shortages. Legislation pertaining to nursing shortages included initiatives such as: support for loans and scholarships, loan forgiveness programs, salary exemption from personal income tax consideration for certain types of Registered Nurses, and legislative study commissions pertaining to shortages of nurses in states.

Some examples of pending legislation pertaining to direct care workers include:

Four states, **Florida, Maine, New York,** and **Oklahoma,** reported pending legislation to increase wages and benefits of direct care workers.

Five states reported pending legislation dealing with staffing ratio issues in one or more long-term care/health care related settings. These states included **Arizona, Florida, Michigan, New Jersey,** and **Ohio**.

Three states reported pending legislation related to data collection and analysis effort related to the direct care workforce; some also included professional health care workers, including **Georgia, Montana,** and **New Jersey**.

Several other less frequently mentioned topics of pending legislation reported by states included: criminal background checks, tax credits for employers (e.g. tax credit for employers who provide childcare services), legislation to clarify collective bargaining, provision for feeding assistants, funding for training and/or recruitment and retention efforts, eliminating mandatory overtime, and providing an option for employers and workers to use compensatory time.

Table 3 includes comments about pending legislation reported by states.

V. CONCLUSION

Shortages of direct care workers continue to be a major workforce issue for states, in spite of the slowing economic environment. Those states reporting a lessening of the severity of the shortage identified reasons that are primarily due to temporary factors in the stability of the state's direct care workforce. The slowing economy has affected the financial outlook for many state budgets. Eleven states reported that initiatives have been altered as a result of the slowing economy, and two other states reported that initiatives might be influenced. In November 2001, when this survey was being developed, the national unemployment rate was 5.6%. In April 2002, the nation's unemployment rate was 6%, the highest unemployment rate in eight years. The fact that direct care worker shortages continue in the majority of states, in spite of high unemployment rates, reaffirms the need for deliberate, effective, and on-going action to address current shortages and the looming shortages resulting from our aging population.

Since 1999 when the first national direct care worker related survey was conducted by the NCDHHS, there has been significant increased activity in terms of the number and array of actions taken by states in a deliberate attempt to address shortages of direct care workers and improve the stability, job satisfaction, and job performance of direct

Pending Legislation

Although this survey dealt with direct care workers, 9 states reported information about pending legislation impacting nursing and more specifically, pending legislative initiatives to address nursing shortages in states.

Compiling Information from Prior Surveys

This survey also compiled information previously collected through prior national surveys as well as updated information on several additional topics. Listed below are the number and percentage of states nationally (based on current and prior surveys) that have implemented one or more initiatives in the following categories:

- Wages & Benefits– 36 (72%)
- Training and other Related Initiatives -- 25 (50%)
- Task Forces, Work Groups, Commissions – 35 (70%)
- States with Systems Change Grants – with workforce initiatives – 16 (32%)
- Other Initiatives such as data collection, recognition, quality of life – 15 (30%)

Table 4 *provides a summary of states that reported having implemented activities in the above-mentioned major categories.*

Table 5 *provides a detailed summary of past state initiatives, collected through prior surveys and research.*

care workers in long-term care settings. Indeed, the vast majority of states have implemented strategies in an effort to address shortages of direct care workers working in one or more related health or long-term care settings. States are also increasingly conducting efforts to evaluate the impact of any action(s) taken. Likewise, more states are collecting, or have collected, and analyzed/published a variety of data pertaining to the direct care workforce. Data collection and analysis efforts have been an important component of various Task Force efforts and have been instrumental in increasing the visibility given to this workforce issue. Data analysis has served to strengthen recommendations detailed in Task Force reports to respond to current and future demand for direct care workers. Data efforts have included major categories such as: compiling wage/benefit studies and comparing wages of direct care workers to wages of competing job sectors, demographic data pertaining to the direct care workforce (age, job tenure, years working as a direct care worker, urban/rural employment, job setting, etc.), job growth projections, and turnover data. On-going data analysis and evaluation of strategies implemented will be important in terms of trying to assess the effectiveness of strategies employed over time on the size, stability, and quality of the direct care workforce, and to identify workforce trends.

Based on information compiled through national surveys conducted by the Paraprofessional Healthcare Institute and NCDHHS, 47 states have implemented one or more initiatives related to the direct care workforce. The vast majority has, indeed, implemented multiple strategies.

In spite of existing budget woes in many states, a significant number of states reported that legislation was pending to address direct care workforce issues. It will be important to follow-up on the status of this proposed legislation. In addition, most states are collaborating with other state departments/agencies to study the direct care workforce or to implement programs that address these issues. A follow-up survey to more closely examine these collaborative efforts would be useful.

When looking at the attached state charts summarizing state efforts to address direct care workforce issues, it is obvious that the not-too-distant future holds tremendous promise in terms of the opportunity for states to learn from each other and share best practices. States will have the opportunity to evaluate and benchmark the impact of various strategies implemented in major areas such as: wages/benefits, training and career ladders, data collection, recruitment/recognition, etc.

Food for Thought

As reported in the April 11, 2002 edition of "Aging News Alert," hospitality workers laid off as a result of declining business due to September 11, 2001 refused offers to change careers and work in long-term care because they viewed the career switch as a step down.

A state specific chart is included for every state outlining major actions taken in several key areas. This information was compiled from previous national surveys as well as information collected through this survey and is available in **Appendix A**.

VI. ACKNOWLEDGEMENTS

This paper was prepared by Susan Harmuth and Susan Dyson for the Paraprofessional Healthcare Institute. Susan Harmuth is a Long Term Care Specialist with the North Carolina Department of Health and Human Services' Office of Long Term Care. She has conducted three prior national surveys on direct care workforce issues since 1999. Susan Dyson holds a Master of Healthcare Administration from the University of North Carolina at Chapel Hill with a concentration in Quality Management and Healthcare Information Systems. She also holds a graduate certificate in Health Outcomes and Quality of Care.

TABLE 1: State Specific Wage Data for Direct Care Workforce in 2000

State	Unemployment Rate November 2001	Unemployment Rate -- April 2002	Home Health Aides - Median Hourly Wage - 2000	Nursing Aides, Orderlies, Attendants (Median Hourly -2000)	Personal Care & Home Care Aides (Median Hourly)	Average of Median Wages Across All 3 Categories -2000	Average of Median Wages Across all 3 categories 1999	Percent change in median wages between 1999 to 2000
Alabama	5.7%	6.0%	$7.67	$7.62	$6.64	$7.31	$6.97	4.88%
Alaska	5.7%	6.5%	$11.05	$12.52	$10.93	$11.50	$10.81	6.38%
Arizona	5.6%	5.8%	$7.90	$9.07	$8.39	$8.45	$8.01	5.53%
Arkansas	4.8%	5.2%	$6.79	$7.22	$6.41	$6.81	$6.46	5.37%
California	6.0%	6.4%	$8.82	$9.17	$7.64	$8.54	$8.22	3.93%
Colorado	4.7%	5.6%	$10.02	$9.68	$7.56	$9.09	$8.04	13.02%
Connecticut	3.2%	3.5%	$11.45	$11.99	$9.80	$11.08	$10.33	7.26%
Delaware	3.0%	3.8%	$9.03	$9.58	$6.63	$8.41	$8.43	-0.20%
Florida	5.0%	5.2%	$8.17	$8.54	$8.07	$8.26	$7.95	3.90%
Georgia	4.4%	4.6%	$7.68	$7.71	$7.62	$7.67	$7.16	7.12%
Hawaii	5.7%	4.6%	$7.64	$10.85	$7.60	$8.70	$9.36	-7.09%
Idaho	5.2%	5.6%	$7.64	$7.79	$7.30	$7.58	$7.28	4.08%
Illinois	5.8%	6.1%	$7.96	$8.84	$6.60	$7.80	$7.83	-0.38%
Indiana	4.9%	4.9%	$8.54	$9.14	$8.25	$8.64	$8.09	6.84%
Iowa	3.4%	3.4%	$8.13	$8.75	$7.73	$8.20	$7.92	3.58%
Kansas	4.1%	4.4%	$8.21	$8.34	$7.81	$8.12	$7.78	4.37%
Kentucky	5.3%	5.3%	$7.91	$8.20	$7.22	$7.78	$7.40	5.09%
Louisiana	6.3%	5.6%	$7.82	$6.40	$6.17	$6.80	$6.41	6.03%
Maine	4.2%	4.2%	$8.24	$9.03	$8.05	$8.44	$7.70	9.61%
Maryland	4.3%	5.2%	$8.04	$9.82	$8.09	$8.65	$8.29	4.34%
Massachusetts	4.3%	4.4%	$9.92	$10.64	$9.11	$9.89	$9.10	8.68%
Michigan	5.7%	6.0%	$8.64	$9.84	$7.85	$8.78	$8.31	5.62%
Minnesota	3.8%	4.3%	$9.36	$10.37	$8.91	$9.55	$8.99	6.19%
Mississippi	6.0%	6.6%	$8.68	$6.94	$6.54	$7.39	$6.75	9.43%
Missouri	4.7%	5.2%	$7.67	$8.01	$7.25	$7.64	$7.25	5.43%
Montana	4.5%	4.7%	$7.58	$7.85	$6.95	$7.46	$7.23	3.18%
Nebraska	3.2%	3.6%	$9.17	$8.73	$8.24	$8.71	$8.09	7.70%
Nevada	6.5%	5.8%	$8.05	$10.04	$8.36	$8.82	$8.46	4.22%

New Hampshire	3.9%	4.1%	$10.21	$10.38	$7.96	$9.52	$8.63	10.27%
New Jersey	4.7%	5.5%	$9.13	$10.29	$9.23	$9.55	$9.06	5.41%
New Mexico	5.9%	6.0%	$7.97	$8.25	$6.97	$7.73	$7.16	7.96%
New York	5.4%	5.9%	$8.17	$11.69	$7.90	$9.25	$8.91	3.85%
North Carolina	6.1%	6.6%	$7.76	$8.36	$7.47	$7.86	$7.53	4.43%
North Dakota	2.4%	3.1%	$7.61	$8.04	$7.77	$7.81	$7.47	4.51%
Ohio	4.7%	5.7%	$8.30	$8.90	$8.10	$8.43	$7.97	5.81%
Oklahoma	4.0%	4.0%	$7.64	$7.40	$6.46	$7.17	$7.29	-1.69%
Oregon	7.4%	7.9%	$8.44	$9.83	$8.29	$8.85	$8.17	8.36%
Pennsylvania	5.0%	5.6%	$8.71	$9.39	$7.80	$8.63	$8.21	5.16%
Rhode Island	4.4%	4.2%	$10.30	$10.00	$9.49	$9.93	$10.20	-2.65%
South Carolina	5.5%	6.0%	$7.87	$7.98	$7.82	$7.89	$7.47	5.62%
South Dakota	2.9%	3.2%	$7.89	$8.19	$8.11	$8.06	$7.57	6.52%
Tennessee	4.6%	5.6%	$7.87	$8.16	$7.90	$7.98	$7.51	6.21%
Texas	5.4%	5.8%	$6.60	$7.35	$6.11	$6.69	$7.52	-11.08%
Utah	4.4%	5.9%	$8.78	$8.18	$7.80	$8.25	$7.91	4.34%
Vermont	3.7%	3.9%	$8.27	$9.12	$7.84	$8.41	$7.66	9.79%
Virginia	4.0%	4.2%	$7.68	$8.43	$6.66	$7.59	$7.10	6.90%
Washington	7.0%	6.8%	$8.43	$9.83	$7.88	$8.71	$8.14	7.04%
West Virginia	4.6%	5.9%	$6.44	$7.22	$6.33	$6.66	$6.47	2.99%
Wisconsin	4.7%	5.7%	$8.48	$9.52	$8.25	$8.75	$8.16	7.23%
Wyoming	3.8%	3.9%	$7.88	$8.04	$6.70	$7.54	$7.68	-1.82%
United States*	**5.6%**	**5.7%**	**$8.23**	**$8.89**	**$7.50**	**$8.21**	**$7.97**	**2.97%**

Source: Median hourly wages in 2000 for each of the three major categories of direct care workers included in
this chart obtained from the US Bureau of Labor Statistics. Unemployment data (national and state) also from the Bureau of Labor Statistics
Note: The average of the median hourly wages for the 3 categories is calculated as was the average of median hourly wages shown for 1999.

TABLE 2: Summary of 2002 Survey of State Initiatives on the Long-Term Care Direct Care Workforce

	1	2	3	4	5	6	6A	6B	7	8	9
	Are direct care shortages a serious workforce issue?	Has the economic slowdown affected the shortage?	Have state activities/initiatives to address direct care shortages been affected by slowdown?	Is there collaboration for recruitment/retention of direct care workers? [See Key Below]	Have you collected and analyzed evaluative data on direct care initiatives?	Do you use uniform methodology to collect turnover data on direct care workers?	Have you collected this turnover data for a period of years?	Is there any trend to this turnover analysis?	Do you collect data on the cost of turnover?	How much is being spent on direct care training through Medicaid, TANF, WIA, other governmental funds?	Is there pending legislation related to direct care workers?
STATE											
ALABAMA	no	no	no	no	no	no	n/a	n/a	no	unknown	no
ALASKA	yes	yes *	no	yes (L, E, O) *	no	no	n/a	n/a	no	$35,000 *	no
ARIZONA	yes	yes *	no	no	no	no	n/a	n/a	no	unknown	yes *
ARKANSAS	yes	yes *	no	yes (O) *	unknown	unknown *	n/a	n/a	unknown	unknown	yes *
CALIFORNIA	No Response										
COLORADO	yes	yes *	no	no	yes *	no	n/a	n/a	no	unknown	no
CONNECTICUT	yes	yes *	no	yes (L, W) *	no	no	n/a	n/a	no	unknown	no *
DELAWARE	yes	no *	no	yes (L) *	yes *	yes	yes	yes	yes *	unknown	yes *
FLORIDA	yes	yes *	yes *	yes (L, O) *	yes *	yes *	no	no	yes *	unknown	yes *
GEORGIA	yes	yes *	yes *	yes (L, E) *	no	yes *	yes	no	no	unknown	yes *
HAWAII	yes	no	no	no	no	no	n/a	n/a	no	unknown	no
IDAHO	unknown	unknown	unknown	no	no	no	n/a	n/a	no	unknown	no
ILLINOIS	no	yes *	no	no	no	no	n/a	n/a	no	unknown	no
INDIANA	No Response										
IOWA	yes	yes *	yes *	yes (L, O) *	yes *	no *	n/a	n/a	yes *	unknown	yes *
KANSAS	yes	no	no	no	yes *	yes *	yes	yes	no	$300,000 *	no
KENTUCKY	yes	no	no	yes (O) *	no	no	n/a	n/a	no	unknown	yes *
LOUISIANA	No Response										
MAINE	yes	no *	no	yes (E, O) *	no	no *	n/a	n/a	no	$40,000 *	yes *
MARYLAND	yes	no	no	no	no *	no	n/a	n/a	no	unknown	no
MASSACHUSETTS	No Response										
MICHIGAN	yes	no *	yes *	yes (L, O) *	no	yes *	yes	yes	no *	$5.3million *	yes *
MINNESOTA	yes	yes	no	yes (E, W, O) *	yes *	yes *	yes *	no	no	unknown *	no
MISSISSIPPI	no	no	no	no	no	no	n/a	n/a	no	$346,000 *	no
MISSOURI	No Response										
MONTANA	yes	yes *	no *	yes (O) *	yes *	no	n/a	n/a	no	unknown	yes *
NEBRASKA	No Response										
NEVADA	yes	no	no	no	unknown	no	n/a	n/a	no	unknown	no
NEW HAMPSHIRE	yes	yes	no	yes	no	yes *	no	no	no	unknown	yes *
NEW JERSEY	no	yes *	yes	yes	no	no	n/a	n/a	no	unknown	yes *
NEW MEXICO	yes	yes *	yes *	yes *	no	no	n/a	n/a	no	unknown	yes *
NEW YORK	yes	unknown *	no	yes (L, W) *	no *	no	n/a	n/a	no	unknown	yes *
NORTH CAROLINA	yes	yes *	yes *	yes (E, O) *	yes *	yes *	no	no	no	unknown	no
NORTH DAKOTA	yes	no	no	yes (L, O) *	no	no	n/a	n/a	no	unknown	no
OHIO	yes	no *	yes *	yes (O) *	no	no	n/a	n/a	no	unknown	yes *
OKLAHOMA	yes	yes	no	yes (O) *	yes *	no	n/a	n/a	no	unknown	yes *

OREGON	yes	yes *	no	no	no	no	n/a	n/a	no	$772,437 *	no
PENNSYLVANIA	yes	no *	yes *	yes (L, W) *	no *	no	n/a	n/a	yes *	unknown	yes *
RHODE ISLAND	yes	no	no	yes (L, W, E, O) *	no *	no	n/a	n/a	no	$354,311 *	no
SOUTH CAROLINA	yes	no	no	yes (E, O) *	no *	no	n/a	n/a	no	$1.125million *	yes
SOUTH DAKOTA	no	no	no	no	no	no	n/a	n/a	no *	unknown	yes *
TENNESSEE	No Response										
TEXAS	yes	no	no	no	no	no	n/a	n/a	no	unknown	no
UTAH	yes	no	no	no	no	no	n/a	n/a	no	unknown	no
VERMONT	yes	no	no	yes (O) *	unknown	unknown	n/a	n/a	unknown	unknown	no
VIRGINIA	yes	yes *	no	no	no	no	n/a	n/a	no	unknown	no
WASHINGTON	yes	yes *	yes *	yes (E, W, O)	yes	no	n/a	n/a	no	$5million *	yes
WEST VIRGINIA	yes	yes *	yes *	no	no	no	n/a	n/a	no	$300,858 *	no
WISCONSIN	yes	yes *	no	yes (L, W, O) *	yes *	unknown	n/a	n/a	no	unknown	no
WYOMING	yes	no *	no	no	yes *	unknown	n/a	n/a	yes *	unknown	no

TABLE 3: Detailed State Comments from the 2002 Survey of State Initiatives on the Long-Term Care Direct Care Workforce

STATE	**COMMENTS** **(As reported by States in Survey Response)**
ALABAMA	
ALASKA	***Economy:*** The slowing economy has resulted in difficulty recruiting and retaining qualified direct care personnel in home health, hospitals, long-term care, and personal care agencies. ***Collaboration:*** The Department of Education and the Department of Health and Social Services are coordinating efforts for recruitment and retention of healthcare workers, but not direct care workers specifically. ***Cost of Training:*** Approximately $35,000 was spent on direct care training from 7/1/01 to 2/28/02.
ARKANSAS	***Economy:*** Subjective indications are that more people are seeking employment in direct care. ***Collaboration:*** ACT 1465(HB 2168) An Act to Establish an Arkansas Legislative Commission on Nursing to address education, recruitment, and retention for all nursing personnel. The Governor's Integrated Services Task Force (GIST) seeks to identify methods to attract, screen, and retain workers in health care. The Department of Human Services (DHS) and the Division of Adult and Aging Services (DAAS), through Real Choices grant program, are responsible for reviewing needed system changes. DHS' Division of Developmental Disabilities' Personal Assistance and Service Support (PASS) Grant includes workforce initiative. ***Data Collection:*** The Arkansas Department of Human Services released a cost report in July 2001, Nursing Home Rate Study: Care, Cost and Crisis to evaluate the nursing home rate increases (http://www.medicaid.state.ar.us/ArkansasMedicaid/NHstudy/cov.htm). ***Pending Legislation:*** ACT 787, creates graduate nursing student loans and scholarships. Act 1654, includes nursing schools as approved institutions in the academic challenge scholarship program.
ARIZONA	***Economy:*** Anecdotal information indicates that the slowing economy has eased the direct care shortage slightly, but some difficulty remains with staffing unusual shifts and for remote facilities and areas. ***Pending Legislation:*** SB 1154 The Caregiver and Resource Expansion, a 5 year plan to increase number of nurses who enter and graduate from nursing programs in the state. HB 2466 Nurse Education; Caregiver Program would increase the number of nursing graduates to 2000 by 2007.
CALIFORNIA	NO RESPONSE
COLORADO	***Economy:*** The slowing economy has resulted in more available workers, but still shortage of direct care workers continues. ***Data Collection:*** In accordance with footnote 50 of SB 01-212 (50a Cost Reporting), the CO Department of Health Care Policy and Financing must provide updates to the Joint Budget Committee regarding implementation of the department's plan to improve caregiver salaries through rate increases made to providers and examine any rate disparities and/or rate shortfalls for the continuum of long term care providers. Based on recommendations of a Task Force convened by the Department, the department required that providers receiving a rate increase of 3% or more as a result of the 50a Task Force- it was determined that: separate reporting requirements would be required for home care versus alternative care facilities; home care providers could keep no more than 22% of rate increases for non-labor costs; baseline data be provided for FY 00-01 and the first three quarters of FY 01-02; providers required to report but fail to report will have reimbursement rates rolled back to FY 00-01 levels. Overall, 87.9% of providers required to submit cost data responded as of January 2002.

CONNECTICUT	***Economy:*** Programs supported by the Department of Social Services are not able to provide number of hours some clients need to live at home. Even with the economic slowdown, the shortage still continues. ***Collaboration:*** The Department of Labor and the Department of Social Services are collaborating with the "Jobs First" program, which provides jobs and general training and may or may not include direct care training and jobs. ***Pending Legislation:*** The next CT Legislature begins 2/6/02, and it is likely to include long-term care staffing initiatives.
DELAWARE	***Economy:*** The slowing economy has affected all sectors in general. ***Collaboration:*** The Department of Labor, Employment, and Training subsidizes educational programs for low-income persons ***Data Collection:*** A study released by the Delaware Nursing Home Residents Quality Assurance Commission, Efficacy of the Minimum Nursing Staffing Levels under Eagle's Law: Quality of Care, Labor Trends, and Nursing Home Cost and Availability in December 2001 reported on the quality of nursing facility care in Delaware as a result of "Eagle's Law" – legislation passed to set minimum direct care staffing hours and ratios of direct care staff by shift and position. *Quality of Care* was measured using quality indicators of the federal Centers for Medicare and Medicaid Services (CMS) Online Survey and Certification Reporting (OSCAR) system database. A "nursing deficiency" category was established identifying 48 OSCAR deficiency labels directly related to nursing care. Those facilities that had been operating at or above the minimum 3 hours per day over the two-year period 1999-2000 had far fewer nursing deficiencies than those that had not been operating at that level. In addition, the report found that nursing facilities with low leadership turnover and low temporary agency staffing use had fewer nursing deficiencies than facilities with high leadership turnover and high temporary agency use. Labor Market Analysis and Trends looked at the Bureau of Labor Statistics' wage and growth rates for nursing positions, interviews and provider focus groups. The report concluded that Delaware will face increasing pressures from the impending shortage of both Registered Nurses and Certified Nurse Assistants, but current data suggests that enough qualified personnel exist to fill the short-term need of the new staffing minimums. *Availability and Cost of Nursing Home Care* looked at number of facilities and beds in the state, Medicaid participation rates, nursing staff costs, and operating costs per bed. The report concluded that the proposed implementation of Phase 2 of Eagle's Law (raising minimum staffing levels from 3 hours to 3.28 hours per resident per day) would be feasible and would not have a significant impact on bed availability or financial margins. Another study to be submitted by January 2003 is recommended to assess the impact of the proposed Phase 3 whereby increasing staffing levels to 3.67 hours on May 1, 2003. ***Pending Legislation:*** SB 115 established minimum staffing standards in three incremental phases. SB 366 (and other legislation) to provide flexibility for some nursing homes that may have difficulty meeting the minimum staffing ratios of Eagle's Law due to the particular circumstances of their facilities.
FLORIDA	***Economy:*** Tourist sector layoffs have increased the supply of workers with an interest in direct care. The slowing economy has affected the state budget and may affect the impact of future funding for increasing nursing home staffing ratios as enacted by SB1202 in the 2001 Legislature. ***Collaboration:*** The Florida Center for Nursing, a collaborative effort among the Department of Health, the Agency for Health Care Administration, professional associations, and providers, established through Statute 464.0195 is addressing the supply, demand, recruitment, and retention of the nursing workforce. For full details, see www.leg.state.fl.us. In 1999, legislation resulted in the formation of a task force by the Department of Elder Affairs to research and report on education, training, employment, and retention of CNA's in nursing homes. Additionally, an interagency panel on Medicaid Reimbursement convened in 1999 to recommend reimbursement changes to improve retention of direct care staff. ***Date Collection:*** The State of Florida tracks occupational employment and wage data on high wage/high demand occupations, but direct care occupations have been excluded from targeted occupations lists even with its strong demand. The Department of Elder Affairs released two reports, Nurse Aide Turnover: Literature Review of Research, Policy and Practice in December 1999

	(http://www7.myflorida.com/doea/healthfamily/publications/elderservices/doeacnalitreviewfinal.pdf) and Recruitment, Training, Employment and Retention Report on Certified Nursing Assistants in Florida's Nursing Homes in January 2000 (http://www7.myflorida.com/doea/healthfamily/publications/elderservices/doeacnacombined.pdf). Semi annual reporting by nursing home facilities to the Agency for Health Care Administration elicits measures on staff to resident ratios, staff turnover, and staff stability. This requirement began in May 2001 and therefore cannot determine trend as of yet. ***Cost of Turnover:*** Some cost data available in reports listed above ***Pending Legislation:*** SB 1908 (2002) provides for $1 per hour increase in wage and/or benefits "pass through" for nursing home staff. SB 2230 provides findings for staffing standards of health care facilities and intensive care units to ensure safety of patients. Governor's Supplemental Budget Request recommending several programs to address nursing shortage.
GEORGIA	***Economy:*** 2001 marks the first year of increases in enrollments in nursing and other health care programs in 8 years. Additionally, the GA Department of Labor has facilitated efforts to retrain displaced workers from the travel, hospitality, and textile industries; many show considerable interest in health care careers. GA Division of Health Planning indicates CNA vacancy rates hover around 11.5%. To combat declining revenues, many state agencies have reduced requests for appropriations by 5%. Workforce initiatives have considerable support, and such requests were reduced, but not eliminated unlike other non-workforce initiatives. ***Collaboration:*** The Department of Labor coordinates job fairs ensuring adequate representation of health care employers and education interests. Efforts are underway to use Department of Labor funding for advertising health care job openings in hospitals, nursing homes, and home health agencies through America's Job Bank. The Department of Education is revising school counselor materials relating to health care professions to improve accuracy and interest. ***Data Collection:*** The GA Division of Health Planning issues annual questionnaires to all health care facilities regulated through the Certificate of Need process. Includes questions about vacancy rates and average time to hire for nurses and other direct care staff. ***Pending Legislation:*** HB 652 would provide state agencies with expanded access to protected data on health care professional licensees to improve planning, monitoring, and tracking the workforce. HB 968 would introduce Georgia RNs into the multi-state compact for nursing. Dept of Community Health received CMS grant for demonstration project for moving nursing home residents back into the community, including increasing the number of direct care workers available to assist community long-term care support.
HAWAII	
IDAHO	
ILLINOIS	***Economy:*** The downturn has increased the number of persons willing to provide services at low wage ($7 per hour).
INDIANA	NO RESPONSE
IOWA	***Economy:*** The slight recession has increased the labor pool and some employers have observed that workers are not as likely to leave their jobs. Budget cuts in various programs within the community college system such as English as a Second Language and joint initiatives with Workforce Development are expected to have an impact on the shortage. ***Collaboration:*** The Department of Human Services funded the Iowa CareGivers Association Recruitment and Retention Pilot Project from 1998 – 2000 to develop interventions aimed at CNA retention (report available at www.iowacaregivers.org). The Department of Elder Affairs is funding the CareGivers Association's CNA Recruitment and Retention Program, a collaborative effort among community colleges, providers, and workers to create a statewide network of support and services for direct care workers, including support groups, recognition programs, continuing education, advocacy, and mentor programs. Retention rates are also being tracked and the University of Iowa is conducting an evaluation. The Iowa Commission on the Status of Women collaborated with the CareGivers Association, AARP, Office of Long-Term Care Ombudsman, Elder Affairs, Inspections and Appeals to conduct a statewide CNA wage and benefit survey. The Department of Public Health and the Iowa Workforce Development have collaborated

	with the Iowa Nurses' Council and provider groups to conduct a survey related to nursing shortages. A task force was appointed by the Governor and staffed by the Department of Public Health in 2001 to address the Nurse/Nurse Aide shortage. Recommendations included the creation of an Office of Health Care Personnel to track health care worker trends and implementation of recruitment and retention initiatives. The CareGivers Association and the Alzheimer's Associations conducted a series of direct care forums, which developed into a Direct Care Coalition. ***Data Collection:*** The nursing home trade associations monitor turnover, as do some facilities. ***Cost of Turnover:*** The CareGivers Association prepared a report and distributed it to the Iowa Legislature in 1997. ***Pending Legislation:*** Funding for CNA Recruitment and Retention program through the Department of Elder Affairs budget.

KANSAS	***Data Collection:*** Quarterly turnover reports submitted by nursing homes participating in the Quality Enhancement Wage Pass-Through program which has been funded for two years. Evaluation summary of first year showed that 228 of 357 eligible providers applied to participate in the Pass Through program, with 219 providers active at the end of 2000. To stay within the allocation, the pass through amount was set at $1.90 per day instead of $4.00 per day per participating facility. Total payments in SFY 2000 were $3.74 million. Additionally, 23% of providers had payback requirements for failing to document appropriate use of funds (total repayments were $381,939); 68% of pass-through funds went to wage increases or bonuses; 30% for new staff; and 2% for benefit enhancements. Participants reported turnover data. For all included worker categories, average annual turnover rates went from a reported 111% in 1998 to 101% at the end of SFY 2000. FY 2001 evaluation has not yet been completed. Turnover data is filed with annual nursing home cost reports and are reviewed extensively by the Department on Aging to ensure accuracy and completeness. Reports, including trend analysis, will be made available in summer 2002. Trend between wage pass through reports and cost report schedules reflect a decrease in the turnover of direct care staff (excluding nurses). The decrease in turnover was not as large as expected. ***Cost of Direct Care Training:*** Approximately $300,000 in Medicaid dollars was spent on nurse aide training by nursing homes in CY2002.
KENTUCKY	***Collaboration:*** The KY Board of Nursing and the KY Nurses Association are collaborating to increase efforts of recruiting minorities into nursing. ***Pending Legislation:*** SB289 would create a Nursing Workforce Foundation with a hospital workforce focus.
LOUSIANA	NO RESPONSE
MAINE	***Economy:*** No impact yet, but nursing homes report reduced reliance on temporary staffing agencies. Obtaining additional monies this legislative session may be difficult. ***Collaboration:*** Collaboration with the Department of Education and the Board of Nursing. ***Data Collection:*** Maine relies on provider data regarding turnover. Turnover rates are not significantly higher, but job vacancies remain open longer. ***Cost of Direct Care Training:*** The ME Bureau of Elder and Adult Services spends $40,000 a year on subsidizing training of Personal Care Assistants. ***Pending Legislation:*** LD 1934 provides for a $1 per hour increase for home care and a rate differential for short visits. LD 1924 provides for a rate increase for nursing homes and residential care.
MARYLAND	***Data Collection:*** Maryland will begin to measure the increase in hours of direct care provided to nursing home residents; results will not be available for two years.
MASSACHUSETTS	NO RESPONSE
MICHIGAN	***Economy:*** There has been minimal impact of the slowing economy on direct care shortages. Turnover remains high (66.2% in 2000), yet decrease is attributed to improved wages from legislative mandate. Average starting wage of Competency Evaluation Nursing Assistant (CENA) was $9.27 per hour in 2000. $10m in funding of quality initiatives within nursing facilities was cut as a result of budget constraints. A portion of that funding was used for direct care staff training and quality improvement initiatives such as the National Association of Geriatric Nursing Assistants (NAGNA) and the Eden Alternative. ***Collaboration:*** A collaboration between the Office of Services to the Aging, the Department of Career Development, and the Department of Consumer and Industry Services, Bureau of Health Services resulted in a “Day of Dialogue” which brought together stakeholders to brainstorm and raise awareness about recruiting, training, certifying, and retaining a qualified long-term care workforce. This has led to ongoing activity around the state, usually led by local Michigan Works! Agencies who connect employers

	and employees. ***Data Collection:*** The Health Care Association of Michigan has collected biannual information of its members on wages, benefits, and turnover for the last ten years, including nursing homes. ***Cost of Turnover:*** The Health Care Association of Michigan's 2000 Wage and Compensation Report indicates that turnover of CENAs, LPNs, and RNs is 66.2%, 32.6%, and 33.4% respectively. The Health Care Association of Michigan reports that its members estimate the cost of turnover to equal 1 to 1.5 months' salary for each position. ***Cost of Direct Care Training:*** $5.332m in total Medicaid payments to nursing facilities for CENA training ($4.876m) and testing ($456k). ***Pending Legislation:*** HB 4450 revises patient abuse investigation and disciplinary proceedings; has passed the House and has been assigned to Senate subcommittee for consideration. HB 4452 was introduced and would provide for financial assistance for training, education, and childcare for certain designated employment obligations. HB 4463, HB 4615, and SB 224 were introduced and would modify staffing requirements.
MINNESOTA	***Collaboration:*** The Department of Health administers scholarships/grants for nursing and other health professions students and grants to long-term care and health organizations to provide internships for high school students. The Minnesota Jobs Skills Partnership Board gives grants, funded with TANF monies, to organizations to provide training for health and long-term care workers and is aimed at low-income workers. The Minnesota Systems of State Colleges and Universities effort, Healthcare Industry Partnership (HEIP) offers training to professionals and providers for retention/recruitment. Other activities and programs authorized by the Legislature under Long-term Care Work Force Development include universal worker concepts, waivers to obtain matching S-CHIP funds for health insurance, loan forgiveness and repayment programs, K-12 health care career curriculum, specialized training for immigrants, refugees, and people in transition. ***Data Collection:*** Salary distribution plan data has been collected for the past four years and is used to compute the weighted average wage rates for the Supplemental Nursing Service Agencies (SNSA) maximum charges, collected from nursing facilities only. Turnover data is in the second year of collection, but trend analysis is not yet available. ***Cost of Direct Care Training:*** Amount spent on training through Medicaid, TANF, WIA, and other governmental funds is unknown, but Minnesota's health and long-term care providers spend an estimated $300m annually on training of workers.
MISSISSIPPI	***Cost of Direct Care Training:*** Approximately $346,000 per fiscal year is spent on training of direct care workers, of which $28,000 is paid to the survey and certification agency to check the approved nurse aide training programs.
MISSOURI	NO RESPONSE
MONTANA	***Economy:*** Some areas are experiencing an increase in job interest and the number of applications received. **State activities and initiatives addressing direct care shortages may be in jeopardy with a continued economic downturn.** ***Collaboration:*** Community Integrated Personal Assistance (PASS) grant to recruit, train, place, and support direct care workers across the long term care continuum with the intent of placing workers in the appropriate long term care sector based on desires and skills. ***Data Collection:*** Data has been collected on Montana's wage pass throughs and provider plans supply evaluative data from their audits. ***Pending Legislation:*** HB2 (funding bill) would direct the Department of Public Health to collect and analyze wage/benefit data for comparable work classes.
NEBRASKA	NO RESPONSE
NEVADA	
NEW HAMPSHIRE	***Data Collection:*** The Foundation for Healthy Communities is conducting a survey to assess this.

	Pending Legislation: Extension of Legislative Committee.
NEW JERSEY	***Economy:*** During the prior expansive economy, the competition was greater for all workers. Individuals in direct care left healthcare to work in other industries. In the slowing economy, industries may either not hire or replace direct care workers due to decreased revenues or changes in reimbursement. ***Pending Legislation:*** A90 requires hospitals and nursing homes to compile and provide certain staffing and patient are information to the public. A202 establishes the Excellence in Nursing Scholarship program, appropriates $5million. A265 appropriates $1.05million to expand college nursing facilities. A1502 establishes nursing student support program. A2190 and S482 directs the Department of Health and Human Services (DHHS) to adopt regulations establishing certain minimum nursing staff ratios for general hospitals and nursing facilities; sets limits on medical residents' hours. S759 directs the Commissioner of Human Services to establish staffing levels ratios for caseworkers; appropriates $12million.
NEW MEXICO	***Economy:*** Quality Cabinet sub-committee currently studying effects of the slowing economy on direct care worker shortages and has indicated a relationship between the two. With an economic downturn, primary wage earners may relocate. As a result, the secondary wage earner in the family (the direct care worker) relocates as well, adding to the difficulty in recruiting and retaining direct care employees. Declining state revenues (since 9/11), including Medicaid, may have a potentially significant impact on direct care workers. ***Collaboration:*** Coordination with the Department of Health Licensing and Certification, the Human Services Department, the Health Care Association, and the State Agency on Aging. ***Pending Legislation:*** Legislative Memorials have requested 2 studies from the Department of Health's Quality Cabinet, Sub-committee on Direct Care Staff Workforce Development, and Minimum Staffing with emphasis on acuity.
NEW YORK	***Economy:*** Shortage of direct care workers existed prior to the slowdown, but do not have recent data indicating additional effects. ***Collaboration:*** In SFY 2000-01, $80m was made available to train 200% TANF eligibles for careers in hospitals, nursing homes, and home care agencies; an additional $20m was made available in SFY01-02. ***Data Collection:*** Information has been collected, but not yet analyzed on a Home Care Worker Rate Demonstration project. The project is seeking to improve recruitment and retention of home care workers by enhancing health benefits. ***Pending Legislation:*** **Health** Care Workforce Recruitment and Retention Act, 2002 will provide $707m for hospitals, $505m for nursing homes, $636m for personal care services and community health centers over next 3 years to increase salaries, training, and benefits.
NORTH DAKOTA	***Collaboration:*** Coordination efforts with the Department of Labor and the Department of Commerce.
NORTH CAROLINA	***Economy:*** Some providers have indicated the situation has lessened somewhat, but shortages are still a problem. Legislation was put forth last session for a number of items recommended by the NC Institute of Medicine's Long Term Care Task Force (i.e. labor enhancement, funding to support professional development, etc). No action was taken on this legislation. NC has experienced a budget shortfall, which is presumed to be one key reason why no action was taken on this legislation. Currently the General Assembly and Executive Branch are working on options for mitigating a continuing budget shortfall for SY 2003. Thus while the Long Term Care Task Force report will continue to serve as one of the State's key blueprint documents for long-term care reform, new state appropriations in support of such efforts are not anticipated to be considered until the budget situation improves. However, NC is proceeding on a number of recommendations in spite of the state's budget shortfall. ***Collaboration:*** The Department of Public Instruction, the Community College System, and the Division of Facility Services (licensing/survey agency) are all involved with various direct care workforce initiatives underway, along with numerous other agencies. ***Data Collection:*** Findings from an analysis of the State's Nurse Aide I Registry data is available. This effort is a collaborative effort

	of the Department of Health and Human Services, the NC Institute on Aging and the NC Department of Labor. Plan to conduct such data analysis annually to track this workforce over time. Data from the first analysis is available at http://facility-services.state.nc.us (click on "for providers" tab, "documents of interest" for document entitled Where Have all the Nurse Aides Gone?) Findings from a pilot project to test financial and other incentives intended to impact job performance, job satisfaction and retention of aide workers also available via NC Institute on Aging's website www.aging.unc.edu (click on "research" tab, then on "Workforce Improvements – Win-A-Step-UP." Questions about turnover of direct care workers is sent to licensed home care agencies, adult care homes and nursing homes and will be conducted annually.
OHIO	***Economy:*** Anecdotally, nursing homes report minimal improvement resulting from the slowdown. Pending legislation that may reduce state revenue or result in additional expenditures appear to have slowed as they move through the legislature. ***Collaboration:*** HB94 created a Health Care Workforce Shortage Task Force to evaluate the impact of technology on health care, recommend education strategies to meet health care workforce needs, and issue a report of recommendations to the Speaker and Minority Leader of the House, and the President and Minority Leader of the Senate by July 1, 2002. ***Pending Legislation:*** HB34 Nursing Home Staffing requires nursing homes to maintain specified ratios of nurses and nurse aides to residents. HB78 Health Care Facility Staffing eliminates mandatory overtime required of nursing staff by health care facilities. HB333 Nurse Tuition Reimbursement establishes a tuition program for RNs. HB398 Nurse Income Exemption exempts salaries of certain nurses from personal income tax for the first 5 years of employment. SB60 and HB138 Work Schedules affords private sector employers the option to offer, and employees the option to accrue and use, compensatory time off.
OKLAHOMA	***Collaboration:*** Oklahoma's Health Care Authority's Staffing, Recruitment, and Retention Task Force. ***Data Collection:*** Data collected through HB2019 Direct Care Minimum Wage Requirement of $6.65. ***Pending Legislation:*** A recommendation from the Staffing, Recruitment, and Retention Task Force regarding 24 hour staffing and increased wages.
OREGON	***Economy:*** Slowing economy has mitigated the shortage somewhat, continued problem of high turnover remains, though not as severe as in prior years that saw turnover rates of 100% in some areas. ***Cost of Direct Care Training:*** $772,437 CNA training dollars from Medicaid based on facility's Medicaid days.
PENNSYLVANIA	***Economy:*** Two reports from Pennsylvania's Intra-Governmental Council on Long Term Care's reflect the direct care worker shortage. Frontline Workers in Long Term Care February 2001 report (www.pgc.org/PRI/projects/PA_LTC_workforce/PA_LTC_workforce_report.pdf) and In Their Own Words: Pennsylvania's Frontline Workers in Long Term Care February 2001 report (www.aging.state.pa.us/aging/LIB/aging/20/363/report_care.pdf). A three-part state direct care initiative did not completely pass due to the state's budget shortfall. The direct care worker grants continued, but the Best Practice session were suspended, and subsequently, the funds were lost. ***Collaboration:*** The Long Term Care Council created The Work Force Issues Work Group. The Department of Labor and Industry and the Department of Public Welfare are working on the development of apprenticeships with $15m in TANF funds earmarked for the project. The AAA Direct Care Worker Initiative provides funding for training, benefits, bonuses and marketing for the direct care workforce. ***Data Collection:*** Recently approved direct care worker grants will submit evaluations and analysis data in coming months. ***Cost of Turnover:*** Financial data can be obtained through the above referenced reports. ***Pending Legislation:*** HB217 would provide a tax credit for employers who offer childcare for employees. HB613 creates a career and vocational education-employer partnership program to increase the workforce and provide businesses with tax credits. HB1516 creates a system of career ladders for direct caregivers in long-term care and provides financial incentives for employers and employees. HB1641 establishes the Nursing Loan Forgiveness Program to provide assistance to students engaged in nursing.

	HR26 directs the House Professional Licensure Committee to study the nursing shortage and make recommendations. HR28 directs the selection of a special committee to study the long-term care workforce crisis and recommend policy changes.
RHODE ISLAND	***Collaboration:*** The Governor's Advisory Council on Health has recommended a collaborative effort be established among the Department of Human Services, the Department of Health, the Department of Labor, and the Department of Education to address recruitment and retention. The Department of Elderly Affairs was granted an Alzheimer's Demonstration Project from the Administration on Aging to look at workforce enhancement issues for CNAs and respite care workers treating Alzheimer's patients. ***Data Collection:*** Evaluative data can be found in the following reports: Governor's Advisory Council on Health, Nursing and Allied Health Workforce Issues Report (www.gov.state.ri.us/GAC_hlth), which identified CNA recruitment and retention as its initial focus. The Council recommended a survey be developed to determine reasons for leaving the direct care workforce for other fields (expected 2003). The Long Term Care Coordinating Council Report: 2001 Annual Report (www.ltgov.state.ri.us/LongTerm/AnnualReport2001.htm) included workforce recommendations for continued monitoring of Article 13 FY2002 budget. This will include an assessment of the impact on recruitment and retention, explore opportunities to fund demonstrations on workforce reorganization, examine projects that increase long-term care job satisfaction and performance, examine impact of RNs on shortage in long-term care industry, and support efforts to increase supply of RNs as appropriate. ***Cost of Direct Care Training****:* Medicaid $354,311 FY 2001, $328,000 budgeted FY 2002.
SOUTH CAROLINA	***Collaboration:*** The SC Nursing Facility Quality Improvement Committee convened focus groups to assess quality in nursing homes. Recommendations address retention, education, training, and appreciation of existing staff. The SC Area Health Education Centers (AHEC) conducted a nursing workforce study in SC nursing homes and hospitals in 2000-01. Recommendations included establishing a minimum staffing level; ongoing data collection and analysis; reviewing wage structures; and developing Best Practices for recruitment and retention. The Department of Health and Human Services, the University of South Carolina, the Department of Health and Environmental Control, and the SC Area Health Education Consortium hosted a Certified Nursing Assistants Conference to provide recognition, growth and networking opportunities. DHHS has offered grants to facilities interested in implementing the Eden Alternative. ***Data Collection:*** The Nursing Facility Quality Improvement Committee recommended the establishment of ongoing data collection procedures to cover all levels of nursing. DHHS is working to bring the CNA registry in-house to track turnover at the time of re-certification. ***Cost of Direct Care Training****:* SCDHHS spent approximately $1.125m on training CNAs in FY2000. These funds were disbursed to nursing aide training programs. ***Pending Legislation:*** S0238 will require mandatory background checks for all workers in health care. H4512 discusses feeding assistants in nursing homes.
SOUTH DAKOTA	***Data Collection:*** A statewide health organization has collected limited data on its member organizations, and applied a national formula to report SD data. ***Pending Legislation:*** HB1191 would appropriate funds for increased wages for employees in nursing facilities to be used for wage increases, except for administrators – failed 2/7/02.
TENNESSEE	NO RESPONSE
TEXAS	
UTAH	
VERMONT	***Collaboration:*** A newly established coalition among the Department on Aging and Disability will address working conditions, wages, and benefits.
VIRGINIA	***Economy:*** There has been a small impact as lower skilled workers are forced to find jobs in other sectors, including health care

	nursing aides and companions.
WASHINGTON	***Economy:*** According to the Washington Health Care Association, some nursing homes are turning away patients due to staff shortages. The Northwest Workforce Development Council revealed that 90% of nurse aide vacancies in nursing homes in the northwest area of WA were due to turnover. Current budget proposals under consideration include Medicaid cuts to nursing homes and assisted living and a proposal to move determination of licensing fees for adult family homes from state to state to Dept of Social and Health Services authority. Proposed cuts could result in lower wage and benefit packages to employees. Worker wage enhancement and vendor rate increases may be difficult to achieve during a budget shortfall. This may be mitigated due to the fact that much of the funding comes from numerous sources – federal, state, local, private. ***Collaboration:*** WorkFirst provides training, education, and job support for individuals on public assistance. WorkSource, a collaboration between the Department of Vocational Rehabilitation, the Department of Education, and the Department of Social and Health Services assist individuals with barriers to return to work. Both programs have an impact on recruitment and training of health care workers. Workforce Training and Education Coordinating Board analyzed the shortage of all workers in health care industry. Northwest Workforce Development Council addressed five priority occupations for these rural areas, two of which are CNA's and Medical Assistants. The Council's action plans include expansion and modification over the next 12 months. The Department of Social and Health Services' Aging and Adult Services Administration received a Personal Assistant Recruitment and Retention Project (PARR) pilot grant to develop recruitment services and build a qualified workforce to meet needs of adults with chronic and disabling conditions. The Center for Health Workforce Studies at University of Washington received funding for research to study health care worker shortages in the long-term care arena in 5 states. ***Data Collection:*** Section 206(13) of Engrossed Substituted Senate Bill (ESSB) 6153, the Omnibus Operating Budget States collects data for prospective rate increases to increase compensation for low-wage workers in nursing homes. The Expenditure Detail Report from the budget evaluated the rate increases and found little differentiation between the effect of the rate increase and the increases that would have occurred regardless of the additional funding. ***Cost of Direct Care Training****:* Approximately $5m from Medicaid spent annually on direct care training. ***Pending Legislation:*** SB6711 Funding of HealthCare (direct care workers access this program), HB 2706 Payment Rates, and unfunded requirements, SB6715/HB2791 Use of Proshare funds to enhance payments, HB2707 Training, SB6714/HB2662 Collective Bargaining, and SB6720/HB2818 Clarifying collective bargaining.
WEST VIRGINIA	***Economy:*** The slowing economy may allow for greater availability of workers. There is a decrease in funding for the state Medicaid program. ***Cost of Direct Care Training****:* $300,858 Medicaid dollars for 638 individuals, CY2001.
WISCONSIN	***Economy:*** In many areas low unemployment rates continue. In other areas, the unemployment rate has risen and the shortage has eased. ***Collaboration:*** The Community Options Program grants funds to address the statewide long-term care workforce crisis. Grantees were free to design own initiatives, often with support/collaboration of county agencies, schools, providers, etc. Many focused on recruitment, public awareness, and retention. The Department of Workforce Development and the Department of Health and Family Services will be joining the Long Term Care Symposium in March 2002 to discuss initiatives for Wisconsin. Future symposia with Wisconsin Alzheimer's Institute to follow. ***Data Collection:*** The Community Options Program funds initiatives related to workforce shortages in home-based care giving. Informal data collection and outcomes is provided for 32 individual projects.
WYOMING	***Economy:*** Funds have been appropriated for a wage pas through for adult waiver services and preschool program for developmentally disabled children, effective July 1, 2002; anticipate the shortage will be alleviated because of this. Approximately

	$30million in state and federal funds will be used for the pass through. *Data Collection:* Direct care worker wage data is compiled ($6.92 per hour). The Study of Nonprofessional Direct Care Staff Recruitment, Retention, and Wages Report to the Joint Appropriations Committee in December 2001 recommended that entry-level wages increase to $10.23 per hour. (http://ddd.state.wy.us) Cost of Turnover: Average statewide cost to train new direct care worker is $1,696. Health services agencies will spend more than $3.5million in 2001 alone.

TABLE 4: Summary Of State's Actions Taken To Address Recruitment And Retention Of Nurse Aides And Other Direct Care Workers

ACTION	% OF STATES RESPONDING YES	STATES
WAGES AND BENEFITS		
• **Wage Pass Through**	**40%**	**AR, AZ, CA, CO, FL, IL, KS, MA, ME, MI, MN, MO,MT, OK, RI, SC, VA, WI, WY, WA**
• **Rate Increases**	**40%**	**CT, GA, IA, LA, MD, ME, MO, MN, MT, NC, ND, NH, NJ, NM, OK, OR, RI, SC, TX, WA**
• **Shift Differentials**	**6%**	**NJ, PA, RI**
• **Living Wage Initiatives**	**2%**	**NM**
• **Health Insurance for Direct Care Workers**	**4%**	**HI, MN**
• **Provide Information or Access to Existing State Health Insurance (i.e. SCHIP, etc)**	**16%**	**MN, NC, NY, NJ, PA, RI, VT, WI**
• **Bonuses, Childcare Assistance, Transportation Assistance**	**4%**	**PA, TX**
• **Increase in Benefits Package**	**10%**	**FL, ND, NY, TX, WA**
TRAINING AND OTHER INITIATIVES		
• **New Level Of Nursing**	**6%**	**ME, NC, WI**
• **Expanded Scope Of Duties**	**6%**	**GA, MO, NV**
• **Medication Aide**	**10%**	**ME, NC, NJ, OR, WI**
• **Increase In Professional Competency, Continuing Education And Training**	**26%**	**GA, MA, ME, MI, MN, MT, NY, NH, PA, RI, VA, WI, WA**
• **Career Ladder**	**16%**	**IA, MA, MI, MS, ND, OK, UT, VA**
• **Scholarships, Grants, Loan Forgiveness**	**14%**	**AR, MA, MN, ND, NV, PA, VA**
• **Recruit Welfare To Work Recipients**	**8%**	**AR, MT, NJ, SC**
TASK FORCES, WORK GROUPS, COMMISSIONS		
• **Formed a Task Force**	**70%**	**AK, AR, AZ, CO, CT, DE, FL, GA, IA, KS, KY, MA, MD, MI, MO, MN, MT, NC, ND, NE, NH, NM, NV, OH, OK, OR, PA, RI, SC, TX, VA, VT, WI, WA, WY**
• **Issued Report**	**34%**	**AR, AZ, DE, FL, GA, IA, MI, MN, NJ*, NC, PA, RI, SC, VT, WI, WA, WY**
STAFFING RATIOS		
• **Minimum Staffing Standards**	**72%**	**AK, AR, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, LA, MA, MD, ME, MI, MN, MS, MT, NC, NJ, NV, OK, OH, OR, PA, SC, TN, TX, WV, WI, WA, WY**
• **Follows Federal Staffing Standard**	**18%**	**AL, AZ, MO, ND, NE, NY, SD, VA, VT**
SYSTEMS CHANGE GRANTS – WORKFORCE INITIATIVES		
• **State has Systems Change Grant (Workforce Initiative)**	**32%**	**AK, AR, CT, GA, KY, MD, MI, MN, NC, NH, NJ, NV, RI, WA, WI, WV**
OTHER INITIATIVES		
• **Recognition Programs**	**12%**	**IA, MI, NH, PA, SC, WI**
• **Data Collection**	**12%**	**GA, IA, KS, NC, TX, VA**
• **Quality of Life Initiatives**	**8%**	**CO, IA, OK, WV**

*New Jersey – The Forum Institute for Public Policy issued a report, The Nursing Workforce Shortage: Impacts on Health and Medical Care in New Jersey (includes some information on direct care workforce shortages)

TABLE 5: Detailed Summary of Prior State Actions on Recruitment and Retention

	WAGES				BENEFITS				TRAINING								TASK FORCE		STAFFING RATIOS		Grants	OTHER INITIATIVES						
STATE	Wage Pass Through	Rate Increase	Shift Differential		Health Insurance	Information / Access to Existing State Health Insurance	Bonuses, Childcare, Transportation Assistance	Increase in Benefits Package	Medication Aide	Expanded Scope of Duties	New Level of Nursing	Professional Competency,	Certification Standardization	Career Ladder	Scholarships, Grants and Loan Forgiveness	Welfare to Work Recruitment	Task Force	Report Issued	Minimum Staffing Ratio	Follow Only Federal Standard	State has Systems Change Grant-Workforce Initiatives	Caregiver Recognition Programs	Other Recruitment and Retention Efforts	Data Collection	Quality of Life Initiatives	Uniform or Case Mix Reimbursement	Surveys or Studies	Quality Assurance / Improvement Initiatives (including Eden, Wellspring)
Alabama	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	yes	no	no	no		no	no	no	no
Alaska	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	yes	no	yes	no	yes	no	no	no	no	no	no	no
Arizona	yes	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	yes	yes	no	yes	no	no	no	no	no	no	no	no
Arkansas	yes	no	no	no	no	no	no	no	no	no	no	no	no	no	yes	yes	yes	yes	yes	no	yes	no	no	no	no	no	no	yes
California	yes	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	yes	no	no	no	no	no	no	no	no	no
Colorado	yes	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	yes	no	yes	no	no	no	no	no	no	no	no	yes
Connecticut	no	yes	no	no	no	no	no	no	no	no	no	no	no	no	no	no	yes	no	yes	no	yes	no	no	no	no	no	no	no
Delaware	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	yes	yes	yes	no	no	no	no	no	no	no	no	no
Florida	yes	no	no	no	no	no	no	yes	no	no	no	no	no	no	no	no	yes	yes	yes	no	no	no	no	no	no	no	no	no
Georgia	no	yes	no	no	no	no	no	no	no	yes	no	yes	no	no	no	no	yes	yes	yes	no	yes	no	no	yes	no	no	no	no
Hawaii	no	no	no	no	yes	no	no	no	no	no	no	no	no	no	no	no	no	no	yes	no	no	no	no	no	no	no	no	no
Idaho	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	yes	no	no	no	no	no	no	yes	no	no
Illinois	yes	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	yes	no	no	no	no	no	no	no	no	no
Indiana	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	yes	no	no	no	no	no	no	no	no	no
Iowa	no	yes	no	no	no	no	no	no	no	no	no	no	no	yes	no	no	yes	yes	yes	no	no	yes	no	yes	yes	no	yes	yes
Kansas	yes	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	yes	no	yes	no	no	no	no	yes	no	no	no	no
Kentucky	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	yes	no	no	no	yes	no	no	no	no	no	no	no
Louisiana	no	yes	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	yes	no	no	no	no	no	no	yes	no	yes
Maine	yes	yes	no	no	no	no	no	no	yes	no	yes	yes	no	no	no	no	no	no	yes	no	no	no	no	no	no	no	no	no
Maryland	no	yes	no	no	no	no	no	no	no	no	no	no	no	no	no	no	yes	no	yes	no	yes	no	no	no	no	no	no	no
Massachusetts	yes	no	no	no	no	no	no	no	no	no	no	yes	no	yes	yes	no	yes	no	yes	no	no	no	yes	no	no	yes	no	yes
Michigan	yes	no	no	no	no	no	no	no	no	no	no	yes	no	yes	no	no	yes	yes	yes	no	yes	yes	yes	no	no	no	no	no
Minnesota	yes	yes	no	no	yes	yes	no	no	no	no	no	yes	no	no	yes	no	yes	yes	yes	no	yes	no	no	no	yes	no	no	no
Mississippi	no	no	no	no	no	no	no	no	no	no	no	no	no	yes	no	no	no	no	yes	no	no	no	no	no	no	no	no	no
Missouri	yes	yes	no	no	no	no	no	no	no	yes	no	no	no	no	no	no	yes	no	no	yes	no	no	no	no	no	yes	no	no
Montana	yes	yes	no	no	no	no	no	no	no	no	no	yes	no	no	no	yes	yes	no	yes	no	no	no	no	no	no	no	yes	no

Nebraska	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	yes	no	no	yes	no	no	no	no	no	no	no	no
Nevada	no	no	no	no	no	no	no	no	no	yes	no	no	no	no	yes	no	yes	no	yes	no	yes	no	no	no	no	no	no	no
New Hampshire	no	yes	no	no	no	no	no	no	no	no	no	yes	no	no	no	no	yes	no	no	no	yes	yes	no	no	no	no	no	no
New Jersey	no	yes	yes	no	no	yes	no	no	yes	no	no	no	no	no	no	yes	no	yes	yes	no	yes	no	no	no	no	no	no	no
New Mexico	no	yes	no	yes	no	no	no	no	no	no	no	no	yes	no	no	no	yes	no	no	no	no	no	yes	no	no	no	no	no
New York	no	no	no	no	no	yes	no	yes	no	no	no	yes	no	no	no	no	no	no	no	yes	no	no	no	no	no	yes	no	no
North Carolina	no	yes	no	no	no	yes	no	no	yes	no	no	no	no	no	no	no	yes	yes	yes	no	yes	no	yes	yes	no	no	no	yes
North Dakota	no	yes	no	no	no	no	no	yes	no	no	no	no	no	yes	yes	no	yes	no	no	yes	no	no	no	no	no	no	no	no
Ohio	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	yes	no	yes	no	no	no	no	no	no	no	no	no
Oklahoma	yes	yes	no	no	no	no	no	no	no	no	no	no	no	yes	no	no	yes	no	yes	no	no	no	no	no	yes	no	no	no
Oregon	no	yes	no	no	no	no	no	no	yes	no	no	no	no	no	no	no	yes	no	yes	no	no	no	yes	no	no	no	no	no
Pennsylvania	no	no	yes	no	no	yes	yes	no	no	no	no	yes	no	no	yes	no	yes	yes	yes	no	no	yes	yes	no	no	no	yes	no
Rhode Island	yes	yes	yes	no	no	yes	no	no	no	no	no	yes	no	no	no	no	yes	yes	no	no	yes	no	no	no	no	no	no	yes
South Carolina	yes	yes	no	no	no	no	no	no	no	no	no	no	no	no	no	yes	yes	yes	yes	no	no	yes	no	no	no	no	no	yes
South Dakota	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	yes	no	no	no	no	no	no	no	no
Tennessee	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	yes	no	no	no	no	no	no	no	no	no
Texas	no	yes	no	no	no	no	yes	yes	no	no	no	no	no	yes	no	no	yes	no	yes	no	no	no	no	yes	no	no	no	yes
Utah	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no
Vermont	no	no	no	no	no	yes	no	no	no	no	no	no	no	no	no	no	yes	yes	no	yes	no	no	no	no	no	no	no	no
Virginia	yes	no	no	no	no	no	no	no	no	no	no	yes	yes	yes	yes	no	yes	no	no	yes	no	no	no	yes	no	no	no	no
Washington	no	yes	no	no	no	no	no	yes	no	no	no	yes	no	no	no	no	yes	yes	yes	no	yes	no	no	no	no	no	yes	yes
West Virginia	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	yes	no	yes	no	no	no	yes	no	no	no
Wisconsin	yes	no	no	no	no	yes	no	no	yes	no	yes	yes	no	no	no	no	yes	yes	yes	no	yes	yes	yes	no	no	no	no	no
Wyoming	yes	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	yes	yes	yes	no	no	no	no	no	no	no	no	no

APPENDIX A

ALASKA

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)*	Benefits	(Includes career ladders)	• Work group established, 1999

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
Regulation [07 AAC 012.275] • RN 7days/wk day shift; 5 days/wk night shift; LPN on unstaffed RN shifts	• Community Pass Grant to implement strategies to increase recruitment and retention of personal assistants	

ALABAMA

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)*	Benefits	(Includes career ladders)	

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
• Follows federal staffing rules		

ARKANSAS

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)* • Act 635 - Direct WPT for nursing home workers – reimbursement tied to the number of direct care staff employed in facilities	Benefits	(Includes career ladders) • Recruitment of Welfare to Work recipients • Act 1465 (HB2165) Act to Establish an Arkansas Legislative Commission on Nursing to review issues of education, recruitment, and retention of nurses • Act 787 Graduate nursing student loans and scholarships • Act 1654 Includes nursing schools as approved institutions in academic challenge scholarship program	• Governor's Integrated Services Taskforce (GIST) seeks to identify methods to better attract, screen, and retain workers in health care, 2001 • Study Report from the Arkansas Department of Human Services, *Nursing Home Rate Study: Care, Cost and Crisis*, 2001 available at www.medicaid.state.ar.us/ArkansasMedicaid/NHStudy/cov.htm

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
Act 1529 • CNA 1:7 day shift, 1:12 eve shift, 1:18 night shift; RN/LPN/LVN 1:15 day & eve shift, 1:35 night shift *Act 1397, 2001* • Minimum staffing ratios for direct care staff	• Community Pass Grant to develop advertising campaign and materials for recruiting direct support professionals to provide community based services. • Real Choice Grant to identify successful strategies to recruit and retain in-home workers including efforts that focus on wages, benefits, training, and establishment of a career path; establish a worker registry	• Higher reimbursement rates to nursing facilities for higher direct care staffing levels (considered in reimbursement rate calculation) • Act 635 - Quality Assurance Fee for nursing home operators based on number of patient days per month. Pooled into Medicaid fund ($3 federal match)

ARIZONA

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)* • Rates increased 5.5% for nursing facilities and 11.6% for in-home caregivers (primarily paraprofessionals) and alternative residential settings. • Providers required to pass through proportional amounts to direct care workers for wages &/or benefits.	Benefits	(Includes career ladders)	• Caregiver Wages and Workforce Development, an ad -hoc committee initiated in August 2001 to define critical policy concerns and emerging issues around long-term care and care giving. To develop cost effective strategies to promote and encourage caregiver workforce development that supports and strengthens family and informal care giving. Report to be submitted to President of the Senate. Workgroups on the committee include Funding, Reimbursement, and Collaboration, and Recruitment and Retention.

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
• Follows federal staffing regulations		• Community Based Services and Settings Report issued in 2000, updates expected in 2002. Reports on the data, trends, and findings from two major long-term care home and community based programs, Medicaid LTC and non-Medicaid LTC. A copy can be viewed at www.ahcccs.state.az.us/Publications/reports.htm • Network Development and Management Plan – requirement of all Medicaid Managed Care contracts effective October 2001. Identifies status of network at all levels (institutional, acute, alternative residential, HCBS, etc) to include gaps, interventions, evaluations of interventions and coordination.

CALIFORNIA

Note: Incomplete data. No response from California to the 2002 survey.

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)* • Percentage WPT in Nursing facilities	Benefits	(Includes career ladders)	

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
Welfare and Institutions Code 14110.7 • SNF – 3 hrs/pt day • SNF special – 2.3 hrs/pt day • NF – 1.1 hrs/pt day • NF developmentally disabled – 2.7 hrs/pt day		

COLORADO

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)* • Dollar amount WPT in home care settings (not mandatory)	Benefits	(Includes career ladders)	• Established Task Forces to examine quality of care issues and aide retention, 2000.

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
Code of Colorado Regulations 1011, Chapter 5, Part 7 • 2 hrs p/patient day		• Quality of Care Incentive Payments to assess retention and expertise in facilities

CONNECTICUT

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)* • Increase in reimbursement rate	Benefits	(Includes career ladders)	• LTC Planning Committee has identified workforce issue, working on solutions, 2001 • Olmstead Planning Committee has initiatives and recommendations on workforce issues, 2001

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE

CT Public Health Code Sec. 19-13-D8t
• *Chronic/convalescent home:*
  ○ Licensed Personnel - .47hr/pt (day shift); .17 hr/pt (night shift)
  ○ Licensed & Unlicensed Personnel – 1.4hrs/pt (day shift); .5hrs/pt (night shift)
• *Rest home:*
  ○ Licensed Personnel .23hr/pt (day shift); .08hr/pt (night shift)
  ○ Licensed & Unlicensed Personnel - .7hr/pt (day shift); .17hr/pt (night shift)
	• Nursing home Transition grant	

DELAWARE

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)*	Benefits	(Includes career ladders) • SB20, 1999 - New "Senior CNA's" job level, role model & resource (increased from 75 to 150 hrs advanced training & competency test)	• Established work group, 1999 • Delaware Nursing Home Residents Quality Assurance Commission released a report, *Efficacy of the Minimum Nursing Staffing Levels under Eagle's Law: Quality of Care, Labor Trends, and Nursing Home Cost and Availability* in December 2001 assessing the effects of SB 115's minimum staffing ratios and hours

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
SB 115 "Eagle's Law" • 3 phases of minimum nursing direct care staffing hours and ratios of direct care staff by shift and position (RN, LPN, CNA) • Phase 1 - 3hrs/ day (3/01) • Phase 2 – 3.28hrs/day (1/02) • Phase 3 – 3.68 hr/day (proposed 5/03)		

FLORIDA

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)* • Senate Bill 1908 (not yet passed) provides $1 per hour in wages and/or benefits pass-through for nursing facility staff	Benefits • Senate Bill 1908 (not yet passed) provides $1 per hour in wages and/or benefits for nursing facility staff	(Includes career ladders)	• 1999 Task Force of Department of Elder Affairs researched and reported recruitment, training employment, and retention of CNA's in nursing homes http://elderaffairs.state.fl.us • Task Force on Availability and Affordability of Long Term Care, Informational Report February 16, 2001 - University of South Florida, Florida Policy Exchange Center on Aging www.fpeca.usf.edu

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
Senate Bill 1202 (2001 Fla. Legislature) • CNA – 2.3 hr/pt day beginning 1/1/02 Licensed nursing staff – 1.0 hr/pt day beginning 1/1/02 • Increase to 2.6 by January 1, 2003 and to 2.9 by January 1, 2004. No facility below 1 CNA per 20 residents • ***Licensed Nurses 1 hour direct care per resident per day with never less than 1 per 40 residents***		• Include nurse-aide issue as part of overall labor shortage in low-wage jobs

GEORGIA

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)* ▪ HR 275 - A Resolution to direct and require that the Department of Community Health adopt certain reimbursement methodologies for nursing facilities ▪ Established a case-mix based reimbursement methodology for long-term care providers	Benefits	(Includes career ladders) • New training curriculum for additional career responsibilities and increased compensation for paraprofessionals • Dementia training to nursing home staff • Articulation efforts between the Department of Technical and Adult Education and the University System of Georgia are underway	• Established Health Care Workforce Policy Advisory Committee to monitor conditions of the health care workforce and make recommendations on action impacting the workforce, 2001 • Study report, *Code Blue: Workforce in Crisis,* issued in May, 2001 http://www3.state.ga.us/departments/dch/v4/top/shared/con_dhp/dhp_publications/healthcare_workforce_final.pdf

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
GA DHR Rules, Ch. 290-5-8-0.04 • 2hr/pt day • Medicaid Level I, II facilities 2.5hr/pt day	• Nursing Home Transition Grant to conduct workforce development pilot project in 18 counties to identify barriers and opportunities to increase direct care workers and community services • Communities for Independent Living demonstration project.	• Data collection regarding vacancy rates and average turnover time through GA Division of Health Planning Annual Survey

HAWAII

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)*	Benefits • Required health benefits	(Includes career ladders)	

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
DHR 11-94-23 • SNF – 1 RN 24/7 • ICF – 1 RN day shift; licensed nurse for medication administration		

IOWA

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)* • State funding for Iowa CareGivers Association to research and develop nursing facility case-mix reimbursement system (Medicaid providers) for financial incentives for direct care workforce salaries	Benefits	(Includes career ladders) • CareGivers Association and community colleges are partnering to provide a certified CNA Mentor Training program for advancement of CNAs	• Established Task Force in 2001 to address the nurse/nurse aide shortage. Created the Office of Health Care Personnel to track health care worker trends and implemented various recruitment and retention initiatives. • Iowa CareGivers Association's CNA Recruitment and Retention Pilot Project 1998-2000 report, Iowa CNA Wage and Benefit Survey 2001, and the Direct Care Forum 2002 report can be viewed at www.iowacaregivers.org

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
IAC 58.11(2) • 2 hr/day (20% qualified nurse)		• Quality of life pilot for direct care workforce • Mandated data collection efforts on nurse aide recruitment and retention • Iowa CareGivers Association, the first statewide professional association for direct care workers in the nation. Goal is to partner with providers, educators, policy makers, advocates, labor, and others to develop a network of support, recognition, education and advocacy. Activities include a series of direct care forums, the CNA Recruitment and Retention Program, leadership training, research, information and referral. • Quality Assurance incentive package for which facilities can receive incentive payments for various quality assurance measures including staff retention, resident satisfaction, Alzheimer's unit, etc. • Survey of Long-Term care nurses to determine concerns and needs of CNAs

IDAHO

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)*	Benefits	(Includes career ladders)	

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE

IDAPA16.03.02200,02
• SNF:
  ○ <= 59 residents; 2.4 hrs/pt day (may not include Director of Nursing [DON], may include nursing supervisor)
  ○ 60 residents; 2.4 hrs/pt day (may not include DON or supervisor)
• NF:
  • 1.8hr/pt day (DON, super, charge)
		• Uniform reimbursement rates across funding streams for similar home and community based services

ILLINOIS

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)* • Percentage WPT (73% of all rate increases used for wages/benefits; home care only)	Benefits	(Includes career ladders)	

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE

77 IL Administrative Code, Ch 1, Sec. 300.1230
• SNF:
  ○ 2.5hr/day (20% licensed nurse time)
• IC:
  ○ 1.7hr/day (20% licensed nurse time)
		• Providers submit annual report documenting >= 73% of their reimbursement rate spent on worker wages or benefits

INDIANA

Note: Incomplete data. No response from Indiana to the 2002 survey.

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)*	Benefits	(Includes career ladders)	

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
410 IAC 16.2-3.7-17 • Licensed nurse care - 0.5hr/pt day		

KANSAS

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)* • Dollar amount WPT for wages, benefits or new hires (nursing homes only) • WPT extended to 07/01for direct care and support workers • Quality Enhancement WPT funded during SFY00, 01, but ended July 1, 2001	Benefits	(Includes career ladders)	• Established Long Term Care legislative task force to address worker shortage over next five years, 2001

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
KS Admin Regulations 28-39-154 • 2hr/pt day • 1:30 nursing personnel to residents		• Analysis of turnover data for direct care staff related to wage pass through efforts for participating facilities

KENTUCKY

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)*	Benefits	(Includes career ladders)	• SCR 39 - Established Task Force to study methods to promote and enhance the provision of quality care in long-term care facilities and the quality of in-home and community-based services, 2001. • Final report of the Task Force on Quality Long Term Care, 2002 available at http://www.lrc.state.ky.us/lrcpubs/Rm493.pdf

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
• No minimum staffing standard	• Real Choice Grant to develop and implement 7 curricula to train community-based direct service, supervisory, and administrative staff to be available via state's Virtual University System	

LOUISIANA

Note: Incomplete data. No response from Louisiana to the 2002 survey.

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)* • SB 71 - Investment earnings from Medicaid Trust Fund for Elderly to be used for wage enhancement for direct care workers in certified nursing homes	Benefits	(Includes career ladders)	

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
LA Licensure Standards, Sec. 9811 • 1.5hr/pt day • Medicaid NH ratios: **Intermediate Care** • 2.35 hrs p/day **Skilled Care** • 2.60 hrs/day • Licensed nurse working 24 hours/day		• SB 445 (2001) – Requires Department of Health and Hospitals to establish case mix reimbursement methodology for Medicaid funded nursing home care based on inclusion of certain criteria (acuity based system, achievement of quality outcomes, incentives to encourage admission of heavy care patients, recruit qualified employees, etc).

MAINE

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)* • Chapter 358PL01 • 3% WPT (nursing facilities only) FY02 • 2.5% hike in wages/benefits (2002 WPT) for home care workers • $0.50 per hour increase in reimbursement rates for home care workers FY00	Benefits	(Includes career ladders) • Increases/changes in training • 24-hour Medication Administration course for CNA's under RN delegation. Allows CNA's to administer medications to home care clients • 40 hours training required for all Personal Care Assistants within 90 days of hire (except consumer-directed programs) • Develop core curriculum for CNA, PCA and Residential Care Specialist training	

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
10-144 CMR 110, Ch. 9 • 1:8 (Day shift) • 1:12 (Eve shift) • 1:20 (Night shift) PL Ch. 731 • 1:5 day shift • 1:10 eve shift • 1:15 per rule making	• Includes plans to develop a sustainable independent "Personal Assistance Worker Guild" to provide benefits, support, continuing education and advocacy for members.	

MARYLAND

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)* • In FY02 $20m was added to nursing home reimbursement to improve compensation (wages or benefits) and staffing levels for direct care workers. An additional $20m increase is planned for FY03 (SB 794, 2000) • Undertaking a multi-year effort to bring wages of community workers who serve people with developmental disabilities into parity with their counterparts in State Residential Centers (SB 432, 2001)	Benefits	(Includes career ladders)	• The Statewide Commission on the Crisis in Nursing addresses the state nursing shortage, 2000 • Nursing Home Report Card Steering Committee, 1999 • Oversight Committee on Quality of Care in Nursing Homes, 2000

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
Code of MD Regulations 10.07.02 • Comprehensive Care Facilities: o 1 FT RN (2-99 residents) o 2 FT RNs (100-199 residents) o 3 FT RNs (200-299 residents) o 4 FT RNs (300-399 residents) • Ratio no less than 1:25 for nursing personnel	• Real Choice Systems Change Grant includes $60k over 3 years to fund and promote 'job fairs' to recruit potential HCBS waiver personal care providers, complete paperwork and meet qualifications. Includes free CPR/First Aid training and reduced cost criminal background checks	

MASSACHUSETTS

Note: Incomplete data. No response from Massachusetts to the 2002 survey.

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS

Wages *(includes wage pass throughs)*
• $0.19 wage increase over mandated average wage of $9.42/hr. for home care workers (SFY 02)
• $35m WPT for CNAs in nursing facilities (SFY 01)
• SFY 02 includes $40m for WPT for aides
	Benefits	(Includes career ladders)
		• $5 million for Extended Care Career Ladder Initiative (ECCLI) strategy to improve quality of care
		  ○ Pilot career ladder model providing skill upgrade training and promoting to higher job levels
		• $1m for CNA training scholarship funding (FY01)
		• SFY 2002 includes:
		  ○ $100k for supervisory training for nursing home administrators and managers
		  ○ $1m entry level training scholarships for direct care workers (including ESL and Adult Basic Education)
		  ○ $5m for career ladder efforts for nursing homes
			• SFY 2002 includes establishment of Commission to study future of LTC and LTC workforce and establishment of Advisory Council on Quality of Care in nursing homes to address staffing, recruitment, retention, workforce development, budget, policy, etc.

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
105 CMR 150.007 • *Level I Care* – 2.6hr/pt day (0.6hr by licensed personnel) • *Level II Care* – 2hr/pt day (0.6hr by licensed personnel) • *Level III Care* – 1.4hr/pt day (0.4hr by licensed personnel) ○ Level IV Care – 1-20beds (1:10 day shift); 20+beds (1 responsible person 24/7)		• Uniform reimbursement rates across funding streams for similar home and community based services

MICHIGAN

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS

Wages *(includes wage pass throughs)*
• Had wage pass through numerous years, tracked turnover data
• Continuation of receipt of WPT (nursing facilities only) must pay minimum wage of $8.50/hr for competency evaluated nurse aides
	Benefits	(Includes career ladders)
		• Additional training and testing for nurse aides
		• Staffing Workgroup collaborating with community colleges for LTC worker career ladder development
		• $1.7m (of allocated $7.4m LTC innovation grants) targeted for staff development and training initiatives
			• Established Long Term Care Workgroup (report issued 2000 http://www.michigan.gov/documents/ltcrpt_6955_7.pdf)
			• Included recommendations relating to staff recruitment and retention:
			  ○ Recruitment: increase worker pool through initiation of a public image and recruitment campaign, review and revise CENA curriculum to reflect skills required of today's worker, train universal workers certified in variety of settings
			  ○ Retention: encourage participation in culture change initiatives (Eden, NAGNA), establish purchasing cooperatives for health benefits, develop ESOP-type programs, local collaboratives for registry-employment matching

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
MI Dept of Public Health Rules Sec. 333.27120a • 2.25hr/pt day • 1:8 Morning shift • 1:12 Afternoon shift • 1:15 Night shift	• Systems Change grant has a consumer cooperative initiative that would give consumers and families greater control over direct care services • Community Pass Grant to conduct service delivery analysis - including needs to support a sustainable long-term care workforce.	• Long-Term Care Staff Recruitment and Retention Day of Dialogue sponsored by the state in October 2001. Led to the establishment of local level collaboratives to raise awareness, identify and address issues and barriers, implement recruitment campaigns, update training curricula, identify variety of financial resources available to direct care staff beyond training (uniforms, transportation, childcare). Limited results available as program is in its infancy.

MINNESOTA

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)* • Percentage WPT (80% of rate increase earmarked for wages/benefits; all LTC facilities) • 3% increase in reimbursement rate to all LTC facilities (FY 01); 2/3 of nursing home increase must be used as WPT for employees	Benefits • SF 1077 introduced to create long-term care employee health insurance assistance program • DHS required to seek all waivers to obtain matching SCHIP funds to develop long-term care employee health insurance • Loan forgiveness and repayment programs to aid in recruiting employees to long-term care	(Includes career ladders) • State approval for feeding assistants in nursing facilities • $.25 p/day increase in nursing home rates to fund beginner and advance CNA training (FY 01) • Collaborating with community college system to provide web-based training for CNAs (and tailored to learner needs – immigrants, older workers, etc) • Healthcare Education-Industry Partnership Commission on the Emerging Worker has pilot projects to develop specialized training and community support to expand career pathways for immigrants, refugees, people in transition, and under-prepared students	• State level Long-Term Care Task Force established 2000 to propose curriculum changes, distance learning and increase provider rates. • Final report, *Reshaping Long-Term Care in Minnesota*, 2001 available at http://www.dhs.state.mn.us/agingint/ltctaskforce/MS-1781.pdf

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
MN Statutes Annotated Sec. 144A.04; MN Rules Sec. 4658.0510 • Greater of 2hrs/pt day *or* 0.95hr/standardized resident day	• Community Pass Grant to develop a consumer-initiated partnership and support network (CIPS) to enable consumers to assess each other's natural supports (i.e. family, neighbors) to provide personal care services and establish back-up systems.	• Hardship waiver to allow family members to do personal care under certain circumstances • Many providers experimenting with universal worker concept to enhance satisfaction in long-term care (some funded through Bush Foundation projects)

MISSISSIPPI

Note: Incomplete data. No response from Mississippi to the 2002 survey.

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)*	Benefits	(Includes career ladders) • Career ladders for homemakers and personal care aides	

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
MS Code Annotated, 43-11-201.1 • 2.8 hrs/pt day FY00		

MISSOURI

Note: Incomplete data. No response from Missouri to the 2002 survey.

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)* • Dollar amount WPT (home care only) • $.52 reimbursement increase to be used for home care direct staff wages and benefits (FY 01)	Benefits	(Includes career ladders) • Expanded scope of CNA duties to include ostomy care and pulse-oximetry probe placement	• Established Workgroup/Task Force, 1999

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
• Follows federal standard		• Uniform reimbursement rates across funding streams for similar home and community based services • Failure to comply with wage increase and reporting requirements could result in possible revocation of provider's Medicaid status • Nursing Home Residential Care Facility Employee Award program

MONTANA

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)* • Percentage WPT (all LTC facilities) • Wage increases of $0.50 p/hr (FY 00); $0.68 p/hr (FY 01); $0.92 p/hr (FY 02); estimated $0.36 p/hr (FY 03) for Medicaid funded personal care	Benefits	(Includes career ladders) • Welfare to work initiatives; recruitment and retention • Advanced training for CNA's at vocational technical institutions (1 semester training and 1 semester practicum) leading to LPN (starting Fall 01) • Specialty training for home care attendants	• Task Force with Systems Change Grant, 2001 • Governor's Blue Ribbon Task Force on healthcare worker shortages, 2001

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE

Administrative Rules of MT 16.32.361
• Different requirements depending on shift and # of beds
• E.g. Day Shift
  ○ RN 8 hrs (4-70 beds)
  ○ LPN 8 hrs (41-75 beds)
  ○ Aide 4 hrs (9-15 beds); 8 hrs (16-20 beds) and increase in 4 hour increments for each additional 4 beds
• For full summary of requirements, go to www.nccnhr.org/govpolicy/51_162_468.CFM
	▪ Community Integrated Personal Assistance developing awareness campaign of direct care issues, refining training issues	• Compare FY2001 wage plan with FY2000 wage plan
		• Audits by CPA firms to verify that wage pass throughs were handled appropriately
		• HB2 directing department to complete comparative study of direct care jobs in the community.

NEBRASKA

Note: Incomplete data. No response from Nebraska to the 2002 survey.

1. WAGE/BENEFIT ENHANCEMENTS		**2. TRAINING AND OTHER INITIATIVES**	**3. TASK FORCES & COMMISSIONS**
Wages *(includes wage pass throughs)*	Benefits	(Includes career ladders)	• Established Workgroup/Task Force

4. STAFFING RATIOS	**5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES**	**6. OTHER INITIATIVES NOT COVERED ABOVE**
• Follows federal standard		

NEVADA

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)*	Benefits	(Includes career ladders) • Expanded scope of CNA duties to include pulse-oximetry probe placement	• Established Workgroup/Task Force to address shortage issues, 2001

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
NV Medicaid Services Manual, Sec. 502.3 • *SNF:* Level I - 3hr/pt day Level II – 4hr/pt day Level III – 6hr/pt day • *Int Care:* Level I – 0.75hr/pt day Level II – 1.5hr/pt day Level III – 2.5 pt day	• Community Pass Grant to demonstrate and determine the efficacy of training and hiring adults with developmental disabilities as personal assistants through supported employment model.	• Tobacco Settlement Funds were used to establish a scholarship fund for nursing students at two universities

NEW HAMPSHIRE

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)* • Increased reimbursement rate (Medicaid)	Benefits	(Includes career ladders) • HIB grants for nursing career development	• Direct Care Workforce Development Committee, 2001 • Legislative Study Committee, 2001

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
• Unknown	• Community Pass Grant to better support consumer directed personal care workforce to increase retention; develop and implement back-up personal care coverage models	• Culture Change Training program • Licensed Nursing Assistant Recognition Day

NEW JERSEY

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)* • Higher reimbursement rates for shift differentials • Rate increases for Personal Care Assistants and Homemaker Services for selected services and waiver programs (new unit rates became effective July 2001)	Benefits • New Jersey FamilyCare program (2001 launch) allows health access through low premiums in managed care • Additional subsidized health care coverage through employer sponsored plans meeting conditions for employed New Jersey FamilyCare eligibles • Increase in Medicaid (traditional and waivers and NJ FamilyCare Plan A, fee for service reimbursement for PCA and homemaker services)	(Includes career ladders) • Recruitment of Welfare to Work recipients • Working with local workforce investment boards and One Stop Centers to build available labor pools • Medication aide training program	• Report issued by the Forum Institute for Public Policy, *The Nursing Workforce Shortage: Impacts on Health and Medical Care in New Jersey* http://www.forumsinstitute.org/publs/index.html

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
NJAC 8:39-25.1 through 25.4 • 2.5 hrs/day (extra time for complex patients)	• Real Choice Grant to develop/pilot a personal care assistant registry and rapid response back-up system; develop training for front line staff and case managers on benefits of consumer directed care	• Caregiver Assistance Programs allow family and friends to receive reimbursement as caregivers in selected situations – decreases demand on nursing workforce.

NEW MEXICO

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)* • New Mexico's Personal Care Option program raised the bar for salaries paid to direct care staff (currently $9 per hour). This is influencing salaries in other program areas by moving direct caregivers more towards a "livable wage."	Benefits	(Includes career ladders) • New Mexico has recently taken steps to standardize the way in which Nurse Aides can become and maintain their certifications. These changes also allow CNA's from non-Medicaid facilities throughout the state to utilize the same standardized process, making it easier for CNA's to remain certified.	• New Mexico currently has two Quality Cabinet sub-committees focusing on recruitment, retention, career ladder development, minimum staffing, and other issues related to direct caregivers. The State Legislature recently passed a memorial in both houses that will study these areas and report back to the body by November 2002.

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
• New Mexico is currently in the middle of a Quality Cabinet subcommittee process to make recommendations on staffing		• Medicaid has two advisory bodies that focus planning and funding on the state's most urgent health care needs, the Medicaid Advisory Council and the Medicaid Long-Term Care Advisory Committee.

NEW YORK

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)*	Benefits • Sec 107, Ch. 1 of Laws of 1999 created Home Care Worker Rate Demonstration providing $203m for 3.5 years to home care agencies to enhance aide health benefits • In 2000, the Health Care Reform Act authorized a demonstration project between the Department of Health, the NYC Human Resources Administration and the 1199 National Benefit Fund to improve the process of providing Medicaid payments for health insurance under COBRA	(Includes career ladders) • Health Care Reform Act of 1996 established the Workforce Retraining Initiative supporting retraining of eligible health workers to assist in transition to new jobs within healthcare, or train workers to meet the requirements of an existing position. ($15m available 1997-98; $30m added in 2000). • Hospitals receiving more than $1m in funding from the Community Health Care Conversion Demonstration Program are required to spend at least 25% on workforce retraining projects; those facilities receiving less than $1m must spend at least 10% on retraining. This requirement resulted in $60m allocated towards training in the first year.	

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
• Follows federal standard		• Uniform reimbursement rates across funding streams for similar home and community based services

NORTH CAROLINA

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)*	Benefits • NC Health Choice for Children materials (state children's health insurance) sent to newly listed CNA's; plans to expand informational campaign to other paraprofessional aide workers	(Includes career ladders) • Established pilot program to provide incentives to improve aide job skills, job satisfaction and performance; and improve recruitment and retention of nurse aides in nursing homes. Program is continuing for nurse aides in nursing homes using civil penalty fine money. • Developing "Geriatric Nurse Aide" curricula for Nurse Aide I's in nursing homes who want advancement opportunity without seeking licensed category of care. • Medication administration staff and supervisors in adult care homes must successfully complete clinical skills competency evaluation and pass written exam within 90 days of requirement. Six hours of continuing education in medication administration required annually. • NC Board of Nursing and the Department of Health and Human Service co-sponsoring a work group to develop a medication aide/technician job category.	• January 2001, the NC Institute of Medicine's Long Term Care Task Force published recommendations to reform NC's long-term care system; included recommendations on paraprofessional and professional workforce • Report available at www.nciom.org/ltcfinal.pdf

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
NC Administrative Code, Title 10, 03H.2303 • 2.1 hrs/pt day H736 (2001) • All licensed adult care homes/nursing homes must publicly post number of direct care staff and supervisors on shift	• $1.6million Real Choice grant currently underway. Grant will focus on paraprofessional workforce initiatives. Major components include: career ladder efforts, policy review to identify policies that contribute to institutional care bias, public education/awareness efforts, development of direct care worker association and development of consumer directed care model.	• Annual collection and analysis of basic turnover data on direct care workers in nursing homes, adult care homes and home care agencies, using standard set of questions – initiated in 2001. • Increased Medicaid reimbursement rates for Personal Care services provided in adult care homes; considered increased medication administration competency (2000).

NORTH DAKOTA

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)* • $1.50 per hour wage &/or benefits increase for all nursing facility employees for both Medicaid and private-pay resident categories (2001) HB 1196	Benefits • $1.50 per hour wage &/or benefits increase for all nursing facility employees for both Medicaid and private-pay resident categories (2001) HB 1196	(Includes career ladders) • Working with the Department of Labor and the Department of Commerce on career ladder initiatives	• North Dakota Health Practitioner Workforce Coalition, 2001

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
• Follows federal standard		• HB 1196 Passed a nursing loan repayment and scholarship program

OHIO

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)*	Benefits	(Includes career ladders)	• Health Care Workforce Shortage Task Force (HB94)

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
ORC 3701-17-08 Revised rule effective 10/20/01 • RN as full-time DON. • 2.75 hrs/per resident per day of direct care and services. (2hrs by nurse aide; .2hr RN, remainder by nurse aide, nurses, activity aides, OT, PT, dieticians, social workers) • 1 aide:15 residents all shifts • RN on call whenever no RN on duty.	• Ticket to Work Initiative	

OKLAHOMA

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)* • Authorizes wage/benefit adjustment for nursing facility direct care staff including provisions for assessing penalties for non-compliance with use of WPT funds • $6.65 minimum wage (HB 2019 FY2000)	Benefits	(Includes career ladders) • Continuum of Care Task Force recommended model for CNA career ladder through the Department of Career and Technology Education (Vocational-Tech)	• Established Continuum of Care Task Force, 2001 (www.oknha.org) • Established Staffing, Recruitment, and Retention Task Force, 2001

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
HB 2019 Minimum Direct Care to Staff • Day Shift 1:7 • Eve Shift 1:11 • Night Shift 1:17 Effective 9/1/02 – HB 2019 (FY2000) requires: • Day shift 1:6 • Eve shift 1:8 • Night shift 1:16 Full details available at www.oknha.org		• Pilot program to enhance quality of life for direct care workforce, reduce turnover

OREGON

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)* • Increased reimbursement rate for in home care providers	Benefits	(Includes career ladders) • Delegation of medication administration duties by licensed nursing personnel to unlicensed workers in all care settings	• Governor's Task Force on the Future of Services to Seniors and People with Disabilities addresses some workforce issues, 2001

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
OR Administrative Rules 411-86-100 • Day Shift 1:10 • Eve Shift 1:15 • Night Shift 1:25	• Real Choice Grant to develop statewide recruitment efforts for personal care assistants	• Health Care Sector Employment Initiative (OR Workforce Investment Board) targets CNAs and RNs

PENNSYLVANIA

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)* Direct Care Worker Initiative Plans: • Use of sign-on and longevity bonuses, shift differentials	Benefits • Educate consumers and providers about health plan eligibility for low income workers • Development of resource guide for direct care workers • Geographic bonuses to cover travel expenses or reward workers willing to serve in hard-to-serve areas • Training bonuses • AAA Direct Care Worker Initiative Plan provides childcare, transportation, profit sharing, uniform allocation and other benefits	(Includes career ladders) • The Area Agency on Aging Direct Care Worker Initiative Plan provides funding for: ○ Specialized training including supervisory skills, one day seminars, best practices, etc.; ○ Life Skills including communication, conflict resolution, attire, etc.; ○ Mentoring assistance; ○ Basic skills at vocational schools, community colleges, through CareerLink, and provide tuition assistance	• Established Council on Long Term Care to highlight workforce problems from provider/caregiver perspective • Direct Care Work Group working on development of apprentice program; funding decisions on past practices and plans for recruitment and retention; targeting COLA increase towards raises • Two reports from Pennsylvania's Intra-Governmental Council on Long Term Care's reflect the direct care worker shortage were issued in February 2001 *Frontline Workers in Long Term Care* www.pgc.org/PRI/projects/PA_LTC_workforce/PA_LTC_workforce_report.pdf and *In Their Own Words: Pennsylvania's Frontline Workers in Long Term Care* www.aging.state.pa.us/aging/LIB/aging/20/363/report_care.pdf

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
PA Administrative Code, Title 28, Ch. 211 • 2.7 hrs/day – skilled patients • 2.3hrs/day – intermediate care patients • For full summary of requirements, go to www.nccnhr.org/govpolicy/51_162_468.CFM		• Conducted follow-up focus groups with direct care workers; report pending. • Requested and received $1.5m for demonstration projects targeting direct care workers. • AAA Direct Care Worker Initiative Plans funds numerous projects related to bonuses, training, benefits, and marketing for direct care industry. • Marketing campaign includes focusing value on direct care workers, Recognition Day with monetary bonuses, public awareness of home care and caregiving, technical assistance with CareerLink networks.

RHODE ISLAND

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)* • Dollar amount WPT (home care only) • Increased funds for direct pass through for direct care workers passed in state FY02 budget • Bonuses tied to increased performance by providers and staff • Shift differential • HB6100 Sub. A, Sec. 13 - 4.8% rate adjustment for nursing homes applied to labor cost center and used for direct care compensation or staff increases	Benefits • RITE-CARE 1994 (Medicaid waiver provides access to health insurance for low-income families with children); RITE-SHARE 2000 (premium assistance in employer sponsored health insurance coverage for RITE-CARE eligible families with employer sponsored health insurance)	(Includes career ladders) • AOA Alzheimer's Demonstration project, Partners in Care, includes advanced training for certified nursing assistants with financial incentive.	• Established Workgroup/Task Force – proposes development of, and training for, career ladders and extending WPT compensation for non-nursing home providers • Study report of the RI Long Term Care Coordinating Council, *Long Term Care Plan for Rhode Island, 1995-2000* (http://www.ltgov.state.ri.us/LongTerm/LongTermCare.html#G) • The Governor's Advisory Council on Health's Nursing and Allied Health Subcommittee's report on nurse aides, 2001 (www.gov.state.ri.us/GAC_H/hlth)

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
	• AOA Alzheimer's Demonstration Grant, Partners in Care, includes a model for Family Directed Respite care using non traditional workers • Community Pass Grant to design and implement consumer directed personal assistant services program to expand pool of care providers, among other outcomes	• Additional hourly reimbursements in 7 areas (shift differentials, client satisfaction, patient acuity, provider accreditation, continuity of care, employee satisfaction) • Increased reimbursement rates tied to in-service training, meeting state accreditation, Joint Commission accreditation, in-service standards excessive of state standards by 20%, and shift differential

SOUTH DAKOTA

Note: Incomplete data. No response from South Carolina to the 2001 survey.

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)*	Benefits	(Includes career ladders)	

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
• Follows federal standard		

TENNESSEE

Note: Incomplete data. No response from Tennessee to the 2002 survey.

1. WAGE/BENEFIT ENHANCEMENTS		**2. TRAINING AND OTHER INITIATIVES**	**3. TASK FORCES & COMMISSIONS**
Wages *(includes wage pass throughs)*	Benefits	(Includes career ladders)	

4. STAFFING RATIOS	**5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES**	**6. OTHER INITIATIVES NOT COVERED ABOVE**
TN Code, Ch. 1200-8-6-.04 • 2hrs/day (0.4hrs licensed nursing)		

TEXAS

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)* • Rate Enhancement Program - The Community Care Attendant Compensation (CCAC) Rate Enhancement, implemented September 2000, includes a spending requirement for participating community care providers. Provider chooses level of attendant compensation spending participation and receives additional (i.e., enhanced) compensation. If the minimum requirement not met, provider must repay DHS the unused enhanced funding. • Consumer Directed Service (CDS) allows consumers of certain Medicaid Waivers and Community Care attendant programs to manage their own care, including rate of pay and benefits. Consumers must provide details within their allocated service budget.	Benefits • The CCAC attendant compensation includes employee benefits/insurance, workers' compensation and mileage reimbursement for business use of personal vehicles. The CDS service allows consumers to decide on a number of benefits including bonuses for longevity or performance, insurance, retirement, etc.	(Includes career ladders) • The CCAC encourages community care providers to increase attendant compensation through additional career ladder implementation. • The CDS Service allows consumers to train their own attendants and create career ladders.	• Task Force chaired by the Texas Health & Human Services Commission, includes state agencies, providers, and consumers, and has guided the CDS initiative, 2000.

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
TX Administrative Code, Title 25, Part I, Ch. 145; TX Dept of Human Services, Sec. 19.1001,2 • In Nursing Home: 1 licensed staff: 20 residents ***OR*** 0.4hrs licensed care/pt day • Nursing facilities can increase their reimbursement by increasing the ratio of staff to consumer as outlined below: The Nursing Facility Enhanced Direct Care Staff Rate, implemented May 2000, includes both a direct care staffing requirement for nursing facilities choosing to participate in program and a spending requirement for every Medicaid nursing facility. Staffing requirement allows a nursing facility to choose staffing level of participation, and receives additional direct care staff funding. If minimum staffing requirement for the awarded level of participation not met, facility must repay the unused enhanced funds to DHS. Spending requirement places minimum spending level for direct care rate component of facility's total rate component by TILE. If facility does not meet the minimum spending level, must repay difference to DHS.	• The Texas Planning Council for Developmental Disabilities and the Department of Human Services have begun evaluating systems change grants. Implementation to begin 5/1/02. Strategies may include: • recruitment efforts targeting traditionally underemployed workers (i.e., older workers, participants in full time volunteer programs, people with disabilities, non-English speaking individuals, welfare-to-work participants) • development of college courses offering field work credit for supervised personal assistance experiences • coordination of efforts to develop and promote a professional association for personal attendants at a local or regional level to increase retention of those currently employed in the field and to recruit and train new attendants • formation of partnerships with public and/or private workforce agencies or home health organizations to train and place personal assistants • utilization of marketing strategies for recruitment efforts in a local or regional area.	• Data collection regarding wages, benefits, other aide issues • The “Wellspring” type model was piloted from 2000-01, in 13 nursing homes to impact quality of care, corporate culture, aide retention, etc.

UTAH

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)*	Benefits	(Includes career ladders)	

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
• Unknown		

VERMONT

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)* • Amended State Statute 1956 - Portion of provider tax on nursing homes and home health agencies earmarked for wage increases of workforce in setting	Benefits • Increase consumer and provider awareness about eligibility for health insurance for low-income workers (Health Access Program) • Most home health agencies and nursing homes offer health insurance to full-time Nursing Assistants	(Includes career ladders)	• Established Task Force/Workgroup to address paraprofessional workforce shortage, 2001 • Study report issued, 2001

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
• Follows federal standard	• Real Choice Grant to develop a paraprofessional association and implement other workforce related recommendations	

VIRGINIA

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)* • Dollar amount WPT (all LTC facilities) • WPT to be rolled into reimbursement rates	Benefits	(Includes career ladders) • Increases/changes in training (minimum training for nurse aide up to 120hrs from 80hrs) • HB 1778 - Mandated development of regulations leading to career advancement certification for CNA's. • SB564 (2000) - Board of Health established scholarship and loan repayment program from Nursing Scholarship Fund to eligible students who agree to work in LTC facility for specified period of time; includes nurse aide programs. • HB 1778 (2000) – Calls for establishment and accompanying regulations for certification for advanced competencies for nurse aides to provide career advancement opportunity for successfully completing requirements.	• Established Workgroup/Task Force, 2000

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
• Follows federal standard		• Mandated data collection efforts on aide recruitment and retention (VA Board of Nursing). • HB 1249 (2000) – Registry of certified nurse aides consistent with federal requirements (may include regulations standards for authority of LPN's to teach nurse aides).

WASHINGTON

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)* • Base Rates for nursing homes, adult family homes and boarding homes were increased in 2001 to base provider rates in order to provide wage support to low-income direct care workers. • State minimum wage exceeds federal wage ($6.90 as of 1/1/02).	Benefits • Some of increase in base rates was used to increase benefits and bonuses.	(Includes career ladders) • Proposed changes in requirements for non-certified aides effective 2002 include mandatory orientation on special topics prior to hands-on care for employees of boarding homes, adult family homes and Medicaid home care • Required standard basic training and training in dementia, mental illness and developmental disabilities for boarding home administrators and caregivers	• Revised Code of Washington 74.39A230 established the Home Care Quality Authority Board to regulate and improve the quality of long term in-home care services by recruiting, training, and stabilizing the workforce of individual providers, 2001. • Workforce Training and Education Coordinating Board work group on health care shortage issues established 12 Workforce Development councils to analyze and development initiatives for local regions. (http://www.wtb.wa.gov/) • Proposed Health Care Workforce Commission would develop strategic plan for ensuring an adequate supply of health personnel. • Home Care Issues Group

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
Washington Administrative Code title 388-97-115 • Nursing homes must ensure a sufficient number of qualified nursing personal are available on a 24 hour basis, 7 days per week to provide nursing and related services • Nursing home must have: ○ RN on duty directly supervising resident care a minimum of 16 hours per day, 7 days per week ○ RN or LPN on duty directly supervising resident care the remaining hours, 7 days per week.	• Welfare to Work through a collaborative program of three separate departments within the state, called WorkSource. Provides training, limited schooling, job supports, childcare, interpersonal job skill building, clothing and transportation costs. • Personal Assistant Recruitment and Retention Grant: Client employer focused program to improve supervisory skills and create workforce availability. – Initiated 2002.	• PARR Project to build a qualified direct care workforce sufficient to meet the needs of adults with chronic and disabling conditions. • Center for Health Workforce Studies and the University of Washington received a grant to study shortages in health care workers in the long-term care arena in 5 states.

WEST VIRGINIA

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)*	Benefits	(Includes career ladders)	

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
64 CSR 13 • 2hrs/pt day (0.4hrs licensed nurse time) • For full summary of requirements, go to www.nccnhr.org/govpolicy/51_162_468.CFM	• Nursing Facility Transition Grant to develop Consumer Oversight Commission to provide input on process to increase community supports - including attendant services and in-home health care	• HB 2506 (2001) – Provides protection to health care workers who report concerns about quality of care, services, conditions, waste or other wrongdoing to government agencies. Reported information to remain confidential with certain exceptions.

WISCONSIN

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)* • Nursing home wage pass through rate increase to be used for wages, benefits, or to increase staff hours SFY 99-00 • Personal care worker wages increased in 2001 from $12 to $15 funding with intent for increase to benefit workers (not a wage pass through)	Benefits • Health insurance for low-income families available through Badger-Care program	(Includes career ladders) • Formal guidelines and parameters for testing and training unlicensed workers to work as medication aides; recognized worker category in nursing homes, community based residential facilities, and hospice • Increase minimum training hours (presently 75 hrs); develop personal care worker competency testing • Wisconsin Alzheimer's Institute developed worker education, training and assistance program to improve quality of care in long-term care facilities	• Workforce Development Workgroup, in conjunction with redesigning the Long-Term Care system, formed to identify strategies to meet increasing demands for direct care workers. Recommendations and report issued 2000.

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
WI Statutes, Ch. 50.04 • Intensive SNF Care – 3.25hrs/pt day (0.65hrs RN or LPN) • SNF Care – 2.5hrs/pt day (0.5hrs RN or LPN) • Intermediate or Limited Nursing Care – 2hrs/pt day (0.4hrs RN or LPN)	• Systems Change Grant – LTC Workforce Planner position to be hired to provide policy direction and program planning relating to recruitment, retention of viable workforce in LTC. Disseminate viable models, develop new methods of addressing problems, and propose policy or legislation to implement. Identify and coordinate training approaches supporting workers. Collaborate with Dept of Workforce Development.	• Wisconsin CareGiver Association (WCGA) promotes dignity of care professionals through advocacy, education, and collaboration with other organizations to improve professional status. • Long Term Care Workforce Alliance to enhance role and status of long term care workers and raise awareness within community and with policy makers • Bureau of Aging and Long Term Care Resources made available limited Community Options Programs (COP) and COP-Waiver funds for 32 workforce projects serving community long-term participants. Existing projects include training underemployed persons, mentoring programs, LTC worker-owed Cooperatives, recruitment and retention for LTC organizations. • Wisconsin Aging Network sponsors Caregiver of the Year and Cornerstone of Year (supervisor or organization) award. • Wisconsin Caregiver Association mentoring program.

WYOMING

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
Wages *(includes wage pass throughs)* • Dollar amount voluntary WPT for all front line workers (nursing homes only) • WPT funds of $30million appropriated effective July 1, 2002 will increase average wages of direct care staff for adult waiver program and developmentally disabled children preschool programs	Benefits	(Includes career ladders)	• Report to the Joint Appropriations Committee, *Study of Nonprofessional Direct Care Staff Recruitment, Retention, and Wages* issued December 2001 (http://ddd.state.wy.us)

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
WY Regulations • SNF Care - 2.25hrs/pt day • ICF Care – 1.5hrs/pt day		